√m 990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information

OMB No 1545-0052

	Internal Revenue Service
70	For calendar year 2017 or tax
Su	Name of foundation,
Z Z	COLMAN FAMILY FOUNDA
A E	Number and street (or P O box numb
ENVELOPE POSTMARK DATE	7234 LANCASTER PIKE
표	City or town, state or province, country
NOV 0	City of town, state of province, country
_	HOCKESSIN, DE 19707
6	G Check all that apply
2018	
∞	H. Check type of organization

Itellial Meveriue Selvice	P 00 10 11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	mood from monactions and t	ne latest milorin		
or calendar year 2017	or tax year begir	nning	, 2017	, and ending		, 20
Name of foundation,					Α	Employer Identification number
COLMAN FAMILY FO	OUNDATION					20-5862664
Number and street (or P O b	ox number if mail is not	delivered to street	address)	Room/suite	В	Telephone number (see instructions)
7234 LANCASTER	PIKE]		(302) 234-5750
City or town, state or province	e, country, and ZIP or fo	oreign postal code			1	
					C	If exemption application is pending, check here.
HOCKESSIN, DE 19	9707					penang, anoat noise,
Check all that apply	Initial retur	n	Initial return of a former p	oublic charity	۵	1 Foreign organizations, check here ▶
	Final return	, <u> </u>	Amended return		-	2 Foreign organizations meeting the
	Address ch	nange	Name change			85% test, check here and attach computation
Check type of organiz	ation X Section	on 501(c)(3) e	xempt private foundation	براه]_	
Section 4947(a)(1) n	onexempt charitable	trust O	ther taxable private founda	tion $0V$	E	If private foundation status was terminated under section 507(b)(1)(A), check here
Fair market value of			method X Cash Acc	crual /		If the foundation is in a 60-month termination
end of year (from Par		Other (sp				under section 507(b)(1)(B), check here
			(d) must be on cash basis)			· <u> </u>
Part I Analysis of Rev		an (The	Payonya and		_	(d) Disbursements
	93 /->		Revenue and Ah Mot inve	netmont /	(~ <u>)</u>	Adjusted not

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year				End of	d of year	
Pa	Ti II	Balance Sheets description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
		Cash - non-interest-bearing	95,276.	200,951.	200,95	
		Less allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
	7	disqualified persons (attach schedule) (see instructions) Other notes and loans receivable (attach schedule)				
	•	Less allowance for doubtful accounts	- '			
छ	8	Inventories for sale or use				
ssets	9	Prepaid expenses and deferred charges				
	-	Investments - U.S. and state government obligations (attach schedule).				
		Investments - corporate stock (attach schedule)				
	11	Investments - corporate bonds (attach schedule)				

Feb to

Form **990-PF**

Department of the Treasury

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.

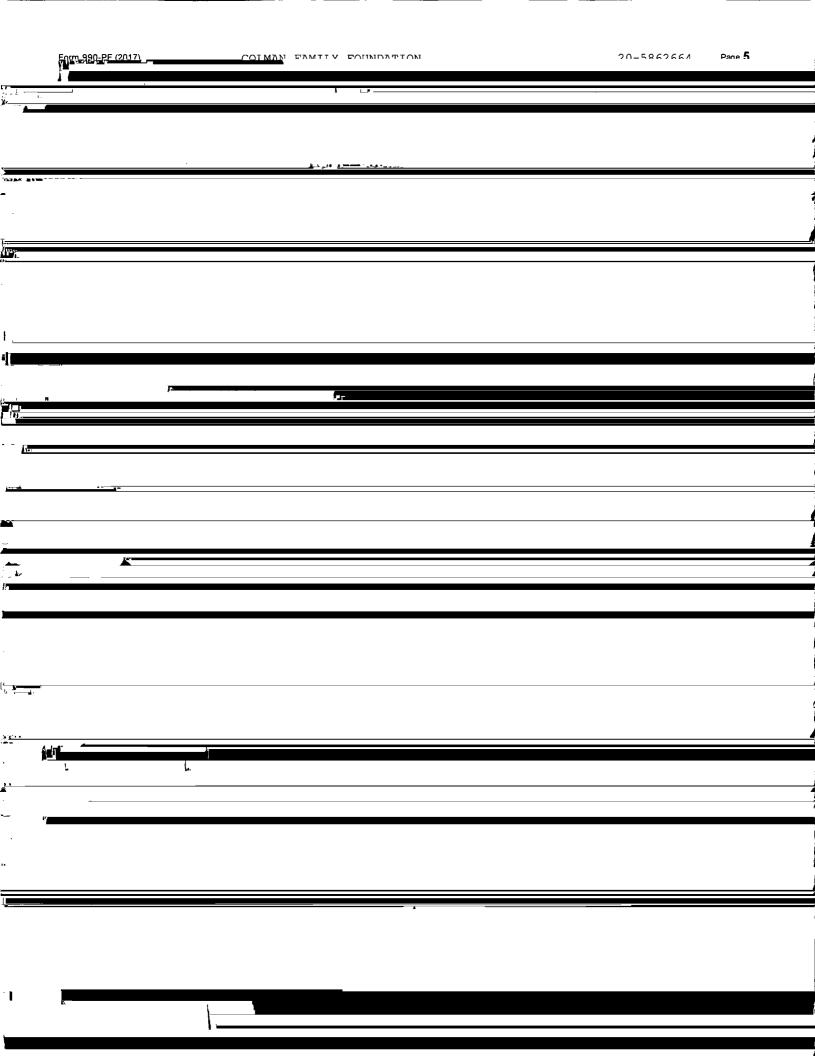
OMB No 1545-0052

t end of the second of the	
For calendar year 2017 or tax year beginning . 2017, and ending	. 20
For calendar year 2017 or tax year beginning , 2017, and ending	, 20 A Employer identification number
Name of foundation COLMAN FAMILY FOUNDATION	A Employer identification number 20-5862664
Name of foundation	A Employer identification number
Name of foundation COLMAN FAMILY FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite	A Employer identification number 20-5862664 B Telephone number (see instructions)
Name of foundation COLMAN FAMILY FOUNDATION	A Employer identification number 20-5862664
Name of foundation COLMAN FAMILY FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite	A Employer identification number 20-5862664 B Telephone number (see instructions) (302) 234-5750 C If exemption application is
Name of foundation COLMAN FAMILY FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite 7234 LANCASTER PIKE City or town, state or province, country, and ZIP or foreign postal code HOCKESSIN, DE 19707	A Employer identification number 20-5862664 B Telephone number (see instructions) (302) 234-5750 C If exemption application is pending, check here
Name of foundation COLMAN FAMILY FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite 7234 LANCASTER PIKE City or town, state or province, country, and ZIP or foreign postal code HOCKESSIN, DE 19707 G Check all that apply Initial return Initial return of a former public charity	A Employer identification number 20-5862664 B Telephone number (see instructions) (302) 234-5750 C If exemption application is pending, check here
Name of foundation COLMAN FAMILY FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite 7234 LANCASTER PIKE City or town, state or province, country, and ZIP or foreign postal code HOCKESSIN, DE 19707 G Check all that apply Initial return Initial return of a former public charity Amended return	A Employer identification number 20-5862664 B Telephone number (see instructions) (302) 234-5750 C If exemption application is pending, check here
Name of foundation COLMAN FAMILY FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite 7234 LANCASTER PIKE City or town, state or province, country, and ZIP or foreign postal code HOCKESSIN, DE 19707 G Check all that apply Initial return Initial return of a former public charity	A Employer identification number 20-5862664 B Telephone number (see instructions) (302) 234-5750 C If exemption application is pending, check here

Form 9	990-PF (2017) COLMAN	FAMILY FOUNDAT	ION	- 20	-5862664 Page 2
	Attached schedules	and amounts in the	Beginning of year	End o	of year
Par	Balance Sheets description column amounts only (See	instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	<u> </u>			
2	Savings and temporary cash investments .		95,276.	200,951.	200,951
3					
	Less allowance for doubtful accounts ▶ _				
4	Pledges receivable ▶				
	Less allowance for doubtful accounts ▶ _				_
5	Grants receivable				
6	Receivables due from officers, directors,	trustees, and other			
	disqualified persons (attach schedule) (see				
7	Other notes and loans receivable (attach se				
	Less allowance for doubtful accounts > _				
ssets		L	-		
SSI					
	a Investments - U.S. and state government obligate				
	h Investments - corporate stock (attach sche	dule) ,			
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	and Losses for Tax on Inve				
(a) List and des	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold		
2-story br	D - Donation	(mo , day, yr)	(mo, day, yr)		
a SEE PART IV SCHEE					
b	<u> </u>				
С					
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) min	ss) us (g))
a					
b					
C					
d					
e					
Complete only for assets sl	howing gain in column (h) and owned b	by the foundation on 12/31/69	(1)	Gains (Col (h) ga	ain minus
]	C 63 deal natural laurena.	the France of one to	ا مناز	(k) huit not loce t	han -0-1 or
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	AMILY FOUNDATIO			20-5862664 Page 6	
Part VII-B Statements Regarding Ad		orm 4720	May Be Required (conti	nued)	
5a During the year, did the foundation pay or inc	-			Yes No	
(1) Carry on propaganda, or otherwise attem				X No	
' (2) Influence the outcome of any specific				⊸	
directly or indirectly, any voter registration				X No X No	
(3) Provide a grant to an individual for travel,		•			
(4) Provide a grant to an organization other		=		X No	
section 4945(d)(4)(A)? See instructions . (5) Provide for any purpose other than re					
purposes, or for the prevention of cruelty t				X No	
8- 8- 11 5 10 15 11 1					
					_
					_
B 1					
<u>W</u>					
<u> </u>					_
Form 990-PF (2017)				Page 11	
Part XV Supplementary Information (
3 Grants and Contributions Paid Duri	ng the Year or Appro				
Recipient	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business) a Paid during the year	or substantial contributor	recipient		+	
a raid duffing the year					
ATCH 6					
Total	<u> </u>		▶ 3:	107,000.	

Form 990-P		Page 7
Part VIII	and Contractors (continued)	
3 · Five	e highest-paid independent contractors for professional services. See instructions. If none, enter "NONE	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	F	
Total num	ber of others receiving over \$50,000 for professional services	
Part IX-	Summary of Direct Chartable Activities	
	oundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of tions and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 N/A		
²		
3		
4		
D-WIV.	Commence of Discourse Policial Investments (non-instructions)	
Part IX-	Summary of Program-Related Investments (see instructions) the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NON	·	
_		
	program-related investments. See instructions	
3 NON	E	
Total. Ad	d lines 1 through 3	

Page 8

Pa	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		·
	purposes		
а	Average monthly fair market value of securities	1a	<u> </u>
b	Average of monthly cash balances	1b	246,282.
С	Fair market value of all other assets (see instructions)	1c	4,387,533.
	Total (add lines 1a, b, and c)	1d	4,633,815.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	4,633,815.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	69,5 <u>07</u> .
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	4,564,308.
6	Minimum investment return. Enter 5% of line 5	6	228,215.
Pa	TEXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part)	ndations	
1	Minimum investment return from Part X, line 6	1	228,215.
2 a	Tax on investment income for 2017 from Part VI, line 5		•
	Income tax for 2017 (This does not include the tax from Part VI). 2b 685.		
	Add lines 2a and 2b	2c	3,204.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	225,011.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	225,011.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
-	line 1	7	225,011.
Pa	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	123,829.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	123,829.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	123,829.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when call qualifies for the section 4940(e) reduction of tax in those years	lculating w	hether the foundation

Page 9

Pai	rt XIII ' Undistributed Income (see instru	ictions)			
1	Distributable amount for 2017 from Part XI,	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
•	line 7		·		225,011.
2	Undistributed income, if any, as of the end of 2017				1
	Enter amount for 2016 only				
	Total for pnor years 20 15 ,20 14 ,20 13				
	Excess distributions carryover, if any, to 2017				
	From 2012		1		
	From 2014				
	From 2015				
е	From 2016				
f	Total of lines 3a through e	123,637.			
	Qualifying distributions for 2017 from Part XII,		Į		
	line 4 ▶ \$ 123,829.				
а	Applied to 2016, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see instructions)				
С	Treated as distributions out of corpus (Election required - see instructions)				
d	Applied to 2017 distributable amount				123,829.
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2017	101,182.			101,182.
6	(If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below:				
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5	22,455.			
	Prior years' undistributed income Subtract line 4b from line 2b				
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions				
е	Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount - see instructions				
f	Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required see instructions) ,				
8	Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	22,155.			
					<u> </u>

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			at it is a private ope	l l	
	=		g		
b Check box to indicate v		is a private operating		in section 4942	(j)(3) or 4942(j)(5)
2a Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
justed net income from Part	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
I or the minimum investment return from Part X for each					1
year listed					
b 85% of line 2a				 	
C Qualifying distributions from Part					
XII, line 4 for each year listed .				 /	<u> </u>
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of					
exempt activities. Subtract line					
2d from line 2c			 		
alternative test relied upon					
a "Assets" alternative test - enter	1				
(1) Value of all assets		+	+-/		-
(2) Value of assets qualifying under section			1 /		
4942(j)(3)(B)(i)		1	 / 		
b "Endowment" alternative test- enter 2/3 of minimum invest-			1/		
ment return shown in Part X			X		
line 6 for each year listed			<u> </u>	_	
C "Support" alternative test - enter					
(1) Total support other than gross investment income					
(interest, dividends, rents,					
payments on securities toans (section 512(a)(5)),					
or royalties)					
(2) Support from general public and 5 or more					
exempt organizations as					
	arer's name	Preparer's signature	D	rate Check	if PTIN
Print/Type prep					-
Paid Print/Type prep		JEFFREY D HA	SKELL 1	10/17/2018 self-empl	oyed P01345770
Paid JEFFREY D		JEFFREY D HA	SKELL	10/17/2018 self-empli	·—· ··
Paid		JEFFREY D HA	SKELL	10/17/2018 self-empl	pyed P01345770
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Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

JSA

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	Analysis of Income-Prod	ucing Activities Unrelated business	income Excluded by se	ection 512, 513, or 514	(e)
inter gross amoun	ts unless otherwise indicated		Excluded by so	(d)	Related or ex
		<u> </u>		, ,	
	<u>'&</u>				
				Perso	n \square
				Payrol	ı 🏻
			\$	Nonca	sh 🔲
				(Complete	e Part II for
				noncash	contributions)
(a)	(b)		(c)		(d)
No.	Name, address,	and ZIP + 4	Total contri	butions Type	of contribution
				Person	
			\$	Payrol Nonca	
					e Part II for
				noncash	contributions)
					(.3)
(a) No.	(b) Name, address,	and ZIP + 4	(c) Total contri	butions Type	(d) of contribution
	,				
				Perso	1 1
				Payrol	
			\$	Nonca	
				(Complet	e Part II for contributions)
				, inclicasiii	
(a)	(b)		(c)		(d)
No.	Name, address,	and ZIP + 4	Total contri	butions Type	of contribution
				D	
	<u>. </u>			Person Payrol	1 1
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(a) No from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(a) No from Part I	(b) Purpose of gift		(d) Description of how gift is held
(a) No from Part I	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
(a) No from Part I	(b) Purpose of gift Transferee's name, address,	(e) Transfer of gift	(d) Description of how gift is held
(a) No from Part I		(e) Transfer of gift	
(a) No from Part I		(e) Transfer of gift	
Part I	Transferee's name, address,	(e) Transfer of gift	ationship of transferor to transferee
(a) No from Part I		(e) Transfer of gift	
Part I	Transferee's name, address,	(e) Transfer of gift	ationship of transferor to transferee
Part I	Transferee's name, address,	(e) Transfer of gift	ationship of transferor to transferee
Part I	Transferee's name, address,	(e) Transfer of gift i, and ZIP + 4 Rela	ationship of transferor to transferee
Part I	Transferee's name, address, (b) Purpose of gift	(e) Transfer of gift i, and ZIP + 4 Rela (c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
Part I	Transferee's name, address,	(e) Transfer of gift i, and ZIP + 4 Rela (c) Use of gift (e) Transfer of gift	ationship of transferor to transferee



Employer identification number

	•				20-5862664
Part I	Contributors (see instructions)	Use duplicate copie	s of Part I if	f additional space is ne	eded
(a) No.	(b) Name, address, an	d ZIP + 4		(c) Total contributions	(d) Type of contribution
1	THE JANE B. COLMAN 2008 COMMAN		\ \\$	438,117.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, an	nd ZIP + 4		(c) Total contributions	(d) Type of contribution
			 \$		Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	Activities accompanies and accompanies		_ (c)	(d)
orm 990-	PF (2017)				Page 1
Part X\	Supplementary Information (Page 1
, Nar			oved for Fu Foundation status of recipient	uture Payment Purpose of grant or contribution	Page 1

Name of organization COLMAN	FAMILY FOUNDATION
-----------------------------	-------------------

vame or or	rganization COLMAN FAMILY FOUNDATION		862664
Part II	Noncash Property (see instructions) Use duplicate copies	of Part II if additional space is ne	eded
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
G' No		(6)	

		A
Pag	e	4

	rganization COLMAN FAMILY FOUNDAT	1014		Employer identification	
Danie III	System when the same of the same		inations desi	20-5862664	1 (0) ==
Part III	Exclusively religious, charitable, etc	c., contributions to organ	izations desci	ribed in section 501(c)(7), (8), or
•	(10) that total more than \$1,000 for				
	the following line entry For organiza				naritable, etc
	contributions of \$1,000 or less for the	he year (Enter this inform	ation once Se	ee instructions) ▶ \$	
	Use duplicate copies of Part III if add				
(a) No.					-
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how	gift is held
Part I	· · · · · · · · · · · · · · · · · · ·				
		-			
		(e) Transfer of	gift		
	Transferee's name, address, a	and ZIP + 4	Relation	nship of transferor to transfer	ee
	-			•	
	-			·	
					
			· .		
(a) No from	(b) Purpose of gift	(c) Use of gif	•	(d) Description of how	auft is held
Part I	(b) i dipose oi giit	(b) 232 5. g		(a) Description of note	9
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let Gain/(Loss) from Sales of Assets Not Included in Part IV

	Date Acquired	Acquisition	Date Sold	Gross Sales Price	Book Basis	Net Gain/(Loss)
(Loss) - non UBI						\$ 138,087
				€	σ	\$ 138,087
(Loss) - UBI						\$ 18,472
						\$ 156,559

ATTACHMENT 1

FORM 990PF, PART I - OTHER INCOME

	GLOBAL CTF	MULTI-STRATEGY	
	BRANDYTRUST	BRANDYTRUST	FEES
DESCRIPTION	K-1 INC/LOSS	K-1 INC/LOSS	REFUND OF BTC

ALS
TOTALS

NET	INVESTMENT	25,218.	28,026.	6,957.
REVENUE AND	EXPENSES	3	25,718.	6,957.

60,201.
57,510.

ATTACHMENT 1

ATTACHMENT 2

FORM 990PF, PART I - TAXES

REVENUE AND EXPENSES

DESCRIPTION

PER BOOKS

990-PF ESTIMATED TAX FOR 2017

3,000.

TOTALS

3,000.

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ENDING <u>FMV</u>	2,655,631. 1,731,902.	4,387,533.
ENDING BOOK VALUE	1,844,202. 1,615,459.	3,459,661.
DESCRIPTION	BRANDYTRUST GLOBAL CTF BRANDYTRUST MULTI-STRATEGY CTF	TOTALS

ATTACHMENT 4

	20-5862664	ATTACHMENT 5	EXPENSE ACCT AND OTHER ALLOWANCES	.0	0					ATTACHMENT 5
		ATTACI	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	0.					
			COMPENSATION	29,380.	29,380.					
•	2017 FORM 990-PF	IRECTORS, AND TRUSTEES	E AND AVERAGE HOURS PER DEVOTED TO POSITION	TEE 1.00	GRAND TOTALS					
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20-5862664	ATTACHMENT		PURPOSE OF GRANT OR CONTRIBUTION	GENERAL & UNRESTRICTED	ANNUAL BOARD FUND	ASHALIM PROFESSIONAL LEARNING MISSION TO PHILADELPHIA	GENERAL & UNRESTRICTED	AMERICAN BALLET THEATRE PROGRAM	GENERAL & UNRESTRICTED
2017 FORM 990-PF	URING THE YEAR	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	FOUNDATION STATUS OF RECIPIENT	N/A PC	N/A PC	N/A PC	N/A PC	N/A PC	N/A PC
. 2017	T XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR		AND ADDRESS	JM RE DR DS	JOINT DISTRIBUTION COMMITTEE INC M 400 317	JOINT DISTRIBUTION COMMITTEE INC M 400 517	LURIE CHILDRENS HOSPITAL OF CHICAGO VE, BOX 4	FOUNDATION INC RD FL D03	FOUNDATION N ST STE 1460 D2

COLMAN FAMILY FOUNDATION

ATTACHMENT 6 (CONT'D)

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DUBING THE YEAR

			•
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CHAPIN HALL CENTER FOR CHILDREN	N/A	GENERAL & UNRESTRICTED	1,000
1313 E 60TH ST	PC		
CHICAGO, IL 60637			
FLORENCE G HELLER - JCC ASSOCIATION RESEARCH CENTE	N/A	JCC ASSOCIATION OF NORTH AMERICA	1,000
520 8TH AVE FL 4	PC		
NEW YORK, NY 10018			
GERSHMAN Y	N/A	CHARITABLE EVENT	2,500
401 S BROAD ST	PC		
PHILADELPHIA, PA 19147			
	:		
HARVARD BUSINESS SCHOOL	N/A	GENERAL & UNRESTRICTED	1,000
TEELE HALL, SOLDIERS FIELD	PC		
BOSTON, MA 02163			
HIAS INC	N/A	GENERAL & UNRESTRICTED	1,000
411 STH AVE 10TH FL	PC		
NEW YORK, NY 10016			
INTERNATIONAL RESCUE COMMITTEE INC	N/A	GENERAL & UNRESTRICTED	1,000
122 E 42ND ST 12TH FL	PC		
NEW YORK, NY 10168			

PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE	PAID, DURING THE YEAR.	ATTACHMENT E	ATTACHMENT 6 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		•
WAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
, N CENTER NFP	N/A	GENERAL & UNRESTRICTED	1,000
. AVE	PC		
IL 60093			
OF METROPOLITAN CHICAGO INC	N/A	UNITED WAY OF NORTH-NORTHWEST	2,000
H AVE 30TH FL	PC		
. 60604			
OF CHICAGO	N/A	ALUMNI RELATIONS AND ANNUAL GIVING FUND	2,000
'ER COURT	S		
, 60615			
OF CHICAGO	N/A	ALUMNI RELATIONS AND ANNUAL GIVING - MARTIN MARTY	2,000
'ER COURT	PC	CENTER FUND	
, 60615			
ILLINOIS CHILDREN INC	, NA	GENERAL & UNRESTRICTED	1,000
: ST	PC PC		
. 60603			
ATRE INC	N/A	GENERAL & UNRESTRICTED	1,000
<u>ല</u>	PC		
, 60022			
		TOTAL CONTRIBUTIONS PAID	107,000
		ATTACHMENT 6	9

20-5862664

2017 FORM 990-PF

LY FOUNDATION

20-5862664

ATTACHMENT 7	BUSINESS EXCLUSION RELATED OR EXEMPT CODE AMOUNT CODE AMOUNT FUNCTION INCOME	525990 -2,782. 14 53,335. FEES 6,957.	
	DESCRIPTION	K-1 INC/LOSS REFUND OF BTC FEES	S.TATOT.