

For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017

Name of foundation The Fullgraf Foundation		A Employer identification number 30-6013098	
% Foundation Source			
Number and street (or P O box number if mail is not delivered to street address) Foundation Source 501 Silverside Rd	Room/suite	B Telephone number (see instructions) (800) 839-1754	
City or town, state or province, country, and ZIP or foreign postal code Wilmington, DE 198091377		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 26,790,697	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) (Part I, column (d) must be on cash basis )	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	2,825,319			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments	734	734		
	4 Dividends and interest from securities . . . .	704,614	704,614		
	5a Gross rents . . . . .				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	244,369			
	b Gross sales price for all assets on line 6a				
		967,525			
	7 Capital gain net income (from Part IV, line 2) . . . .		951,109		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
Operating and Administrative Expenses	10a Gross sales less returns and allowances				
	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .				
	12 Total. Add lines 1 through 11 . . . . .	3,775,036	1,656,457		
	13 Compensation of officers, directors, trustees, etc	0			
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .				
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . .	21,302			
	19 Depreciation (attach schedule) and depletion . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	59,463			59,463
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	80,765	0		59,463
	25 Contributions, gifts, grants paid . . . . .	919,500			919,500
	26 Total expenses and disbursements. Add lines 24 and 25	1,000,265	0		978,963
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	2,774,771			
	b Net investment income (if negative, enter -0-)		1,656,457		
	c Adjusted net income(if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing . . . . .			
	2	Savings and temporary cash investments . . . . .	112,428	165,087	165,087
	3	Accounts receivable ▶ _____ 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 instructions) . . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .	19,284,169	22,006,281	26,625,610
	c	Investments—corporate bonds (attach schedule) . . . . .			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans . . . . .			
	13	Investments—other (attach schedule) . . . . .			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	19,396,597	22,171,368	26,790,697	
Liabilities	17	Accounts payable and accrued expenses . . . . .			
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule) . . . . .			
	22	Other liabilities (describe ▶ _____)			
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>				
	27	Capital stock, trust principal, or current funds . . . . .			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	19,396,597	22,171,368	
	30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	19,396,597	22,171,368	
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) .	19,396,597	22,171,368		

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	19,396,597
2	Enter amount from Part I, line 27a . . . . .	2	2,774,771
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3 . . . . .	4	22,171,368
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	22,171,368

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
<b>1 a</b> Publicly-traded Securities			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 967,525		16,416	951,109
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b>			951,109
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	<b>2</b>	951,109
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?



Yes



No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	778,041	20,084,609	0 038738
2015	661,649	15,758,053	0 041988
2014	471,218	13,652,494	0 034515
2013	117,470	9,823,876	0 011958
2012	72,422	5,783,952	0 012521
<b>2</b> Total of line 1, column (d)			<b>2</b> 0 13972
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> 0 027944
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			<b>4</b> 24,383,731
<b>5</b> Multiply line 4 by line 3			<b>5</b> 681,379
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 16,565
<b>7</b> Add lines 5 and 6			<b>7</b> 697,944
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 978,963

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	16,565
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	16,565
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	16,565
<b>6</b>	Credits/Payments		
<b>a</b>	2017 estimated tax payments and 2016 overpayment credited to 2017	<b>6a</b>	15,200
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	15,200
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	<b>9</b>	1,365
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2018 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities</i>	<b>2</b>	No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>	No
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>6</b>	Yes
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> OH _____		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	<b>8b</b>	Yes
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	<b>10</b>	No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ►	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► Foundation Source Telephone no ► (800) 839-1754			

Located at ► 501 Silverside Road Suite 123 Wilmington DE ZIP+4 ► 198091377

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . .	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>15</b>		
<b>16</b>	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ►	<b>16</b>	<b>Yes</b>	<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		<b>1b</b>	
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?		<b>1c</b>	<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
<b>a</b>	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If "Yes," list the years ► 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions).		<b>2b</b>	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017).		<b>3b</b>	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		<b>4a</b>	<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?		<b>4b</b>	<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (Continued)

<b>5a</b>	During the year did the foundation pay or incur any amount to				
	<b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	<b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	<b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	<b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	<b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?		<b>5b</b>		
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>			
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>				
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>6b</b>	<b>No</b>	
	<i>If "Yes" to 6b, file Form 8870</i>				
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		<b>7b</b>		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
Charles S Fullgraf Foundation Source 501 Silverside Rd Wilmington, DE 198091377	Trustee 1 0	0	0	0
Jan F Golann Foundation Source 501 Silverside Rd Wilmington, DE 198091377	Trustee / Pres 1 0	0	0	0

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances

**Total** number of other employees paid over \$50,000. . . . . ►**3 Five 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
Foundation Source 55 Walls Drive 3rd Floor Fairfield, CT 06824	Administrative	58,359

**Total** number of others receiving over \$50,000 for professional services. . . . . ►**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions	
<b>3</b>	

**Total.** Add lines 1 through 3. . . . . ►

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	24,608,969
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	146,088
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	24,755,057
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	24,755,057
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	371,326
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	24,383,731
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	1,219,187

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	1,219,187
<b>2a</b>	Tax on investment income for 2017 from Part VI, line 5.	<b>2a</b>	16,565
<b>b</b>	Income tax for 2017 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	16,565
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	1,202,622
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	1,202,622
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	1,202,622

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	978,963
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	0
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	0
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	0
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	978,963
<b>5</b>	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).	<b>5</b>	16,565
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	962,398

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				1,202,622
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only. . . . .			977,844	
<b>b</b> Total for prior years 2015, 2014, 2013				
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . .				
<b>b</b> From 2013. . . . .				
<b>c</b> From 2014. . . . .				
<b>d</b> From 2015. . . . .				
<b>e</b> From 2016. . . . .				
<b>f</b> Total of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>978,963</u>				
<b>a</b> Applied to 2016, but not more than line 2a			977,844	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2017 distributable amount. . . . .				1,119
<b>e</b> Remaining amount distributed out of corpus	0			
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .				1,201,503
<b>7</b> 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). . . . .				
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9 Excess distributions carryover to 2018.</b> Subtract lines 7 and 8 from line 6a . . . . .	0			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2013. . . . .				
<b>b</b> Excess from 2014. . . . .				
<b>c</b> Excess from 2015. . . . .				
<b>d</b> Excess from 2016. . . . .				
<b>e</b> Excess from 2017. . . . .	0			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information** (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )  
NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed

**b** The form in which applications should be submitted and information and materials they should include

**c** Any submission deadlines

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>			<b>▶ 3a</b>	919,500
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>			<b>▶ 3b</b>	

Enter gross amounts unless otherwise indicated

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2017)

**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of			
<b>(1)</b> Cash. . . . .	<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets. . . . .	<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions			
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .	<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .	<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .	<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements. . . . .	<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees. . . . .	<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .	<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .	<b>1c</b>		<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	***** Signature of officer or trustee	2018-04-08 Date	***** Title

May the IRS discuss this return with the preparer shown below (see instr )? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--

<b>Paid Preparer Use Only</b>	Print/Type preparer's name Jeffrey D Haskell	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01345770	
	Firm's name ▶ Foundation Source					Firm's EIN ▶
	Firm's address ▶ One Hollow Ln Ste 212 Lake Success, NY 11042					Phone no (800) 839-1754

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
564 PARK AVENUE PRESERVATION FOUNDATION 564 PARK AVE NEW YORK, NY 10065	N/A	PC	General & Unrestricted	2,000
ADIRONDACK MOUNTAIN CLUB INC 814 GOGGINS RD LAKE GEORGE, NY 12845	N/A	PC	General & Unrestricted	1,000
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIAT PO BOX 96011 WASHINGTON, DC 20090	N/A	PC	General & Unrestricted	11,000
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DR STE 900 ARLINGTON, VA 22202	N/A	PC	General & Unrestricted	15,000
AMERICAN FORESTS 1220 L ST NW STE 750 WASHINGTON, DC 20005	N/A	PC	General & Unrestricted	1,000
<b>Total . . . . .</b> ► <b>3a</b>				919,500

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN FOUNDATION FOR THE COURTAULD INSTITUTE OF 55 E END AVE 3D NEW YORK, NY 10028	N/A	PC	libraries at the Courtauld Institute of Art	3,000
AMERICAN RADIO RELAY LEAGUE INC 225 MAIN ST NEWINGTON, CT 06111	N/A	PC	General & Unrestricted	2,000
AMHERST COLLEGE TRUSTEES PO BOX 5000 AMHERST, MA 01002	N/A	PC	General & Unrestricted	1,000
APPALACHIAN MOUNTAIN CLUB 10 CITY SQ BOSTON, MA 02129	N/A	PC	General & Unrestricted	1,000
BERRY COLLEGE INCPO BOX 490129 MOUNT BERRY, GA 30149	N/A	PC	General & Unrestricted	5,000
<b>Total . . . . . ▶</b> <b>3a</b>				919,500


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BERRY COLLEGE INCPO BOX 490129 MOUNT BERRY, GA 30149	N/A	PC	Animal Science Department	2,500
BOSTON TERRIER RESCUE OF NORTH CAROLINA 5403 FOREST OAKS DR GREENSBORO, NC 27406	N/A	PC	General & Unrestricted	500
BOSTON TERRIER RESCUE TEAM OF THE CAROLINAS INC 1635 MERRY OAKS RD APT J CHARLOTTE, NC 28205	N/A	PC	General & Unrestricted	500
BOYS CLUB OF NEW YORK INC 287 E 10TH ST NEW YORK, NY 10009	N/A	PC	General & Unrestricted	1,000
BUCKLEY SCHOOL IN THE CITY OF NEW YORK 113 E 73RD ST NEW YORK, NY 10021	N/A	PC	General & Unrestricted	2,000
<b>Total . . . . . ▶</b> <b>3a</b>				919,500




Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment


Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CENTER FOR THE STUDY OF CLASSICAL ARCHITECTURE INC 20 W 44TH ST NEW YORK, NY 10036	N/A	PC	General & Unrestricted	500
CENTRAL PARK CONSERVANCY INC 14 E 60TH ST 8TH FL NEW YORK, NY 10022	N/A	PC	General & Unrestricted	1,000
CENTURION MINISTRIES 1000 HERRONTOWN RD FL 2 STE 8 PRINCETON, NJ 08540	N/A	PC	General & Unrestricted	800
CINCINNATI COUNTRY DAY SCHOOL 6905 GIVEN RD CINCINNATI, OH 45243	N/A	PC	General & Unrestricted	10,000
CINCINNATI NATURE CENTER ASSOCIATION 4949 TEALTOWN RD MILFORD, OH 45150	N/A	PC	General & Unrestricted	12,000
<b>Total . . . . . ▶</b> <b>3a</b>				919,500


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CINCINNATI OPERA ASSOCIATION 1243 ELM ST MUSIC HALL CINCINNATI, OH 45202	N/A	PC	General & Unrestricted	10,000
CIVIL WAR PRESERVATION TRUST 1140 PROFESSIONAL COURT HAGERSTOWN, MD 21740	N/A	PC	General & Unrestricted	2,000
COMMUNITY FOUNDATION OF HENDERSON COUNTY INC PO BOX 1108 HENDERSONVILLE, NC 28793	N/A	PC	Camp Greystone "The Great Day Fund"	3,000
COVENANT PRESBYTERIAN CHURCH 210 POPPELL DR LAKELAND, FL 33813	N/A	PC	to provide assistance for repairs to the Child Development Center as a result of damage caused by Hurricane Irma	3,500
DAVIDSON COLLEGE209 RIDGE RD DAVIDSON, NC 28036	N/A	PC	General & Unrestricted	1,000
<b>Total</b> . . . . . 				919,500
<b>3a</b>				

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**


Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DOLLYWOOD FOUNDATION 111 DOLLYWOOD LN PIGEON FORGE, TN 37863	N/A	PC	General & Unrestricted	1,000
EAA AVIATION FOUNDATION INC PO BOX 3086 OSHKOSH, WI 54903	N/A	PC	Young Eagles Program	5,000
EPILEPSY FOUNDATION OF SOUTHEAST TENNESSEE 1 SISKIN PLZ CHATTANOOGA, TN 37403	N/A	PC	General & Unrestricted	10,000
EPISCOPAL CHARITIES OF THE DIOCESE OF NEW YORK 1047 AMSTERDAM AVE NEW YORK, NY 10025	N/A	PC	General & Unrestricted	5,000
EPISCOPAL RELIEF AND DEVELOPMENT PO BOX 7058 MERRIFIELD, VA 22116	N/A	PC	General & Unrestricted	10,800
<b>Total . . . . .</b> ► <b>3a</b>				919,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
EPISCOPAL RELIEF AND DEVELOPMENT PO BOX 7058 MERRIFIELD, VA 22116	N/A	PC	Hurricane Relief Fund	10,000
FOOTHILLS CRAFT GUILD INC PO BOX 52871 KNOXVILLE, TN 37950	N/A	PC	General & Unrestricted	2,000
FOREST PARK FOREVER INC 5595 GRAND DR IN FOREST PARK ST LOUIS, MO 63112	N/A	PC	General & Unrestricted	2,000
FRIENDS OF ISLAND ACADEMY INC 127 W 127TH ST STE 127 NEW YORK, NY 10027	N/A	PC	General & Unrestricted	1,000
GASPARILLA ISLAND CONSERVATION AND IMPROVEMENT AS PO BOX 446 BOCA GRANDE, FL 33921	N/A	PC	General & Unrestricted	1,000
<b>Total</b> . . . . . 				919,500
<b>3a</b>				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GLOBAL AIDS INTERFAITH ALLIANCE 2171 FRANCISCO BLVD E STE I SAN RAFAEL, CA 94901	N/A	PC	General & Unrestricted	800
GREEN-WOOD HISTORIC FUND INC 500 25TH ST BROOKLYN, NY 11232	N/A	PC	General & Unrestricted	1,000
GREYHOUND PETS OF AMERICA 12104 BROADWOOD DR KNOXVILLE, TN 37934	N/A	PC	General & Unrestricted	5,000
HEALTH ADVOCATES FOR OLDER PEOPLE INC 708 3RD AVE FL 6 NEW YORK, NY 10017	N/A	PC	General & Unrestricted	2,000
HELEN KELLER INTERNATIONAL INC 352 PARK AVE S 12 FL NEW YORK, NY 10010	N/A	PC	General & Unrestricted	15,000
<b>Total</b> . . . . . 				919,500
<b>3a</b>				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HONORAIR - KNOXVILLE INC 7536 TAGGART LN KNOXVILLE, TN 37938	N/A	PC	General & Unrestricted	7,000
HORACE MANN SCHOOL 231 W 246TH ST BRONX, NY 10471	N/A	PC	General & Unrestricted	3,000
HORSE HAVEN OF TENNESSEE INC PO BOX 22841 KNOXVILLE, TN 37933	N/A	PC	General & Unrestricted	1,000
HOSPICE OF CINCINNATI INCORPORATED 4360 COOPER RD STE 300 CINCINNATI, OH 45242	N/A	PC	General & Unrestricted	10,000
IJAMS NATURE CENTER INC 2915 ISLAND HOME AVE KNOXVILLE, TN 37920	N/A	PC	General & Unrestricted	12,000
<b>Total</b> . . . . . 				919,500
<b>3a</b>				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
INDIAN HILL HISTORICAL MUSEUM ASSOCIATION 8100 GIVEN RD CINCINNATI, OH 45243	N/A	PC	General & Unrestricted	5,000
INTERVARSITY CHRISTIAN FELLOWSHIP- USA PO BOX 7895 MADISON, WI 53707	N/A	PC	General & Unrestricted	800
IOWA STATE UNIVERSITY FOUNDATION 2505 UNIVERSITY BLVD AMES, IA 50010	N/A	PC	Endowed Charlotte Stone Fullgraf Equine Surgery Resident's Research and Support Fund	70,000
IOWA STATE UNIVERSITY FOUNDATION 2505 UNIVERSITY BLVD AMES, IA 50010	N/A	PC	To purchase the following equipment for the College of Veterinary Medicine Equine Surgery Section a Synthes Locking Compression Plate Set, an Overground Exercise Videoendoscopy Unit, an Arthroscopy Fluid Pump, and a Fluoroscopy Unit	53,000
KEW-FOREST SCHOOL INC 119-17 UNION TPKE FOREST HILLS, NY 11375	N/A	PC	General & Unrestricted	1,000
<b>Total . . . . . ►</b> <b>3a</b>				919,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LOUDON COUNTY HUMANE SOCIETY PO BOX 602 LENOIR CITY, TN 37771	N/A	PC	General & Unrestricted	2,000
LUCKY BREAK PET RESCUE 214 SCENIC RD NORMANDY, TN 37360	N/A	PC	General & Unrestricted	2,000
MISSOURI BOTANICAL GARDEN BOARD OF TRUSTEES 2345 TOWER GROVE AVE SAINT LOUIS, MO 63110	N/A	PC	support of reopening the Museum Building in 2018	2,000
MORRIS ANIMAL FOUNDATION 720 S COLORADO BLVD STE 174-A DENVER, CO 80246	N/A	PC	General & Unrestricted	1,000
NATIONAL ARBOR DAY FOUNDATION 211 N 12TH ST STE 501 LINCOLN, NE 68508	N/A	PC	General & Unrestricted	1,000
<b>Total</b> . . . . . 				919,500
<b>3a</b>				




Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NATIONAL PARK FOUNDATION 1110 VERMONT AVE NW STE 200 WASHINGTON, DC 20005	N/A	PC	General & Unrestricted	2,000
NAZARETH HOUSING INC519 E 11TH ST NEW YORK, NY 10009	N/A	PC	General & Unrestricted	5,000
NEAR EAST FOUNDATION 230 EUCLID AVE NEW YORK, NY 13210	N/A	PC	General & Unrestricted	800
NEIGHBORHOOD COALITION FOR SHELTER INC 50 BROADWAY ST 1301 NEW YORK, NY 10004	N/A	PC	General & Unrestricted	40,000
NEW YORK TIMES NEEDIEST CASES FUND 620 8TH AVE NEW YORK, NY 10018	N/A	PC	General & Unrestricted	600
<b>Total . . . . . ▶</b> <b>3a</b>				919,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NIGHTINGALE-BAMFORD SCHOOL 20 E 92ND ST NEW YORK, NY 10128	N/A	PC	General & Unrestricted	1,000
NURSE FAMILY PARTNERSHIP 1900 GRANT ST NO 400 DENVER, CO 80203	N/A	PC	General & Unrestricted	700
ONE WEST 54TH STREET FOUNDATION 1 W 54TH ST NEW YORK, NY 10019	N/A	PC	General & Unrestricted	2,000
OSBORNE ASSOCIATION INC 175 REMSEN ST STE 800 BROOKLYN, NY 11201	N/A	PC	General & Unrestricted	10,000
PHILADELPHIA RONALD MCDONALD HOUSE INC 3925 CHESTNUT ST PHILADELPHIA, PA 19104	N/A	PC	General & Unrestricted	800
<b>Total . . . . .</b> ► <b>3a</b>				919,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PRESBYTERIAN CHURCH USA PO BOX 643700 PITTSBURG, PA 15264	N/A	PC	Presbyterian Disaster Response funds for Hurricanes Irma and Maria	3,500
PRESIDENT & TRUSTEES OF COLBY COLLEGE 4120 MAYFLOWER HILL WATERVILLE, ME 04901	N/A	PC	General & Unrestricted	1,000
READ ALLIANCE INC 80 MAIDEN LN 11TH FL NEW YORK, NY 10038	N/A	PC	General & Unrestricted	5,000
RECTOR WARDENS VESTRYMEN TRINITY CHURCH 33 MERCER ST PRINCETON, NJ 08540	N/A	PC	General & Unrestricted	600
RED DOG FARM ANIMAL RESCUE NETWORK 5803 BUR MILL CLUB RD GREENSBORO, NC 27410	N/A	PC	General & Unrestricted	1,000
<b>Total . . . . .</b> <b>3a</b>				919,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
REMOTE AREA MEDICAL 2200 STOCK CREEK BLVD ROCKFORD, TN 37853	N/A	PC	General & Unrestricted	8,000
RENSSELAER POLYTECHNIC INSTITUTE 110 8TH ST TROY, NY 12180	N/A	PC	General & Unrestricted	10,000
RESTORE NYC INC20 W 46TH ST APT 2B NEW YORK, NY 10036	N/A	PC	General & Unrestricted	20,000
RIVERWOOD THERAPEUTIC RIDING CENTER INC 6825 ROLLING VIEW DR TOBACCOVILLE, NC 27050	N/A	PC	General & Unrestricted	2,000
RONALD MCDONALD HOUSE CHARITIES OF NASHVILLE TN IN 2144 FAIRFAX AVE NASHVILLE, TN 37212	N/A	PC	General & Unrestricted	600
<b>Total</b> . . . . . 				919,500
<b>3a</b>				

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SAMARITANS PURSEPO BOX 3000 BOONE, NC 28607	N/A	PC	General & Unrestricted	1,000
SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA INC 411 MERCY DR ORLANDO, FL 32805	N/A	PC	Hurricane Irma Fund	3,500
SHANGRI LA THERAPEUTIC ACADEMY OF RIDING INC 11800 HWY 11E LENOIR CITY, TN 37772	N/A	PC	General & Unrestricted	6,000
SPENCE-CHAPIN SERVICES TO FAMILIES AND CHILDREN 410 E 92ND ST NEW YORK, NY 10128	N/A	PC	General & Unrestricted	1,000
ST JAMES EPISCOPAL CHURCH 865 MADISON AVE NEW YORK, NY 10021	N/A	PC	St James' Church Archives	15,000
<b>Total . . . . . ▶</b> <b>3a</b>				919,500

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SYLVAN WINDS INC 444 CENTRAL PARK W APT 9H NEW YORK, NY 10025	N/A	PC	General & Unrestricted	1,000
TATE AMERICAS FOUNDATION 520 W 27TH ST UNIT 404 NEW YORK, NY 10001	N/A	PC	General & Unrestricted	1,500
TENNESSEE WESLEYAN UNIVERSITY 204 E COLLEGE ST ATHENS, TN 37303	N/A	PC	The Health and Human Performance Department	5,000
THE INDIAN HILL CHURCH 6000 DRAKE RD CINCINNATI, OH 45243	N/A	PC	General & Unrestricted	10,000
THE SEVEN HILLS SCHOOLS 5400 RED BANK RD CINCINNATI, OH 45227	N/A	PC	General & Unrestricted	5,000
<b>Total . . . . . ▶</b> <b>3a</b>				919,500


**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE SEVEN HILLS SCHOOLS 5400 RED BANK RD CINCINNATI, OH 45227	N/A	PC	Build Connect Inspire Campaign	15,000
THE UNIVERSITY OF TENNESSEE FOUNDATION INC 1525 UNIVERSITY AVE KNOXVILLE, TN 37921	N/A	PC	The University of Tennessee Institute of Agriculture Advancing Equine Health Fund	5,000
TRINITY COLLEGE300 SUMMIT ST HARTFORD, CT 06106	N/A	PC	General & Unrestricted	10,000
TRUSTEES OF THE SMITH COLLEGE 33 ELM ST NORTHAMPTON, MA 01063	N/A	PC	Director's Fund for the Smith College Museum of Art	10,000
TRUSTEES OF THE SMITH COLLEGE 33 ELM ST NORTHAMPTON, MA 01063	N/A	PC	The Smith Fund	5,000
<b>Total . . . . . ▶</b> <b>3a</b>				919,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TRUSTEES OF THE SMITH COLLEGE 33 ELM ST NORTHAMPTON, MA 01063	N/A	PC	The endowed Fullgraf Fund to support the Special Collections at Smith College	100,000
URBAN PROMISE MINISTRIES COMMUNITY DEVELOPMENT INC PO BOX 1479 CAMDEN, NJ 08105	N/A	PC	General & Unrestricted	800
VANDERBILT UNIVERSITY PMB 407727 2301 VANDERBILT PL NASHVILLE, TN 37240	N/A	PC	John S Beasley Fund	15,000
VISITING NURSE SERVICE OF NEW YORK 107 E 70TH ST 5TH FL NEW YORK, NY 10021	N/A	SO III FI	General & Unrestricted	700
WASHINGTON UNIVERSITY CAMPUS BOX 1082 ONE BROOKINGS DR ST LOUIS, MO 63130	N/A	PC	annual Charles W Fullgraf Scholarship Fund in Arts and Sciences	7,500
<b>Total . . . . .</b> ► <b>3a</b>				919,500



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WASHINGTON UNIVERSITY CAMPUS BOX 1082 ONE BROOKINGS DR ST LOUIS, MO 63130	N/A	PC	Charles W Fullgraf Scholarship Fund in Arts and Sciences	100,000
WASHINGTON UNIVERSITY CAMPUS BOX 1082 ONE BROOKINGS DR ST LOUIS, MO 63130	N/A	PC	The Fullgraf Fellowship Fund in Engineering	100,000
WASHINGTON UNIVERSITY CAMPUS BOX 1082 ONE BROOKINGS DR ST LOUIS, MO 63130	N/A	PC	Fullgraf Fellowship Fund in Engineering	25,000
WASHINGTON UNIVERSITY CAMPUS BOX 1082 ONE BROOKINGS DR ST LOUIS, MO 63130	N/A	PC	To purchase four books	1,500
WASHINGTON UNIVERSITY CAMPUS BOX 1082 ONE BROOKINGS DR ST LOUIS, MO 63130	N/A	PC	To support the Fullgraf Professor research team for the purchase of equipment and supplies for prototyping devices and travel funds to present research at conferences and meetings	20,000
<b>Total</b> . . . . . 				919,500
<b>3a</b>				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
WILDLIFE CONSERVATION SOCIETY 2300 SOUTHERN BLVD BRONX, NY 10460	N/A	PC	New York Aquarium Fund	5,000
YINGHUA INTERNATIONAL SCHOOL A NJ NONPROFIT CORPOR PO BOX 88 KINGSTON, NJ 08528	N/A	PC	General & Unrestricted	700
Total . . . . . ▶ 3a				919,500

**Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.**

## **TY 2017 Depreciation Schedule**

**Name:** The Fullgraf Foundation

**EIN:** 30-6013098

**TY 2017 Investments Corporate Stock Schedule****Name:** The Fullgraf Foundation**EIN:** 30-6013098

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
PROCTER GAMBLE CO	18,533,721	21,701,965
RETAIL PROPERTIES OF AMERICA A	242,853	171,118
SCHWAB INTERNATIONAL INDEX FUN	100,000	103,111
SCHWAB S P 500 INDEX FUND SELE	3,116,487	4,619,350
THE JM SMUCKER COMPANY	13,220	30,066

**TY 2017 Other Expenses Schedule****Name:** The Fullgraf Foundation**EIN:** 30-6013098**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Administrative Fees	58,359			58,359
Office Supplies	904			904
State or Local Filing Fees	200			200

**TY 2017 Taxes Schedule****Name:** The Fullgraf Foundation**EIN:** 30-6013098

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
990-PF Estimated Tax for 2017	15,200			
990-PF Excise Tax for 2016	6,102			

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491114006538	
<div>Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service</div>		<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a></div>			<div>OMB No 1545-0047</div> <div>2017</div>
<div>Name of the organization The Fullgraf Foundation</div>				<div>Employer identification number 30-6013098</div>	
<div>Organization type (check one)</div>					
<div>Filers of:Section:</div>					
Form 990 or 990-EZ		<div><input type="checkbox"/> 501(c)( ) (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div>			
Form 990-PF		<div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div>			
<div>Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b>.</div> <div><b>Note.</b> Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions</div>					
<div>General Rule</div> <div><input checked="" type="checkbox"/> For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.</div>					
<div>Special Rules</div> <div><input type="checkbox"/> For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup> 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.</div> <div><input type="checkbox"/> For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.</div> <div><input type="checkbox"/> For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$</div>					
<div><b>Caution.</b> An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it <b>must</b> answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).</div>					
For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF		Cat No 30613X		Schedule B (Form 990, 990-EZ, or 990-PF) (2017)	

<b>Name of organization</b> The Fullgraf Foundation	<b>Employer identification number</b> 30-6013098
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<b>Part I</b> <b>Contributors</b> (See instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Charles M Fullgraf Char Lead Ann T Jan F Golann 120 East 81St St 8H New York, NY10028	\$ 2,825,319	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )



<b>Name of organization</b> The Fullgraf Foundation	<b>Employer identification number</b> 30-6013098
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**Part II** **Noncash Property** (See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	PROCTER GAMBLE CO PG, 30555 sh	\$ 2 825,268	2017-08-29
(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
		\$	
(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
		\$	
(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
		\$	

<b>Name of organization</b> The Fullgraf Foundation	<b>Employer identification number</b> 30-6013098
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<b>Part III</b>	<b>Exclusively</b> religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <b>exclusively</b> religious, charitable, etc., contributions of <b>\$1,000 or less</b> for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
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