

## **Return of Private Foundation**

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

OMB No. 1545-0052

Department of the Treasury

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

inte	mai neks	■ Go to www.irs.gov/Form990PF to	or instructions and	the late:	st informati	on.		Open 1	to Public Insped	91(01)
		dar year 2017 or tax year beginning	, 201	7, and					, 20	
	· - · -	undation			A Employe	r ident	ification n	umbe	r	
_0	L. P	ATHY FAMILY FOUNDATION, INC.			45-2	6179	92			
N	imber an	d street (or P.O. box number if mail is not delivered to street address)	n/suite	B Telephor	ne numb	oer (see in:	structi	ons)		
4:	16 HUI	NGERFORD DRIVE	219	ı	(301)424-6637					
Cı	ty or tow	n, state or province, country, and ZIP or foreign postal code			C If exempt	tion app	olication is	pendi	ing, check here i	►⊓(
RO	CKVI	LLE MD 20850			,	• • •				_,
G	Check	all that apply:  Initial return Initial return	n of a former public	charity	D 1. Foreig	n organ	izations, c	heck l	nere	▶ □
		☐ Final return ☐ Amended	return	•	2 Foroid	n oraan	uzatione m	aatına	the 85% test,	_
		Address change  Name chai	nge	. 1			nd attach c			▶□
H	Check	type of organization: X Section 501(c)(3) exempt p	rivate foundation/	04					terminated unde	er
	Sectio	n 4947(a)(1) nonexempt charitable trust   Other tax	kable private found	dation	section 5	07(0)(1)	I(A), check	nere	1	▶□
ī	Fair m	narket value of all assets at J Accounting method	l: 🗌 Cash 🗵 A	ccrual	E If the four	ndation	ue in a 60.	manth	h termination	
	end of	f year (from Part II, col. (c),					7(b)(1)(B),			▶ 🔲
	line 16		on cash basis.)							
E	art I		(a) Revenue and						(d) Disburseme	
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per		investment icome	(c)	Adjusted n income	iet	for charitable purposes	
		the amounts in column (a) (see instructions) )	books	"				ļ	(cash basis or	
_	1	Contributions, gifts, grants, etc., received (attach schedule)	1,000,000.	1						
	2	Check ► ☐ if the foundation is <b>not</b> required to attach Sch. B								
	3	Interest on savings and temporary cash investments	36.		36.					
	4	Dividends and interest from securities	291,177.	2	91,177.					$\neg$
	5a	Gross rents								
	b	Net rental income or (loss)								$\neg$
<u>a</u>	6a	Net gain or (loss) from sale of assets not on line 10	11,453.							$\neg$
Revenue	b	Gross sales price for all assets on line 6a 42,029.		L-6a	Stmt					
Š	7	Capital gain net income (from Part IV, line 2)			11,453.					$\neg$
æ	8	Net short-term capital gain								
	9	Income modifications								
	10a	Gross sales less returns and allowances				-=				$\neg$
	Ь	Less: Cost of goods sold								
į	C	Gross profit or (loss) (attach schedule)							i	
1	11	Other income (attach schedule)								
-	12	Total. Add lines 1 through 11	1,302,666.	3	02,666.					
	13	Compensation of officers, directors, trustees, etc.								
enses	14	Other employee salaries and wages	32,369.		0.				32,36	<u>69.</u>
en	15	Pension plans, employee benefits								
Ř	16a	Legal fees (attach schedule)					DSO-SF	11	1	
Ш	b	Accounting fees (attach schedule)	4,915.						a. !	
Ĭ.	С	Other professional fees (attach schedule) L-16c Stmt.	54,836.		54,836.		20,		2	
ā	17	Interest				<u></u>			j	
ist	18	Taxes (attach schedule) (see instructions) See Stmt.	2,280.			3	4	N	2,28	<u>30.</u>
Ë	19	Depreciation (attach schedule) and depletion		ļ				F		
Operating and Administrative Expo	20	Occupancy	56,171.				<u> </u>		<b></b>	
4	21	Travel, conferences, and meetings		-		1	Z	12	<b></b>	
aŭ	22	Printing and publications			!			<u> </u>	<u> </u>	
0	23	Other expenses (attach schedule) See Stmt	12,166.	<u> </u>			<i>3</i> -2∃		2,7	<u>72.</u>
ij	24	Total operating and administrative expenses.	[	1		1			ĺ	
era		Add lines 13 through 23	162,737.		54 <u>,836.</u>	ļ			37,42	
ğ	25	Contributions, gifts, grants paid	440,500.	<u> </u>					440,50	
	26	Total expenses and disbursements. Add lines 24 and 25	603,237.		54,836.				477,92	<u>21.</u>
	27	Subtract line 26 from line 12:		4						
	a	Excess of revenue over expenses and disbursements	699,429.			ļ			<u></u>	
	b	Net investment income (if negative, enter -0-) .		2	47,830.				<u> </u>	
	C	Adjusted net income (if negative, enter -0-)	]					_	<u> </u>	] ·

For Paperwork Reduction Act Notice, see instructions.

BAA

Form **990-PF** (2017)

D.	art II	Balance Sheets Attached schedules and amounts in the description column			of year	
Γ¢		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	e	(c) Fair Market Value
	1、	Cash—non-interest-bearing				
	2	Savings and temporary cash investments	453,945.	139,15	52.	139,152.
	3	Aggrupto reggiughto	A CONTRACTOR SATISFACE PARTY	"A" 1 W212 "FR. V.	• 630	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Less: allowance for doubtful accounts   Pledges receivable   Less: allowance for doubtful accounts   Less: allowance for doubtful accounts				
	4	Pledges receivable ▶	276.03.5522.6056 v	4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ink.	C. W. T. T. T. T. T. T. T.
	· .	Less: allowance for doubtful accounts ▶				The state of the s
	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) ▶	ME THE PARTY	W. ACAM BLAD	17.12	NEW CAPTURES
		Less. allowance for doubtful accounts ▶		<u> </u>	34. 31	
Ś	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges			_	
Ş	10a	Investments—U.S. and state government obligations (attach schedule)				
•	ь	Investments—corporate stock (attach schedule)	· · · · · · · · · · · · · · · · · · ·			
	c	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment: basis ▶	THE YOUR CHIEF	\$6 35 5° 50 50 50 50 50 50 50 50 50 50 50 50 50	الإنا عصور ا	THE STATE SHOWING
	• •	Less: accumulated depreciation (attach schedule) ▶		9 - S - 1 - 1 - 2 - 3 - 1 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3	<u> </u>	50 40 - Silver & Silv
	12	Investments—mortgage loans	<del> </del>			<del></del>
	13	Investments—other (attach schedule)	9,803,626.	11 666 19	2 0	11,666,189.
	14		9,803,020	11,000,10	J J	11,000,105.
	'*	Land, buildings, and equipment basis ►  Less: accumulated depreciation (attach schedule) ►		44. 6 2 2 2 4		2.5
	15	Other assets (describe >				
	16	Total assets (to be completed by all filers—see the				
	10	instructions. Also, see page 1, item l)	10 057 571	11 005 3	4 1	11 005 241
	17	Accounts payable and accrued expenses	10,257,571.	11,005,34	<u> </u>	11,805,341.
	18	Grants payable				
es		Deferred revenue		<del></del>		
Liabilities	19	Loans from officers, directors, trustees, and other disqualified persons				
ğ	20					
Ë	21 22	Mortgages and other notes payable (attach schedule)		<del></del>		ATT
	23	Other liabilities (describe ► )  Total liabilities (add lines 17 through 22)	0.			A STATE OF
_	23		0.			1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
S		Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.				
ၓၟ	0.4	• .	10,257,571.	11,805,3	<b>4</b> 1	[24] M. J.
alances	24	Tames annulus santulated	10,237,371.	11,000,0	3 1 .	
Ba	25	Temporarily restricted				The second
Ď	26	Permanently restricted				
5	[	Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.				<b>国际企业</b>
Σ	27					M 30 元章
Net Assets or Fund B	27	Capital stock, trust principal, or current funds		<del></del>		1.20%上《333
šet	28	· · · · · · · · · · · · · · · · · · ·				<b>电影影响了</b>
As	29	Retained earnings, accumulated income, endowment, or other funds  Total net assets or fund balances (see instructions)	10 257 571	11,805,34	4 1	16年45月1
<b>*</b>	30 31	Total liabilities and net assets/fund balances (see	10,257,571.	11,805,3	41.	
ž	31		10 257 571	11 005 2	41	344
De	C 111	Analysis of Changes in Net Assets or Fund Balances	10,257,571.	11,805,3	3 T •	HANT LITTE STEEL STARTS - NO
4	Irt III	I net assets or fund balances at beginning of year—Part II, colu	ımn (a) line 30 /mus	st agree with		<u> </u>
'		of-year figure reported on prior year's return)			1	10,257,571.
_				• • • • •	2	
2		er amount from Part I, line 27a		WENIME.	3	699,429.
3		er increases not included in line 2 (itemize) UNREALIZED GA		YIE,INI O	<del>-3</del> -	848,341.
4		lines 1, 2, and 3		}	5	11,805,341.
5	Deci	reases not included in line 2 (itemize) ► Il net assets or fund balances at end of year (line 4 minus line 5)—	Part II column (b) li	ne 30	- <u>5</u> -	11,805,341.
U	, iota	in the cassets of fulld balances at end of year (fine 4 finings line 5).	· 4· · · · · · · · · · · · · · · · · ·			TT1000104T.

Part	V Capital Gains and	d Losses for Tax on Investme	nt Income		7.	<del></del>
		nd(s) of property sold (for example, real esta ise, or common stock, 200 shs. MLC Co.)	ite,	(b) How acquired P—Purchase D—Donation	(c) Date acqui (mo , day, yr	1
<u>1a</u>						
<u> </u>	<del>-</del>					
<u>c</u>					<u> </u>	
d			<del></del>			
<u> </u>		(f) Depreciation allowed	(a) Cost or	other basis		n) Gain or (loss)
	(e) Gross sales price	(or allowable)		nse of sale		plus (f) minus (g))
a	42,029.			30,576.		11,453.
<u> </u>					<u> </u>	
C						
<u>d</u> e						<del></del>
	Complete only for assets sho	owing gain in column (h) and owned by	the foundation	on 12/31/69.	//\ Gaun	s (Col. (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col (i) (j), if any	col (k), b	out not less than -0-) or uses (from col (h))
а						11,453.
b						
C						<del></del>
d						··
е		( If gain, alt	so enter in Pa	rt Lline 7		
2	Capital gain net income o		enter -0- in Pai		2	11,453.
3	If gain, also enter in Part	n or (loss) as defined in sections 1 I, line 8, column (c). See instruct	ions. If (loss)	, enter -0- ın )	3	
Part		ler Section 4940(e) for Reduc				<del></del>
Was t	s," the foundation doesn't o	section 4942 tax on the distributa qualify under section 4940(e). Do n	ot complete t	his part.		☐ Yes 🗹 No
1	(a)	ount in each column for each year;	see the instru		aking any em	(d)
Cale	Base period years endar year (or tax year beginning in			(c) f noncharitable-use a	100	Distribution ratio b) (b) divided by col (c))
	2016	590,128		10,103,6		0.058407
	2015	473,239		10,256,4		0.046141
	2014	768,74		11,253,5 11,125,5		0.068311 0.034515
	2013 2012	384,003 382,354		8,727,7		0.043809
2	Total of line 1, column (d)				. 2	0.251183
3	Average distribution ratio the number of years the fo	for the 5-year base period—dividual bundation has been in existence if	le the total on less than 5 ye	ears	r by	0.050237
4	Enter the net value of non	charitable-use assets for 2017 fro	m Part X, line	5	. 4	10,865,985.
5	Multiply line 4 by line 3				. 5	545,874.
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)			. 6	2,478.
7	Add lines 5 and 6				. 7	548,352.
8	Enter qualifying distribution	ons from Part XII, line 4 ater than line 7, check the box in I	 Part VI line 1h	and complete	. 8	477, 921.
	Part VI instructions.	ater triair line /, Check the DOX III I	ait vi, iiiic it	s, and complete	mat part usiri	g a 170 tax rate. 000 the

Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	48-see	instr	ction	ns)	
1a					ŤΊ	
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)		N/	Α		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1	4,9	57.		
	here ► □ and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of					
	Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2		0.		
3	Add lines 1 and 2	3	4,9	57.		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)					
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5	4,5	57.	7	
6	Credits/Payments: 2017 estimated tax payments and 2016 overpayment credited to 2017   6a   1,406.				- 1	
a b	Exempt foreign organizations—tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868) . 6c 0.	[				
d	Backup withholding erroneously withheld 6d				- 1	
7	Total credits and payments. Add lines 6a through 6d	7	1,4	06.		
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8		20.		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	3,5	71.		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid >	10		0.		
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ Refunded ▶	11				
Part	VII-A Statements Regarding Activities		<del>,</del>			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation			Yes	No	
	participate or intervene in any political campaign?		1a		×	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? Instructions for the definition	See the	1b		×	
	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.		<u> </u>			
С	Did the foundation file Form 1120-POL for this year?		1c		×	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax is on foundation managers. ▶ \$	nposed				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? .		2		×	
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument,					
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	• •	3_	<u> </u>	×	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	<del> </del> -	<u>×</u>	
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4b	<del>                                     </del>		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		<u>×</u>	
6	If "Yes," attach the statement required by General Instruction T.  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		ŀ			
U	By language in the governing instrument, or			İ		
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directively.</li> </ul>	tions that				
	conflict with the state law remain in the governing instrument?		6		×	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), ar	d Part XV	7	×		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.					
	DE					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorne	/ General				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	×		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 49	42(j)(3) or				
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV	. If "Yes,"				
	complete Part XIV	ر و و و و و و و و و و و و و و و و و و و	9		<u>×</u>	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule lis	sung metr	10		_	

Form **990-PF** (2017)

Part	VII-A Statements Regarding Activities (continued)			
			Yes	No
11	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	11	_	×
12	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	12		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	×	
	Website address ► N/A			
14	The books are in care of ► THE FOUNDATION  Located at ► 416 HUNGERFORD DR., STE 223 ROCKVILLE MD  ZIP+4 ► 20850	24-	6637	· 
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here and enter the amount of tax-exempt interest received or accrued during the year	• • •	•	▶ [
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		×
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	r		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No			ĺ
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?		• '	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	],	l	ļ
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   Yes   No	i		
	(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)?		!	ł
	(6) Agree to pay money or property to a government official? (Exception. 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.)	<b>!</b> ! !		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	<u> </u>		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here	Į		
С	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?	1c		×
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	10	;	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	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?	'		
<b>L</b>	If "Yes," list the years ▶ 20 , 20 , 20 , 20  Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			1
Ь	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions.)	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	► 20 , 20 , 20 , 20		l	
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
		}	}	j
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	ļ		
	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		<u> </u>	
	foundation had excess business holdings in 2017.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	ļ	X
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?	4b	<u> </u>	<del> </del>
	CHARLADIE DUIDOSE HIAL HAU NOL DEEN TENIOVEU HOITI JEODAIUV DEIDIE HIE HISL UAV OI HIE LAX VEAL DEUHHIHIU IN ZOTT L	40	1	1 X

Part	VII-B Statements Regarding Activities	s for W	hich Form	4720	May Be R	equire	e <b>d</b> (conti	nued)			
5a	During the year, did the foundation pay or incur	any am	ount to:							Yes	No
	(1) Carry on propaganda, or otherwise attempt t	o influe	nce legislatio	n (sect	ion 4945(e	))? .	☐ Yes	⊠ No			
	(2) Influence the outcome of any specific public	c electi	on (see secti	on 495	5); or to ca	arry on,			}		- }
	directly or indirectly, any voter registration dr	ive?					☐ Yes	⊠ No			- 1
	(3) Provide a grant to an individual for travel, stu	idy, or c	ther similar i	ourpose	es?		☐ Yes	⊠ No			1
	(4) Provide a grant to an organization other than	n a chai	ritable, etc.,	organiz	ation desc	ribed ın			ł		
	section 4945(d)(4)(A)? See instructions						☐ Yes	⊠ No	ŀ		
	(5) Provide for any purpose other than religious purposes, or for the prevention of cruelty to o	-	•		•			⊠ No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the							_			-
	Regulations section 53.4945 or in a current notice								5b		
	Organizations relying on a current notice regardi	ng disa	ster assistan	ce, che	ck here .			ightharpoons		_	
С	If the answer is "Yes" to question 5a(4), does t	-						_			- 1
	because it maintained expenditure responsibility							□No			.
	If "Yes," attach the statement required by Regula	ations s	ection 53.49	45-5(d)					' '		
6a	Did the foundation, during the year, receive any					emiums			1	ļ <sup>,</sup>	
	on a personal benefit contract?						☐ Yes	⊠ No	<u>.</u>		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .								6b		×
	If "Yes" to 6b, file Form 8870.						_	_			,
	a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?   Yes  No										
	If "Yes," did the foundation receive any proceed								7b		
Part	VIII Information About Officers, Direc	tors, I	rustees, F	ounda	tion mana	agers,	Hignly i	ald El	npioy	ees,	
	and Contractors	lation		ين مطاء آم		ation 6	Saa inatu	.otiono			
	List all officers, directors, trustees, and found		nanagers and e, and average		npensation		Contribution				
	(a) Name and address	houi	rs per week	(lf n	ot paid,	emplo	vee benefit	plans		(e) Expense account, other allowances	
			ed to position	en	ter -0-)	and dete	erred compe	ensation			
	ABETH P. SALETT	PKESI	DENT 0.00		0			0.			0
	PENTRIDGE CT CHESTERTOWN MD 21620	WICE DDE	SIDENT-SECRETARY		0.			<del></del>			0.
<b></b>	CR SALETT	VICE-PRES	0.00		0.			0.			Ο.
	PENTRIDGE CT CHESTERTOWN MD 21620	WICE-DDE	SIDENT-TREASURER					<del></del>			<del>-0.</del>
	PHEN SALETT	VICE-PRES	0.00		0.			٥.			ο.
	PENTRIDGE CT. CHESTERTOWN MD 21620	DIREC				<u> </u>					<del></del>
	NLEY SALETT PENTRIDGE CT. CHESTERTOWN MD 21620	DIVE	0.00		0.			0.			0.
2	Compensation of five highest-paid employed	es (oth		se incli		ne 1—:	see instr		s). If n	one.	
	"NONE."										
			(b) Title, and a	verage			(d) Contrib employee	utions to	(a) Even	nce ac	court
(	<ul> <li>a) Name and address of each employee paid more than \$50,00</li> </ul>	00	hours per v devoted to p	veek	(c) Compe	nsation	plans and	deferred	(e) Expe	allowan	
			2070104 10 p				compen	sation			
NONE											
					ļ						
<del></del> -											
					<u> </u>						
					<del> </del>						
Total	number of other employees paid over \$50,000 .				<u> </u>		·	. ▶	0		
									-		(2017)

BAA

Sive 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 NONE (c) N	Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	mployees,
Total number of others receiving over \$50,000 for professional services     Total number of others receiving over \$50,000 for professional services   Discourage	3 Rive		NE."
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 unique relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.  1 EDUCATIONAL CAMPAIGN TO RAISE PUBLIC AWARENESS ABOUT THE ISSUE OF HUMAN TRAFFICKING, WITH THE GOAL OF BECOMING A MAJOR RESOURCE FOR INFORMATION ON THIS ISSUE.  2 4777, 92  3 4777, 92  4777, 92  Amount 1  2 Amount 1  All other program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1  All other program-related investments See instructions.  3 576tal. Add lines 1 through 3		(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
List the foundation's four largest 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.  1 EDUCATIONAL CAMPAIGN TO RAISE PUBLIC AWARENESS ABOUT THE ISSUE OF HUMAN TRAFFICKING, WITH THE GOAL OF BECOMING A MAJOR RESOURCE FOR INFORMATION ON THIS ISSUE.  2 477, 92  3 477, 92  All other program-related investments made by the foundation during the tax year on lines 1 and 2 Amount  1 4 Amount  All other program-related investments See instructions.  3 5 Amount  All other program-related investments See instructions.	NONE		
List the foundation's four largest 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.  1 EDUCATIONAL CAMPAIGN TO RAISE PUBLIC AWARENESS ABOUT THE ISSUE OF HUMAN TRAFFICKING, WITH THE GOAL OF BECOMING A MAJOR RESOURCE FOR INFORMATION ON THIS ISSUE.  2 477, 92  3 477, 92  All other program-related investments made by the foundation during the tax year on lines 1 and 2 Amount  1 4 Amount  All other program-related investments See instructions.  3 5 Amount  All other program-related investments See instructions.			
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HUMAN TRAFFICKING, WITH THE GOAL OF BECOMING A MAJOR RESOURCE FOR  INFORMATION ON THIS ISSUE.  4  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  All other program-related investments See instructions.  3  All other program-related investments See instructions.	<b>1</b> EDU	CATTONAL CAMPATON TO RAISE PUBLIC AWARENESS ABOUT THE ISSUE OF	
INFORMATION ON THIS ISSUE.  3  4  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  2  All other program-related investments See instructions.  3  Total. Add lines 1 through 3			
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  All other program-related investments See instructions.  3  All other program-related investments See instructions.			477,921
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  All other program-related investments See instructions.  3  Total. Add lines 1 through 3			
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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  2  All other program-related investments See instructions.  3  Total. Add lines 1 through 3	3		
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  2  All other program-related investments See instructions.  3  Total. Add lines 1 through 3			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  Amount  All other program-related investments See instructions.  Total. Add lines 1 through 3	4		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  Amount  All other program-related investments See instructions.  Total. Add lines 1 through 3	•		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  Amount  All other program-related investments See instructions.  Total. Add lines 1 through 3			
All other program-related investments See instructions.  3  Total. Add lines 1 through 3			
All other program-related investments See instructions.  3  Total. Add lines 1 through 3		e two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
All other program-related investments See instructions.  3  Total. Add lines 1 through 3	1		
All other program-related investments See instructions.  3  Total. Add lines 1 through 3			
All other program-related investments See instructions.  3  Total. Add lines 1 through 3	,		
3			
3			·
Total. Add lines 1 through 3	All other pro	gram-related investments See instructions.	
Total. Add lines 1 through 3	3		
Total. Add lines 1 through 3			<b>-</b> -
Total. Add lines   through 3	Tatal Add 1	noo 1 through 2	
	Total. Add I	nes i uirougn 3	Form <b>990-PF</b> (201

Part		gn fo	undations,
1	see instructions.) 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	10,734,908.
b	Average of monthly cash balances	1b	296,549.
c	Fair market value of all other assets (see instructions)	1c	230/343.
ď	<b>Total</b> (add lines 1a, b, and c)	1d	11,031,457.
е	Reduction claimed for blockage or other factors reported on lines 1a and		==/00=/.011
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	11,031,457.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	165,472.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	10,865,985.
6	Minimum investment return. Enter 5% of line 5	6	543,299.
Part 2		ounda	
1	Minimum investment return from Part X, line 6	1	543,299.
2a	Tax on investment income for 2017 from Part VI, line 5		· · -
b	Income tax for 2017. (This does not include the tax from Part VI.) 2b		
С	Add lines 2a and 2b	2c	4,957.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	538,342.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	538,342.
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	538,342.
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	477,921.
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	477,921.
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	477,921.
	<b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whe	ther the foundation

Part	XIII Undistributed Income (see instruction	ons)			
1	Distributable amount for 2017 from Part XI,	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
	line 7				538,342.
2	Undistributed income, if any, as of the end of 2017:				
а	Enter amount for 2016 only			0.	ļ
b	Total for prior years. 20,20,20				
3	Excess distributions carryover, if any, to 2017:	-			
а	From 2012 0.				
b	From 2013 0 .			j	
C	From 2014 0 .				
d	From 2015				
е	From 2016				ì
f	Total of lines 3a through e	41,124.			j
4	Qualifying distributions for 2017 from Part XII, line 4: ► \$ 477, 921.				
а	Applied to 2016, but not more than line 2a .				
b	Applied to undistributed income of prior years				
	(Election required—see instructions)				ľ
C	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2017 distributable amount				477,921.
e	Remaining amount distributed out of corpus	0.			
5	Excess distributions carryover applied to 2017				
•	(If an amount appears in column (d), the same				· · · · · · · · · · · · · · · · · · ·
	amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	41,124.			ì
b	Prior years' undistributed income. Subtract line 4b from line 2b	11/10/1	0.		
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		0.		
е	Undistributed income for 2016. Subtract line				
·	4a from line 2a. Taxable amount—see				
	instructions	1		0.	1
f	Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2018			<u> </u>	60,421.
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).	0			
9	Excess distributions carryover to 2018.	0.			
J	Subtract lines 7 and 8 from line 6a	41 124	1		
40		41,124.			
10	Analysis of line 9:	ļ			
a	Excess from 2013				
b	Excess from 2014				,
C	Excess from 2015	1			
d	Excess from 2016				

Part	XIV Private Operating Founda	tions (see instru	ctions and Part	VII-A, question 9	)	N/A
1a	If the foundation has received a ruling foundation, and the ruling is effective for					
b	Check box to indicate whether the four		-		ection	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2017	<b>(b)</b> 2016	(c) 2015	(d) 2014	(e) Total
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:		$\rightarrow$			
а	"Assets" alternative test—enter:					
	(1) Value of all assets					
b	(2) Value of assets qualifying under section 4942(j)(3)(B)(i) "Endowment" alternative test—enter 2/3 a					
	of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test _enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part				he foundation h	ad \$5,000 or m	ore in assets at
	any time during the year-		ns.)			
1 a	Information Regarding Foundation List any managers of the foundation of before the close of any tax year (but of	who have contribu				by the foundation
ľ	NONE					
b	List any managers of the foundation ownership of a partnership or other er					rge portion of the
ז	NONE	inty) of willow the	iodilidation rido d	ro ro or grounds and		
2	Information Regarding Contribution Check here ► ☑ if the foundation unsolicited requests for funds. If the foundation is complete items 2a, b, c, and d. See in	only makes controundation makes instructions.	ibutions to prese gifts, grants, etc.,	lected charitable of to individuals or o	rganizations unde	r other conditions,
а	The name, address, and telephone nu	imber or email add	dress of the perso	n to whom applica	tions should be a	ddressed:
b	The form in which applications should	be submitted and	d information and	materials they sho	uld include:	
C	Any submission deadlines:					
d	Any restrictions or limitations on aw factors:	vards, such as by	y geographical ar	reas, charitable fie	elds, kinds of ins	titutions, or other

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During	the Year or Approv	ed for Fu	ture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	GOMM BUILD	
a Paid during the year				
ARTWORKS FOR FREEDOM	NONE		CONTRIBUTION TO	
3855 NORTH 30TH ST			QUALIFYING 501(C)(3)	
ARLINGTON VA 22207		PC	ORGANIZATION	25,000.
CENTER FOR MIND BODY MEDICINE	NONE		CONTRIBUTION TO	
5225 CONNECTICUT AVE STE 415			QUALIFYING 501(C)(3)	
WASHINGTON DC 20015		PC	ORGANIZATION	50,000.
INTERNATIONAL RESCUE COMMITTEE			CONTRIBUTION TO	
122 EAST 42ND STREET		}	QUALIFYING 501(C)(3)	
NEW YORK NY 10168	NONE	PC	ORGANIZATION	10,000.
PALESTINIAN HOUSE OF FRIENDSHIP			CONTRIBUTION TO	
81 KIRKLAND ST			QUALIFYING 501(C)(3)	
CAMBRIDGE MA 02138	NONE	PC	ORGANIZATION	12,500.
CHIPS			CONTRIBUTION TO	
200 FOURTH AVE			QUALIFYING 501(C)(3)	
BROOKLYN NY 11217	NONE	PC	ORGANIZATION	10,000.
EAST NEW YORK FARMS			CONTRIBUTION TO	l
613 NEW LOTS AVE		D.C.	QUALIFYING 501(C)(3)	15 000
BROOKLYN NY 11207	NONE	PC	ORGANIZATION	15,000.
MOVE FOR HUNGER			CONTRIBUTION TO	
P.O. BOX 608	2007	D.C.	QUALIFYING 501(C)(3)	10 000
NEPTUNE NJ 07754	NONE	PC	ORGANIZATION	10,000.
THE BROTHERHOOD SISTER SOL		i	CONTRIBUTION TO	
512 WEST 143RD ST	NONE	DC.	QUALIFYING 501(C)(3)	5,000.
NEW YORK NY 10031	NONE	PC	ORGANIZATION	3,000.
WHY HUNGER			CONTRIBUTION TO	
505 EIGHTH AVE STE 2100	NONE	PC	QUALIFYING 501(C)(3) ORGANIZATION	15,000.
NEW YORK NY 10018 See Statement	NONE	FC	ORGANIZATION	15,000.
see Statement				
		}	1	288,000.
				=00,000
	<u></u>	<u> 1</u>		110 500
b Approved for future payment	<del>· · · · · · · · · · · · · · · · · · · </del>	· · · ·	▶ 3a	440,500.
b Approved for lattire payment				
				1
				Ì
				1
		1		
Total			<b>▶</b> 3b	

Pa	rt XV	-A Analysis of Income-Producing Ad	ctivities				
Ente	er gros	ss amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by secti	on 512, 513, or 514	(e)
	•		(a)	(b)	(c)	(d)	Related or exempt
			Business code	Amount	Exclusion code	Amount	function income (See instructions.)
1	Prog	ram service revenue:					
	a _						
	р _						
	c _						
	d_						
	е_						
	f _						
	g F	ees and contracts from government agencies					
2	Mem	bership dues and assessments					
3	Intere	est on savings and temporary cash investments			14	36.	
4	Divid	lends and interest from securities			14	291,177.	
5	Net r	rental income or (loss) from real estate:					
	a D	Debt-financed property					
	<b>b</b> N	lot debt-financed property					
6	Net r	rental income or (loss) from personal property					
7	Othe	r investment income					
8	Gain	or (loss) from sales of assets other than inventory			18	11,453.	0.
9	Net i	ncome or (loss) from special events					
10	Gros	s profit or (loss) from sales of inventory					
11	Othe	r revenue: a					
	b						
	c						
	d <sup>–</sup>		_			-	
	е –						
12	Subt	otal. Add columns (b), (d), and (e)				302,666.	0.
		* * * * * * * * * * * * * * * * * * * *					302,666.
		sheet in line 13 instructions to verify calculation					
Pa	rt XV	-B Relationship of Activities to the A	ccomplishm	ent of Exemp	ot Purposes		
Lin	e No.	Explain below how each activity for which accomplishment of the foundation's exempt pur	income is repo	rted in column	(e) of Part XVI	-A contributed ii	nportantly to the
	▼	accomplishment of the foundation's exempt pur	rposes (other thar	by providing fu	nds for such purp	oses). (See instruc	ctions.)
N/A							
	_						
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	-				· <del></del>		
				<del> </del>		<del> </del>	

Part	XVII	Information Organization	n Regarding Tra	insfers to	and Trans	actions	s and F	Relations	hips Wit	h Noncha	ritable Ex	empt
1	ın se organ	ne organization o ection 501(c) (o iizations?	directly or indirectly ther than section	501(c)(3)	organizatior	ns) or	in secti	on 527,			Yes	No
а	(1) Ca	ash	oorting foundation								1a(1)	×
b	Other		a noncharitable ex								1a(2) 1b(1) 1b(2)	×
	(3) Re (4) Re	ental of facilities, eimbursement ar	equipment, or other rangements rantees	ner assets							1b(3) 1b(4) 1b(5)	×
c d	(6) Pe	erformance of se ng of facilities, ed	ervices or members quipment, mailing of the above is "Ye	ship or fund lists, other	draising solici assets, or pa	tations id empl	 oyees				1b(6) 1c	×
	value	of the goods, of	ther assets, or sen on or sharing arran	vices given	by the repor	ting fou	ındation	. If the fou	indation re	eceived less	s than fair n	narket
(a) Line	a no (t	a) Amount involved	(c) Name of non	charitable exe	empt organization		(d) Desci	ription of tran	isfers, transa	ctions, and sha	aring arrangem	ents
2a			ectly or indirectly a 501(c) (other than s						empt orga		] Yes ⊠	No
b	If "Ye	s," complete the (a) Name of organi	following schedul ization		(b) Type of organ	nization			(c) Descr	ption of relation		
Sign Here	соггес	penalties of perjury, I ct, and complete. Decla ct, and complete. Decla ct, and complete or trus	declare that I have examination of preparer (other the steel	ned this return, than taxpayer)	including accomp is based on all info	rmation of	nedules and which prep	parer has any l	and to the be knowledge	May the I	RS discuss this preparer shown actions Yes	return below?
Paid Prep Use		Print/Type preparer' HAROLD PAI Firm's name	NTER Norberg, Da	vis, Bo	signature  Curne & Pa	Ca inter	ints	Date 11/08	/2018 s Firm's E	elf-employed  IN ► 52-23	361052	31
BAA		Firm's address ▶	12069 Tech Silver Sprin		·	MD	20904		Phone n		79-2800 form <b>990-PI</b>	(2017)

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

**Employer identification number** 

0.L.	PATHY FAMIL	Y FOUNDATION, INC.	45-2617992
Organia	zation type (check	cone):	
Filers o	f:	Section:	
Form 99	90 or 990-EZ	☐ 501(c)( ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust <b>not</b> treat	ted as a private foundation
		☐ 527 political organization	
Form 99	90-PF	★ 501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated a	as a private foundation
		☐ 501(c)(3) taxable private foundation	
	only a section 501(	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both	the General Rule and a Special Rule. See
Genera	l Rule		
×		on filing Form 990, 990-EZ, or 990-PF that received, duey or property) from any one contributor. Complete Part al contributions.	
Special	Rules		
	regulations unde	ion described in section 501(c)(3) filing Form 990 or 990 or sections 509(a)(1) and 170(b)(1)(A)(vi), that checked So and that received from any one contributor, during the 6 of the amount on (i) Form 990, Part VIII, line 1h; or (ii)	chedule A (Form 990 or 990-EZ), Part II, line year, total contributions of the greater of (1)
	contributor, durir	on described in section 501(c)(7), (8), or (10) filing Forming the year, total contributions of more than \$1,000 exclitional purposes, or for the prevention of cruelty to child	lusively for religious, charitable, scientific,
	contributor, duril contributions tot during the year f General Rule ap	ion described in section 501(c)(7), (8), or (10) filing Forming the year, contributions exclusively for religious, charmaled more than \$1,000. If this box is checked, enter here or an exclusively religious, charmable, etc., purpose. Doublies to this organization because it received nonexclusor more during the year	Itable, etc., purposes, but no such re the total contributions that were received on't complete any of the parts unless the sively religious, charitable, etc., contributions
Caution	a. An organization	that isn't covered by the General Rule and/or the Spec	rial Rules doesn't file Schedule B (Form 990.

990-EZ, or 990-PF), but it must 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 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).

•		
Name of organization		Employer identification number
A T DAMIN DANTIN DOUNDARTON	TNG	45 0017000

45-2617992 O.L. PATHY FAMILY FOUNDATION, INC. Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (b) (c) (d) (a) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person П OCEANPATH INC 1 **Payroll** Noncash 1,000,000. 1000, RUE DE LA GAUCHETIERE OUEST (Complete Part II for noncash contributions.) MONTREAL, CA (d) (b) (c) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. **Person Payroll** Noncash (Complete Part II for noncash contributions.) (d) (c) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll**  $\Box$ Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (c) (a) (b) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Name of organization

O.L. PATHY FAMILY FOUNDATION, INC.

Employer identification number

45-2617992

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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<del></del>		\$	
(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
		\$	

Name of o	rganization		Employer identification number					
	ATHY FAMILY FOUNDATION, INC.		45-2617992					
Part III	(10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the	he year from any one contr ons completing Part III, enter year. (Enter this information	tions described in section 501(c)(7), (8), or ibutor. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc., once. See instructions.) > \$					
	Use duplicate copies of Part III if addit	ional space is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
1								
F		(e) Transfer of gift						
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
L								
	(e) Transfer of gift							
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee					
İ								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Ī	·	(e) Transfer of gift						
<u> </u>	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
ŀ		(e) Transfer of gift						
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee					

# Form 990-PF: Return of Private Foundation

## Part XV, Line 3a: Grants and Contributions Paid During the Year

**Continuation Statement** 

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
a Paid during the year				
PARTNERS IN HEALTH 888 COMMONWEALTH AVE 3RD FLOOR BOSTON, MA 02215	NONE	PC	CONTRIBUTION TOCONTRIBUTION TO QUALIFYING 501(C) (3) ORGANIZATION	10,000.
US FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	NONE	PC	CONTRIBUTION TOCONTRIBUTION TO QUALIFYING 501(C) (3) ORGANIZATION	10,000.
PBS 2100 CRYSTAL AVE ARLINGTON, VA 22202	NONE	PC	CONTRIBUTION TOCONTRIBUTION TO QUALIFYING 501(C) (3) ORGANIZATION	5,000.
WAMU 4400 MASSACHUSETTS AVE NW WASHINGTON, DC 20016	NONE	PC	CONTRIBUTION TOCONTRIBUTION TO QUALIFYING 501(C) (3) ORGANIZATION	5,000.
WOMEN'S REFUGEE COMMISSION 15 WEST 37TH STREET, 9TH FLOOR NEW YORK, NY 10018	NONE	PC	CONTRIBUTION TOCONTRIBUTION TO QUALIFYING 501(C) (3) ORGANIZATION	5,000.
COURTNEY'S HOUSE P.O. BOX 48626 WASHINGTON, DC 20002	NONE	PC	CONTRIBUTION TOCONTRIBUTION TO QUALIFYING 501(C) (3) ORGANIZATION	10,000.
CENTER FOR COMMUNITY/CONSTITUTIONAL RIGHTS 666 BROADWAY NEW YORK, NY 10012	NONE	PC	CONTRIBUTION TOCONTRIBUTION TO QUALIFYING 501(C) (3) ORGANIZATION	10,000.
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST MONTGOMERY, AL 36104	NONE	PC	CONTRIBUTION TOCONTRIBUTION TO QUALIFYING 501(C) (3) ORGANIZATION	10,000.
HOPE HOUSE P.O. BOX 60682 WASHINGTON, DC 20039	NONE	PC	CONTRIBUTION TOCONTRIBUTION TO QUALIFYING 501(C) (3) ORGANIZATION	50,000.
ALL SOULS CHURCH 1500 HARVARD ST N.W. WASHINGTON, DC 20009	NONE	PC	CONTRIBUTION TOCONTRIBUTION TO QUALIFYING 501(C) (3) ORGANIZATION	10,000.
CASA DE LA CULTURA EL SALVADOR 4120 14TH STREET, NW STE. 22 WASHINGTON, DC 20011	NONE	PC	CONTRIBUTION TOCONTRIBUTION TO QUALIFYING 501(C) (3) ORGANIZATION	10,000.
THE HUMAN TRAFFICKING PRO BONO LEGAL CENTER 1030 15TH STREET, NW #104B WASHINGTON, DC 20005	NONE	PC	CONTRIBUTION TOCONTRIBUTION TO QUALIFYING 501(C) (3) ORGANIZATION	5,000.
SOME - SO OTHERS MIGHT EAT 71 O STREET, NW WASHINGTON, DC 20001	NONE	PC	CONTRIBUTION TOCONTRIBUTION TO QUALIFYING 501(C) (3) ORGANIZATION	5,000.
HARMONY PROGRAM 1700 BROADWAY 39TH FL NEW YORK, NY 10019	NONE	PC	CONTRIBUTION TOCONTRIBUTION TO QUALIFYING 501(C) (3) ORGANIZATION	5,000.

# Form 990-PF: Return of Private Foundation

## Part XV, Line 3a: Grants and Contributions Paid During the Year

**Continuation Statement** 

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
a Paid during the year  HARMONY PROJECT 817 VINE ST. STE 212 LOS ANGELES, CA 90038	NONE	PC	CONTRIBUTION TOCONTRIBUTION TO QUALIFYING 501(C) (3) ORGANIZATION	5,000.
LADIES MORNING MUSICAL 1980 SHERBROOKE ST. WEST SUITE 260 MONTREAL	NONE	PC	CONTRIBUTION TOCONTRIBUTION TO CANADIAN CHARITABLE ORGANIZATION	5,000.
NEW WORLD FOUNDATION 666 WEST END AVE NEW YORK, NY 10025	NONE	PC	CONTRIBUTION TOCONTRIBUTION TO QUALIFYING 501(C) (3) ORGANIZATION	50,000.
PHILANTHROPIC NETWORK 416 HUNGERFORD DR STE 223 ROCKVILLE, MD 20850	NONE	PC	CONTRIBUTION TOCONTRIBUTION TO QUALIFYING 501(C) (3) ORGANIZATION	20,000.
FRACTURED ATLAS 248 W. 35TH STREET, 10TH FLOOR NEW YORK, NY 10001	NONE	PC	CONTRIBUTION TOCONTRIBUTION TO QUALIFYING 501(C) (3) ORGANIZATION	5,000.
ART NOT WAR 2658 GRIFFITH PARK BLVD #422 LOS ANGELES, CA 90039	NONE	PC	CONTRIBUTION TOCONTRIBUTION TO QUALIFYING 501(C) (3) ORGANIZATION	3,000.
NEW YORK COMMUNITY TRUST 909 3RD AVENUE NEW YORK, NY 10022	NONE	PC	CONTRIBUTION TOCONTRIBUTION TO QUALIFYING 501(C) (3) ORGANIZATION	25,000.
THE LEGAL AID SOCIETY DEVELOPMENT OFFICE 199 WATER STREET NEW YORK, NY 10038	NONE	PC	CONTRIBUTION TOCONTRIBUTION TO QUALIFYING 501(C) (3) ORGANIZATION	10,000.
THE TRUSTEES OF COLUMBIA UNIVERSITY 116TH STREET & BROADWAY NEW YORK, NY 10027	NONE	PC	CONTRIBUTION TOCONTRIBUTION TO QUALIFYING 501(C) (3) ORGANIZATION	15,000.

288,000.

# Additional information from your Form 990-PF: Return of Private Foundation

### Form 990-PF: Return of Private Foundation

Taxes

#### **Continuation Statement**

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
PAYROLL TAXES	2,280.			2,280.
Total	2,280.			2,280.

### Form 990-PF: Return of Private Foundation

**Other Expenses** 

#### **Continuation Statement**

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
BANK CHARGES	215.			
REIMBURSEMENTS	4,320.			
PAYROLL PROCESSING FEES	2,950.			
CONTRACTORS	2,772.			2,772.
REGISTRATION FEES	1,909.			
Total	12,166.			2,772.

O.L. PATHY FAMILY FOUNDATION, INC.	45-2617992
O.B. EMILI EMILIE LOSIDITION, INC.	110 202,732
Asset Information:	
Description of Property HAWTHORN	
Business Code Exclusion Code	
Date Acquired . Various How Acquired . Purchased	
Date Sold Various Name of Buyer .	
Check Box, if Buyer is a Business	
Sales Price42, 029. Cost or other basis (do not reduce by de	preciation). 30.576.
Sales Expense Valuation Method	
Total Gain (Loss) 11, 453 . Accumulated Depreciation	
Description of Property	
Business Code Exclusion Code	
Date Acquired How Acquired	
Date Sold Name of Buyer .	
Check Box, if Buyer is a Business	
Sales Price Cost or other basis (do not reduce by de	epreciation)
Sales Expense Valuation Method	,
Total Gain (Loss) Accumulated Depreciation	
Description of Property	
Business Code Exclusion Code	
Date Acquired How Acquired	
Date Sold Name of Buyer	
Check Box, if Buyer is a Business	
Sales Price Cost or other basis (do not reduce by de	epreciation)
Sales Expense Valuation Method	
Total Gain (Loss) Accumulated Depreciation	
Description of Property	
Business Code Exclusion Code	
Date Acquired How Acquired	
Date Sold Name of Buyer .	
Check Box, if Buyer is a Business	
Sales Price Cost or other basis (do not reduce by de	epreciation)
Sales Expense Valuation Method	
Total Gain (Loss) Accumulated Depreciation	
Description of Property	
Business Code Exclusion Code	
Date Acquired How Acquired	
Date Sold Name of Buyer	
Check Box, if Buyer is a Business	
Sales Price Cost or other basis (do not reduce by de	epreciation).
Sales Expense Valuation Method	
Total Gain (Loss) Accumulated Depreciation	
Totals:	
Total Gain (Loss) of all assets <u>11, 453.</u>	
Gross Sales Price of all assets	
Unrelated Business IncomeBusiness Code	
Excluded by section 512, 513, 514 Exclusion Code	
Related/Exempt Function Income11, 453.	
Outstand have to Form 000 DE Door 1	_
QuickZoom here to Form 990-PF, Page 1	
QuickZoom here to Form 990-PF, Page 12	

## Legal and Professional Fees

2017

Name						Employer Identification No
O.L.	PATHY	FAMILY	FOUNDATION,	INC.	 	45-2617992

### Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
al to Form 990	_   D-PF, Part I, Line 16a				

### Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
					-
atal to Form 990	D-PF, Part I, Line 16b				

#### Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PNC BANK	INVESTMENT MGM	54,836.			
41-					
Total to Form 99	0-PF, Part I, Line 16c	54,836.			