

Form **990-PF****Return of Private Foundation**  
or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

For calendar year 2017 or tax year beginning

, 2017, and ending

, 20

Name of foundation

**TRANSCANADA CHARITABLE FOUNDATION**

Number and street (or P O box number if mail is not delivered to street address)

**700 LOUISIANA STREET**

City or town, state or province, country, and ZIP or foreign postal code

**HOUSTON, TX 77002-2700**

**G** Check all that apply ☐ Initial return ☐ Initial return of a former public charity  
☐ Final return ☐ Amended return  
☐ Address change ☒ Name change

**H** Check type of organization ☒ Section 501(c)(3) exempt private foundation  
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

**I** Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ **16,458,140**  
**J** Accounting method. ☒ Cash ☐ Accrual  
☐ Other (specify) \_\_\_\_\_  
(Part I, column (d) must be on cash basis)

**A** Employer identification number**47-3504335****B** Telephone number (see instructions)**832-320-5263****C** If exemption application is pending, check here ► ☐**D** 1. Foreign organizations, check here ► ☐2. Foreign organizations meeting the 85% test, check here and attach computation ► ☐**E** If private foundation status was terminated under section 507(b)(1)(A), check here ► ☐**F** If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► ☐

**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))

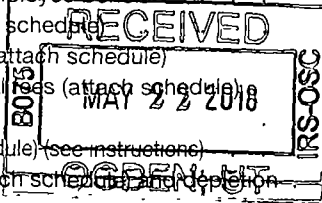
	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>				
1 Contributions, gifts, grants, etc., received (attach schedule)				
2 Check ► <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities	323,680	323,680		
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	83,020			
b Gross sales price for all assets on line 6a	1,010,267			
7 Capital gain net income (from Part IV, line 2)		83,020		
8 Net short-term capital gain				
9 Income modifications				
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 <b>Total.</b> Add lines 1 through 11	406,700	406,700	0	
<b>Operating and Administrative Expenses</b>				
13 Compensation of officers, directors, trustees, etc				
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)				
19 Depreciation (attach schedule) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule)	70,447	70,447		
24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23	70,447	70,447	0	0
25 Contributions, gifts, grants paid	366,965			366,965
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	437,412	70,447	0	366,965
27 Subtract line 26 from line 12				
a <b>Excess of revenue over expenses and disbursements</b>	-30,712			
b <b>Net investment income</b> (if negative, enter -0-)		336,253		
c <b>Adjusted net income</b> (if negative, enter -0-)			0	

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form **990-PF** (2017)

03/04

1224C  
SCANNED AUG 06 2018

10

920

<b>Part II Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	169,032	648,143	648,143
	<b>2</b> Savings and temporary cash investments	734,779	799,972	799,972
	<b>3</b> Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	<b>4</b> Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	<b>5</b> Grants receivable			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
	<b>8</b> Inventories for sale or use			
	<b>9</b> Prepaid expenses and deferred charges			
	<b>10a</b> Investments—U S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule)			
	<b>c</b> Investments—corporate bonds (attach schedule)			
	<b>11</b> Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	<b>12</b> Investments—mortgage loans			
	<b>13</b> Investments—other (attach schedule)	13,949,631	15,010,025	15,010,025
	<b>14</b> Land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	<b>15</b> Other assets (describe ▶ )			
	<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	14,853,442	16,458,140	16,458,140
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses			
	<b>18</b> Grants payable			
	<b>19</b> Deferred revenue			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule)			
	<b>22</b> Other liabilities (describe ▶ )			
	<b>23 Total liabilities</b> (add lines 17 through 22)			
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24 through 26, and lines 30 and 31.</b>			
	<b>24</b> Unrestricted	14,853,442	16,458,140	
	<b>25</b> Temporarily restricted			
	<b>26</b> Permanently restricted			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds			
	<b>28</b> Paid-in or capital surplus, or land, bldg., and equipment fund			
	<b>29</b> Retained earnings, accumulated income, endowment, or other funds			
	<b>30 Total net assets or fund balances</b> (see instructions)	14,853,442	16,458,140	
	<b>31 Total liabilities and net assets/fund balances</b> (see instructions)	14,853,442	16,458,140	

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> 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)	<b>1</b>	14,853,442
<b>2</b> Enter amount from Part I, line 27a	<b>2</b>	-30,712
<b>3</b> Other increases not included in line 2 (itemize) ▶ <b>UNREALIZED GAINS ON INVESTMENTS</b>	<b>3</b>	1,635,410
<b>4</b> Add lines 1, 2, and 3	<b>4</b>	16,458,140
<b>5</b> Decreases not included in line 2 (itemize) ▶	<b>5</b>	
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	<b>6</b>	16,458,140

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

(a) List and describe the kind(s) of property sold (for example, 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>1a PUBLICLY TRADED SECURITIES</b>				
<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> 1,010,267		927,247	83,020	
<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				
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>2</b> Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			<b>2</b>	83,020
<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 doesn't qualify under section 4940(e). Do not complete this part.

<b>1</b> Enter the appropriate amount in each column for each year, see the 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	648,332	14,363,988	.045136
2015	74,905	14,520,917	.005158
2014			
2013			
2012			
<b>2</b> Total of line 1, column (d)			<b>2</b> 050294
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> .025147
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			<b>4</b> 15,524,144
<b>5</b> Multiply line 4 by line 3			<b>5</b> 390,386
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 3,363
<b>7</b> Add lines 5 and 6			<b>7</b> 393,749
<b>8</b> Enter qualifying distributions from Part XII, line 4 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			<b>8</b> 366,965

**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 type="checkbox"/> and enter 1% of Part I, line 27b	<b>1</b>	6,725
<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>	0
<b>3</b>	Add lines 1 and 2	<b>3</b>	6,725
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	<b>4</b>	0
<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>	6,725
<b>6</b>	Credits/Payments		
<b>a</b>	2017 estimated tax payments and 2016 overpayment credited to 2017	<b>6a</b>	
<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>	
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input 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>	6,725
<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>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		✓
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?		✓
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		✓
<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? If "Yes," attach a conformed copy of the changes		✓
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?		✓
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i>		✓
<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>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	✓	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ <b>DE</b>		
<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 <i>General Instruction G</i> ? If "No," attach explanation	✓	
<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 tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV		✓
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		✓

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

	Yes	No
<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>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>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	✓	
Website address ▶		
<b>14</b> The books are in care of ▶ <b>ERIN CASEY</b> Telephone no ▶ <b>713-386-3653</b>		
Located at ▶ <b>700 LOUISIANA ST, STE 700, HOUSTON, TX</b> ZIP+4 ▶ <b>77002-2700</b>		
<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?	Yes	No
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶	<b>16</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.

	Yes	No
<b>1a</b> During the year, did the foundation (either directly or indirectly)		
(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. ▶ <input type="checkbox"/>	<b>1b</b>	
Organizations relying on a current notice regarding disaster assistance, check here		
<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>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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," list the years ▶ 20 <b>16</b> , 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>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>	✓

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

	Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) 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
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) 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
(5) 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 type="checkbox"/> No
<b>b</b> If any answer is "Yes" to 5a(1)–(5), did any 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
If "Yes," attach the statement required by Regulations section 53.4945–5(d)		
<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>	<input checked="" type="checkbox"/>
If "Yes" to 6b, file Form 8870		
<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, and foundation managers and their compensation. See instructions.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE ATTACHED SCHEDULE		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	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***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
NONE		

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

**1** N/A**2****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

**1** N/A**2**

All other program-related investments. See instructions

**3**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>	14,649,473
<b>b</b>	Average of monthly cash balances	<b>1b</b>	1,111,079
<b>c</b>	Fair market value of all other assets (see instructions)	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	15,760,552
<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>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	15,760,552
<b>4</b>	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	<b>4</b>	236,408
<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>	15,524,144
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	776,207

**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>	776,207
<b>2a</b>	Tax on investment income for 2017 from Part VI, line 5	<b>2a</b>	6,725
<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>	6,725
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	769,482
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	
<b>5</b>	Add lines 3 and 4	<b>5</b>	769,482
<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>	769,482

**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>	366,965
<b>b</b>	Program-related investments—total from Part IX-B	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<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>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<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>	366,965
<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>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	366,965

**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				<b>769,482</b>
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only			<b>713,250</b>	
<b>b</b> Total for prior years 20 <u>16</u> , 20 <u>  </u> , 20 <u>  </u>		<b>0</b>		
<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> <b>Total</b> of lines 3a through e	<b>0</b>			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>366,965</u>				
<b>a</b> Applied to 2016, but not more than line 2a			<b>366,965</b>	
<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				
<b>e</b> Remaining amount distributed out of corpus				
<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</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	<b>0</b>			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		<b>0</b>		
<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>0</b>		
<b>e</b> Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount—see instructions			<b>346,285</b>	
<b>f</b> Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				<b>769,482</b>
<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</b> <b>Excess distributions carryover to 2018.</b> Subtract lines 7 and 8 from line 6a	<b>0</b>			
<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				

**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 foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years			(e) Total
(a) 2017	(b) 2016	(c) 2015	(d) 2014	
<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 $\frac{2}{3}$ 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 foundation 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

NONE

**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., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

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

**SEE ATTACHED STATEMENT**

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

**SEE ATTACHED STATEMENT**

- c** Any submission deadlines

**SEE ATTACHED STATEMENT**

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

**SEE ATTACHED STATEMENT**

**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 ATTACHED SCHEDULE				366,965
<b>Total</b>			▶ <b>3a</b>	366,965
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b>			▶ <b>3b</b>	0

**Part XVI-A**      **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1	Program service revenue:					
a	_____					
b	_____					
c	_____					
d	_____					
e	_____					
f	_____					
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities			14	323,680	
5	Net rental income or (loss) from real estate:					
a	Debt-financed property					
b	Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory			18	83,020	
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue:					
a	_____					
b	_____					
c	_____					
d	_____					
e	_____					
12	Subtotal. Add columns (b), (d), and (e)		0		406,700	0
13	<b>Total.</b> Add line 12, columns (b), (d), and (e)				13 406,700	406,700

(See worksheet in line 13 instructions to verify calculations )

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

[illegible]

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

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

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (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

**Sign  
Here**

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

Date \_\_\_\_\_

## Controller

Title

May the IRS discuss this return with the preparer shown below?  
See instructions ☐ Yes ☐ No

**Paid  
Preparer  
Use Only**

---

Print/Type preparer's name

Preparer's signature

Date \_\_\_\_\_

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's FIN ►

Firm's address ►

Phone no.

**TRANSCANADA CHARITABLE FOUNDATION**

EIN 47-3504335

Form 990-PF

Tax Year Ended December 31, 2017

**Part I, Line 23- Other Expenses**

Investment Account Fees

\$70,447**Part II, Line 13- Investments Other**

Publicly Traded Securities (Chase) reported at FMV

\$15,010,025

<u>Asset Description</u>	<u>Basis of Valuation</u>	<u>Book Value Beg. of Year</u>	<u>Book Value End of year</u>	<u>FMV End of Year</u>
MSCI EAFE ETF	FMV	1,677,749	1,806,475	1,806,475
Russell 1000 ETF	FMV	5,282,207	5,924,783	5,924,783
Russell 2000 ETF	FMV	581,608	653,291	653,291
Russell Mid Cap	FMV	578,791	648,949	648,949
Vanguard FTSE Emerging	FMV	512,513	545,411	545,411
Dodge & Cox Income Fund	FMV	1,763,966	1,804,749	1,804,749
Core US	FMV	3,552,797	3,626,367	3,626,367
		<u>13,949,631</u>	<u>15,010,025</u>	<u>15,010,025</u>

**Part III, Line 3- Other Increases not included in Line 2**

Unrealized gains on Investments

\$1,635,410

**TRANSCANADA CHARITABLE FOUNDATION**

EIN 47-3504335

Form 990-PF Schedule of Contributions Paid

Tax Year Ended December 31, 2017

Account	Payable To	Address	Cancelled Check #	Check Amount	Check Date	Activity
2000073865	Avalon Elementary School PTA	6220 Avalon Ave Columbus, OH 43229	1156	500 00	02/01/16	Education
2000069302	Wreaths Across America	4 Point St Columbus Falls, ME 04623-0249	468000031	325 00	03/04/16	Community
2000074052	Everett Free Library	137 E Main St Everett, PA 15537	468000034	300 00	03/04/16	Education
2000055644	Good Hope Township Fire Dept	26838 Main St, Box 13 Rockbridge, OH 43149	468000041	200 00	03/09/16	Safety
2000008535	Berne Township Fire Dept	101 West 1st St Sugar Grove, OH 43155	468000042	200 00	03/09/16	Safety
2000004553	Dallas Volunteer Fire Dept	7024 Dallas Pike Rd Dallas, WV 26036	468000059	500 00	04/12/16	Safety
2000074784	Richard J Caron Foundation	PO Box 150 Wernersville, PA 19565-0150	468000081	1,000 00	05/27/16	Community
2000074983	Logan Chieftain Athletic Boosters	14470 State Route 328 Logan, OH 43138	468000120	5,000 00	06/30/16	Community
2000070883	Ontario Youth Sports	PO Box 125 Ontario, OH 44862	468000153	500 00	09/21/16	Community
2000075489	Clay County Board of Education	PO Box 120 Clay, WV 25043	468000155	300 00	09/22/16	Education
2000070046	New Middletown Lions Club	PO Box 519 New Middletown, OH 44442	468000156	125 00	09/22/16	Community
2000004550	Cameron Volunteer Fire Dept	21 Main St Cameron, WV 26101	468000186	2,500 00	10/20/16	Safety

Total Cancelled  
Checks

11,450.00

Account	Payable To	Address	Check #	Check Amount	Check Date	Activity
2000061853	YWCA Charleston	1426 Kanawha Blvd E Charleston, WV 25301	468000180	20,000 00	01/10/17	Community
2000067147	Gilpin Township Vol Fire Dept	113 Firehall Rd Leechburg, PA 15656	468000181	10,000 00	02/08/17	Safety
2000074279	City of Moundsville	800 Sixth St Moundsville, WV 26041	468000182	5,000 00	02/08/17	Safety
2000069924	Big Brothers Big Sisters of South	1 Clay Sq Ste 300 Charleston, WV 25301	468000183	1,500 00	02/10/17	Community

**TRANSCANADA CHARITABLE FOUNDATION**

EIN 47-3504335

Form 990-PF Schedule of Contributions Paid

Tax Year Ended December 31, 2017

Account	Payable To	Address	Cancelled Check #	Check Amount	Check Date	Activity
2000076435	Southern West Virginia Robotics Club	221 Mornintgpt Beaver, WV 25813-9169	468000185	1,000.00	03/14/17	Education
2000004550	Cameron Volunteer Fire Dept	21 Main St Cameron, WV 26101	468000186	2,500.00	03/14/17	Safety
2000059739	618 Boy Scouts of America	1340 Juliana St Parkersburg, WV 25043	468000187	1,000.00	03/14/17	Community
2000002947	Berne Union Music Boosters	PO Box 167 Sugar Grove, OH 43155	468000188	5,000.00	03/14/17	Community
2079817	Winchester Clark County Christians	2745 Boonesboro Rd Winchester, KY 40391-9291	1000001	1,500.00	04/27/17	Community
2079818	Truth Food Pantry Inc	PO Box 627 Hamden, OH 45634-0627	1000029	2,500.00	04/27/17	Community
2079955	Sissonville Multipurpose Center	6823 Sissonville Dr Charleston, WV 25320	1000030	2,500.00	04/27/17	Community
2080064	Mountaineer Food Bank	484 Enterprise Dr Gassaway, WV 26624-7888	1000003	2,500.00	04/28/17	Community
2053920	Clendenin Volunteer Fire Dept	PO Box 636 Clendenin, WV 25045-0636	1000018	25,000.00	05/02/17	Safety
2056264	Fairfield Medical Center Foundation	401 N Ewing St Lancaster, OH 43130-3372	1000020	5,000.00	05/02/17	Community
2054635	Cameron Volunteer Fire Dept	21 Main St Cameron, WV 26033-1025	1000025	5,000.00	05/02/17	Safety
2055834	Big Brothers Big Sisters of South	1 Clay Sq Ste 300 Charleston, WV 25301-2424	1000026	5,000.00	05/02/17	Community
2079437	Groveport Madison Local Schools	4400 Marketing Pl Ste B Groveport, OH 43125	1000028	500.00	05/02/17	Education
2018322	Montana Chamber Foundation	PO Box 1730 Helena, MT 59624-1730	1000017	10,000.00	05/04/17	Community
2057759	West Virginia State University	PO Box 1000 Institute, WV 25112-1000	1000022	2,500.00	05/04/17	Education
2080354	Boone County AG Society	2875 170th St Albion, NE 68620-5890	1000014	1,000.00	05/15/17	Community
2054249	Earth Angel Foundation	PO Box 605 Laurelville, OH 43135-0605	1000024	500.00	05/15/17	Community
2055945	Augusta Rotary Club	PO Box 4 Augusta, KY 41002-0004	1000027	1,500.00	05/15/17	Community
2080355	Family YMCA of Lancaster	465 W 6th Ave Lancaster, OH 43130-2547	1000031	500.00	05/15/17	Community



**TRANSCANADA CHARITABLE FOUNDATION**

EIN 47-3504335

Form 990-PF Schedule of Contributions Paid

Tax Year Ended December 31, 2017

Account	Payable To	Address	Cancelled Check #	Check Amount	Check Date	Activity
2080361	Fellowship of Christian Athletes	PO Box 11556 Charleston, WV 25339-1556	1000032	5,000.00	05/15/17	Community
2049965	Utility Workers Union of America	815 16th St NW Washington, DC 20006-4101	1000023	10,000.00	05/16/17	Community
2056718	Hocking Valley Community Hospital	PO Box 966 Logan, OH 43138-0966	1000019	5,000.00	05/18/17	Community
2080363	West Virginia University Extension	PO Box 6031 Morgantown, WV 26506-6031	1000033	10,000.00	06/14/17	Education
2080763	Rejoicing Life Church	500 N 2nd Ave Middleport, OH 45760-1010	1000034	200.00	06/14/17	Environment
2080863	IATW Foundation	133 Woodcrest Rd Butler, PA 16002-0063	1000035	2,500.00	06/14/17	Community
2080509	Nisource Employee Relief Fund	1700 MacCorkle Ave SE Charleston, WV 25314-1518	1000036	815.00	06/15/17	Community
2049562	Hocking Athens Perry Community	3 Cardaras Drive Glouster, OH 45732-8011	1000038	5,000.00	07/17/17	Community
2053043	Springfield Youth Soccer Association	PO Box 367 New Middletown, OH 44442-0367	1000039	1,500.00	07/17/17	Community
2054249	Earth Angel Foundation	PO Box 605 Laurelville, OH 43135-0605	1000040	500.00	07/17/17	Community
2055597	CAMC Foundation Inc	3414 Staunton Ave SE Charleston, WV 25304-1327	1000041	1,000.00	07/17/17	Community
2055945	Augusta Rotary Club	PO Box 4 Augusta, KY 41002-0004	1000042	2,500.00	07/17/17	Community
2057112	Childhood Language Center Inc	1313 Quarier St Ste A Charleston, WV 25301-6002	1000043	5,000.00	07/17/17	Education
2080355	Family YMCA of Lancaster	465 W 6th Ave Lancaster, OH 43130-2547	1000044	500.00	07/17/17	Community
2081029	The WV Coalition for Technology	1740 Union Carbide Dr Rm 4203 South Charleston, WV 25303-2732	1000045	2,500.00	07/17/17	Community
2051072	Noble County Sheriff	420 Olive St Caldwell, OH 43724-1369	1000046	7,500.00	07/18/17	Safety
2056986	Arthritis Foundation Great Lakes	1116 Smith St 301 Charleston, WV 25301-1314	1000047	1,000.00	07/18/17	Community
2063516	Hocking Valley Hospital	601 State Rte 664 N Logan, OH 43138-8541	1000048	5,000.00	07/18/17	Community
2058317	Ohio Gas Association	137 E State St Columbus, OH 43215-4331	1000049	5,000.00	07/18/17	Education

# TRANSCANADA CHARITABLE FOUNDATION

EIN 47-3504335

Form 990-PF Schedule of Contributions Paid

Tax Year Ended December 31, 2017

Account	Payable To	Address	Cancelled Check #	Check Amount	Check Date	Activity
2082815	American Red Cross of Central Ohio	995 E Broad St Columbus, OH 43205-1322	1000052	5,000.00	09/09/17	Safety
2082823	Village of Belle Valley	PO Box 44 Belle Valley, OH 43717-0044	1000053	18,500.00	09/09/17	Community
2082825	Noble County Junior Fair Board	PO Box 2 Caldwell, OH 43724-0002	1000054	3,000.00	09/09/17	Community
2082826	Clinton Township	PO Box 44 Hamden, OH 45634-0044	1000055	10,000.00	09/09/17	Community
2082714	Capitol Market Inc	800 Smith St Charleston, WV 25301-1213	1000057	5,000.00	09/09/17	Community
2082710	Benevolent Protective Order of Elks	PO Box 1591 Charleston, WV 25326-1591	1000058	500.00	09/09/17	Community
2051974	West Virginia Symphony Orchestra	PO Box 2292 Charleston, WV 25328-2292	1000059	2,500.00	09/09/17	Community
2082715	Wirt County Fair	PO Box 792 Elizabeth, WV 26143-0792	1000060	2,500.00	09/09/17	Community
2054163	Governors One Shot Inc	571 Worthington Dr Bridgeport, WV 26330-1434	1000061	10,000.00	09/09/17	Community
2082711	Vinton county Sheriff's Department	106 S Market St McArthur, OH 45651-1220	1000062	7,500.00	09/09/17	Safety
2056370	Reynolds Memorial United Methodist	9508 MacCorkle Ave Marmet, WV 25315-1850	1000056	200.00	09/11/17	Safety
2082966	West Alexander Agricutural	PO Box 206 West Alexander, PA 15376-0206	1000063	3,000.00	09/20/17	Community
2082984	Elkview Middle School	5090 Elk River Rd N Elkview, WV 25071-8181	1000064	3,000.00	09/20/17	Education
2082991	JCCF Inc	108 Church St N Ripley, WV 25271-1236	1000065	10,000.00	09/20/17	Community
2055905	West Virginia Public Safety Expo	407 Virginia St E Charleston, WV 25301-2524	1000066	5,000.00	09/20/17	Safety
2082940	Gamers Outreach Foundation	59 Cloverleaf Cir Charleston, WV 25306-6541	1000067	1,000.00	09/20/17	Education
2082845	Western Gate Land Development	PO Box 519 Wayne, WV 25570-0519	1000068	10,000.00	09/21/17	Community
2082825	Noble County Junior Fair Board	PO Box 2 Caldwell, OH 43724-0002	1000070	3,000.00	10/10/17	Community
2051068	Clay Center for the Arts & Sciences	1 Clay Sq Charleston, WV 25301-2424	1000071	10,000.00	10/16/17	Education

**TRANSCANADA CHARITABLE FOUNDATION**

EIN 47-3504335

Form 990-PF Schedule of Contributions Paid

Tax Year Ended December 31, 2017

Account	Payable To	Address	Cancelled Check #	Check Amount	Check Date	Activity
2083384	Woodford County 4-H Council	184 Beasley Rd Versailles, KY 40383-8992	1000072	2,500.00	10/16/17	Education
2057191	Cristo Rey Work Study Program Inc	6700 Mount Carmel St Houston, TX 77087-6624	ACH	29,000.00	10/19/17	Education
2046542	Special Olympics Montana Inc	PO Box 3507 Great Falls, MT 59403-3507	1000073	2,500.00	10/23/17	Community
2083691	Bushkill Township Volunteer Fire	155 Firehouse Dr Nazareth, PA 18064-9560	1000074	500.00	10/31/17	Safety
2083692	Caldwell Knights of Columbus	110 West St Caldwell, OH 43724-1358	1000075	1,000.00	10/31/17	Community
2083701	North Beaver Township Volunteer	969 Mount Jackson Rd New Castle, PA 16102-2419	1000076	1,200.00	11/01/17	Safety
2054262	YWCA Charleston	1426 Kanawha Blvd E Charleston, WV 25301-3002	1000077	20,000.00	12/06/17	Community
2084435	Claysville Volunteer Fire	PO Box 435 Claysville, PA 15323-0435	1000078	10,000.00	12/12/17	Safety
2084436	Wayne Family Resource Network Inc	PO Box 250 Wayne, WV 25570-0250	1000079	7,500.00	12/12/17	Community
2084425	Calhoun County Park	PO Box 324 Grantsville, WV 26147-0324	1000080	12,500.00	12/12/17	Environment

378,415.00 Total Current Year Contributions  
 (11,450.00) Less Checks Cancelled  
366,965.00 Net Current Year Contributions

Form **4720****Return of Certain Excise Taxes Under Chapters  
41 and 42 of the Internal Revenue Code**

OMB No 1545-0052

Department of the Treasury  
Internal Revenue Service

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4965, 4966, and 4967)

**2017**▶ Go to [www.irs.gov/Form4720](http://www.irs.gov/Form4720) for instructions and the latest information.

For calendar year 2017 or other tax year beginning

, 2017, and ending

, 20

Name of organization or entity

Employer identification number

**Transcanada Charitable Foundation****47-3504335**

Number, street, and room or suite no. (or P O box if mail is not delivered to street address)

Check box for type of annual return

**700 Louisiana St, Ste 700**☐ Form 990☐ Form 990-EZ

City or town, state or province, country, and ZIP or foreign postal code

☒ Form 990-PF☐ Form 5227**Houston, TX 77002-2700**

Yes	No
	✓

**A** Is the organization a foreign private foundation within the meaning of section 4948(b)?**B** Has corrective action been taken on any taxable event that resulted in Chapter 42 taxes being reported on this form? (Enter "N/A" if not applicable)

N/A

If "Yes," attach a detailed description and documentation of the corrective action taken and, if applicable, enter the fair market value of any property recovered as a result of the correction ▶ \$ \_\_\_\_\_ If "No," (that is, any uncorrected acts or transactions), attach an explanation (see instructions)

**Part I Taxes on Organization** (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4965(a)(1), and 4966(a)(1))

1	Tax on undistributed income—Schedule B, line 4	1	103,885
2	Tax on excess business holdings—Schedule C, line 7	2	
3	Tax on investments that jeopardize charitable purpose—Schedule D, Part I, column (e)	3	
4	Tax on taxable expenditures—Schedule E, Part I, column (g)	4	
5	Tax on political expenditures—Schedule F, Part I, column (e)	5	
6	Tax on excess lobbying expenditures—Schedule G, line 4	6	
7	Tax on disqualifying lobbying expenditures—Schedule H, Part I, column (e)	7	
8	Tax on premiums paid on personal benefit contracts	8	
9	Tax on being a party to prohibited tax shelter transactions—Schedule J, Part I, column (h)	9	
10	Tax on taxable distributions—Schedule K, Part I, column (f)	10	
11	Tax on a charitable remainder trust's unrelated business taxable income. Attach statement	11	
12	Tax on failure to meet the requirements of section 501(r)(3)—Schedule M, Part II, line 2	12	
13	<b>Total</b> (add lines 1–12)	13	103,885

**Part II-A Taxes on Managers, Self-Dealers, Disqualified Persons, Donors, Donor Advisors, and Related Persons**  
(Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a))

(a) Name and address of person subject to tax. City or town, state or province, country, ZIP or foreign postal code		(b) Taxpayer identification number	
a			
b			
c			
(c) Tax on self-dealing—Schedule A, Part II, col (d), and Part III, col (d)	(d) Tax on investments that jeopardize charitable purpose—Schedule D, Part II, col (d)	(e) Tax on taxable expenditures—Schedule E, Part II, col (d)	(f) Tax on political expenditures—Schedule F, Part II, col (d)
a			
b			
c			
Total			
(g) Tax on disqualifying lobbying expenditures—Schedule H, Part II, col (d)	(h) Tax on excess benefit transactions—Schedule I, Part II, col (d), and Part III, col (d)	(i) Tax on being a party to prohibited tax shelter transactions—Schedule J, Part II, col (d)	(j) Tax on taxable distributions—Schedule K, Part II, col (d)
a			
b			
c			
Total			
(k) Tax on prohibited benefits—Sch L, Part II, col (d), and Part III, col (d)	(l) Total—Add cols (c) through (k)		
a			
b			
c			
Total			

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 13021D

Form **4720** (2017)

**Part II-B Summary of Taxes** (See Tax Payments in the instructions.)

<b>1</b>	Enter the taxes listed in Part II-A, column (I), that apply to managers, self-dealers, disqualified persons, donors, donor advisors, and related persons who sign this form. If all sign, enter the total amount from Part II-A, column (I)	<b>1</b>	
<b>2</b>	<b>Total tax.</b> Add Part I, line 13, and Part II-B, line 1	<b>2</b>	
<b>3</b>	Total payments including amount paid with Form 8868 (see instructions)	<b>3</b>	
<b>4</b>	<b>Tax due.</b> If line 2 is larger than line 3, enter amount owed (see instructions)	<b>4</b>	
<b>5</b>	<b>Overpayment.</b> If line 2 is smaller than line 3, enter the difference. This is your refund	<b>5</b>	

**SCHEDULE A—Initial Taxes on Self-Dealing** (Section 4941)**Part I Acts of Self-Dealing and Tax Computation**

(a) Act number	(b) Date of act	(c) Description of act	(d) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the act	(e) Amount involved in act	(f) Initial tax on self-dealer (10% of col (e))	(g) Tax on foundation managers (if applicable) (lesser of \$20,000 or 5% of col (e))
1						
2						
3						
4						
5						

**Part II Summary of Tax Liability of Self-Dealers and Proration of Payments**

(a) Names of self-dealers liable for tax	(b) Act no. from Part I, col (a)	(c) Tax from Part I, col (f), or prorated amount	(d) Self-dealer's total tax liability (add amounts in col (c)) (see instructions)

**Part III Summary of Tax Liability of Foundation Managers and Proration of Payments**

(a) Names of foundation managers liable for tax	(b) Act no. from Part I, col (a)	(c) Tax from Part I, col (g), or prorated amount	(d) Manager's total tax liability (add amounts in col (c)) (see instructions)

**SCHEDULE B—Initial Tax on Undistributed Income** (Section 4942)

<b>1</b>	Undistributed income for years before 2016 (from Form 990-PF for 2017, Part XIII, line 6d)	<b>1</b>	<b>0</b>
<b>2</b>	Undistributed income for 2016 (from Form 990-PF for 2017, Part XIII, line 6e)	<b>2</b>	<b>346,285</b>
<b>3</b>	Total undistributed income at end of current tax year beginning in 2017 and subject to tax under section 4942 (add lines 1 and 2)	<b>3</b>	<b>346,285</b>
<b>4</b>	<b>Tax</b> —Enter 30% of line 3 here and on Part I, line 1	<b>4</b>	<b>103,885</b>

**SCHEDULE C—Initial Tax on Excess Business Holdings (Section 4943)****Business Holdings and Computation of Tax**

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions for each line item before making any entries.

Name and address of business enterprise

Employer identification number

Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.)

	(a) Voting stock (profits interest or beneficial interest)	(b) Value	(c) Nonvoting stock (capital interest)
<b>1</b> Foundation holdings in business enterprise .	<b>1</b> %	%	
<b>2</b> Permitted holdings in business enterprise .	<b>2</b> %	%	
<b>3</b> Value of excess holdings in business enterprise	<b>3</b>		
<b>4</b> Value of excess holdings disposed of within 90 days, or, other value of excess holdings not subject to section 4943 tax (attach statement)	<b>4</b>		
<b>5</b> Taxable excess holdings in business enterprise — line 3 minus line 4	<b>5</b>		
<b>6</b> Tax—Enter 10% of line 5	<b>6</b>		
<b>7</b> Total tax—Add amounts on line 6, columns (a), (b), and (c), enter total here and on Part I, line 2	<b>7</b>		

**SCHEDULE D—Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944)****Part I Investments and Tax Computation**

(a) Investment number	(b) Date of investment	(c) Description of investment	(d) Amount of investment	(e) Initial tax on foundation (10% of col (d))	(f) Initial tax on foundation managers (if applicable)—(lesser of \$10,000 or 10% of col (d))
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					

**Total—**Column (e) Enter here and on Part I, line 3

**Total—**Column (f) Enter total (or prorated amount) here and in Part II, column (c), below

**Part II Summary of Tax Liability of Foundation Managers and Proration of Payments**

(a) Names of foundation managers liable for tax	(b) Investment no. from Part I, col (a)	(c) Tax from Part I, col (f), or prorated amount	(d) Manager's total tax liability (add amounts in col (c)) (see instructions)

**SCHEDULE E—Initial Taxes on Taxable Expenditures (Section 4945)**

<b>Part I Expenditures and Computation of Tax</b>				
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Name and address of recipient	(e) Description of expenditure and purposes for which made
1				
2				
3				
4				
5				
(f) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the expenditure			(g) Initial tax imposed on foundation (20% of col (b))	(h) Initial tax imposed on foundation managers (if applicable)—(lesser of \$10,000 or 5% of col (b))
<b>Total</b> —Column (g) Enter here and on Part I, line 4				
<b>Total</b> —Column (h) Enter total (or prorated amount) here and in Part II, column (c), below				

<b>Part II Summary of Tax Liability of Foundation Managers and Proration of Payments</b>			
(a) Names of foundation managers liable for tax	(b) Item no. from Part I, col (a)	(c) Tax from Part I, col (h), or prorated amount	(d) Manager's total tax liability (add amounts in col (c)) (see instructions)

**SCHEDULE F—Initial Taxes on Political Expenditures (Section 4955)**

<b>Part I Expenditures and Computation of Tax</b>					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of political expenditure	(e) Initial tax imposed on organization or foundation (10% of col (b))	(f) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2½% of col (b))
1					
2					
3					
4					
5					
<b>Total</b> —Column (e) Enter here and on Part I, line 5					
<b>Total</b> —Column (f) Enter total (or prorated amount) here and in Part II, column (c), below					

<b>Part II Summary of Tax Liability of Organization Managers or Foundation Managers and Proration of Payments</b>			
(a) Names of organization managers or foundation managers liable for tax	(b) Item no. from Part I, col (a)	(c) Tax from Part I, col (f), or prorated amount	(d) Manager's total tax liability (add amounts in col (c)) (see instructions)

**SCHEDULE G—Tax on Excess Lobbying Expenditures (Section 4911)**

<b>1</b>	Excess of grass roots expenditures over grass roots nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1h). (See the instructions before making an entry )	<b>1</b>	
<b>2</b>	Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1i) (See the instructions before making an entry )	<b>2</b>	
<b>3</b>	Excess lobbying expenditures—enter the larger of line 1 or line 2	<b>3</b>	
<b>4</b>	<b>Tax</b> —Enter 25% of line 3 here and on Part I, line 6	<b>4</b>	

**SCHEDULE H—Taxes on Disqualifying Lobbying Expenditures (Section 4912)**

<b>Part I Expenditures and Computation of Tax</b>					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying expenditures	(e) Tax imposed on organization (5% of col (b))	(f) Tax imposed on organization managers (if applicable)—(5% of col (b))
1					
2					
3					
4					
5					
<b>Total</b> —Column (e) Enter here and on Part I, line 7					
<b>Total</b> —Column (f) Enter total (or prorated amount) here and in Part II, column (c), below					

<b>Part II Summary of Tax Liability of Organization Managers and Proration of Payments</b>			
(a) Names of organization managers liable for tax	(b) Item no. from Part I, col (a)	(c) Tax from Part I, col (f), or prorated amount	(d) Manager's total tax liability (add amounts in col (c)) (see instructions)

**SCHEDULE I—Initial Taxes on Excess Benefit Transactions (Section 4958)**

<b>Part I Excess Benefit Transactions and Tax Computation</b>		
(a) Transaction number	(b) Date of transaction	(c) Description of transaction
1		
2		
3		
4		
5		
(d) Amount of excess benefit	(e) Initial tax on disqualified persons (25% of col (d))	(f) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col (d))



**SCHEDULE I—Initial Taxes on Excess Benefit Transactions (Section 4958) Continued**

## Part II Summary of Tax Liability of Disqualified Persons and Proration of Payments

(a) Names of disqualified persons liable for tax	(b) Trans no from Part I, col (a)	(c) Tax from Part I, col (e), or prorated amount	(d) Disqualified person's total tax liability (add amounts in col (c) (see instructions))

<b>Part III</b>	<b>Summary of Tax Liability of 501(c)(3), (c)(4) &amp; (c)(29) Organization Managers and Proration of Payments</b>
-----------------	--

(a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers liable for tax	(b) Trans no from Part I, col (a)	(c) Tax from Part I, col (f), or prorated amount	(d) Manager's total tax liability (add amounts in col (c)) (see instructions)

**SCHEDULE J—Taxes on Being a Party to Prohibited Tax Shelter Transactions (Section 4965)**

**Part I Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity**  
(see instructions)

(See instructions)			
(a) Transaction number	(b) Transaction date	(c) Type of transaction 1 – Listed 2 – Subsequently listed 3 – Confidential 4 – Contractual protection	(d) Description of transaction
1			
2			
3			
4			
5			

(e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the transaction? Answer <b>Yes</b> or <b>No</b>	(f) Net income attributable to the PTST	(g) 75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see instructions)

**Total**—Column (h) Enter here and on Part I, line 9

**Part II** Tax Imposed on Entity Managers (Section 4965) *Continued*

(a) Name of entity manager	(b) Transaction number from Part I, col (a)	(c) Tax—enter \$20,000 for each transaction listed in col (b) for each manager in col (a)	(d) Manager's total tax liability (add amounts in col (c))

**SCHEDULE K—Taxes on Taxable Distributions of Sponsoring Organizations Maintaining Donor Advised Funds** (Section 4966). See the instructions

**Part I Taxable Distributions and Tax Computation**

(a) Item number	(b) Name of sponsoring organization and donor advised fund	(c) Description of distribution	
1			
2			
3			
4			
(d) Date of distribution	(e) Amount of distribution	(f) Tax imposed on organization (20% of col (e))	(g) Tax on fund managers (lesser of 5% of col (e) or \$10,000)
<b>Total—Column (f)</b> Enter here and on Part I, line 10 .			
<b>Total—Column (g)</b> Enter total (or prorated amount) here and in Part II, column (c), below			

## Part II Summary of Tax Liability of Fund Managers and Proration of Payments

[illegible]

**SCHEDULE L—Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967).**  
See the instructions

**Part I Prohibited Benefits and Tax Computation**

(a) Item number	(b) Date of prohibited benefit	(c) Description of benefit
1		
2		
3		
4		
5		
(d) Amount of prohibited benefit	(e) Tax on donors, donor advisors, or related persons (125% of col (d)) (see instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col (d) or \$10,000) (see instructions)

**Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons, and Proration of Payments**

(a) Names of donors, donor advisors, or related persons liable for tax	(b) Item no. from Part I, col (a)	(c) Tax from Part I, col (e) or prorated amount	(d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col (c)) (see instructions)

**Part III Summary of Tax Liability of Fund Managers and Proration of Payments**

(a) Names of fund managers liable for tax	(b) Item no. from Part I, col (a)	(c) Tax from Part I, col (f) or prorated amount	(d) Fund manager's total tax liability (add amounts in col (c)) (see instructions)

**Schedule M—Tax on Hospital Organization for Failure to Meet the Community Health Needs  
Assessment Requirements** (Sections 4959 and 501(r)(3)). (See instructions.)


**Part I** Failures to Meet Section 501(r)(3)

(a) Item number	(b) Name of hospital facility	(c) Description of the failure	(d) Tax year hospital facility last conducted a CHNA	(e) Tax year hospital facility last adopted an implementation strategy
1				
2				
3				
4				
5				

**Part II** Computation of Tax

1	Number of hospital facilities operated by the hospital organization that failed to meet the Community Health Needs Assessment requirements of section 501(r)(3)	1	
2	<b>Tax</b> —Enter \$50,000 multiplied by line 1 here and on Part I, line 12	2	

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
 

Controller	Title	Date
------------	-------	------

Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person \_\_\_\_\_ Date \_\_\_\_\_

Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person \_\_\_\_\_ Date \_\_\_\_\_

Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person \_\_\_\_\_ Date \_\_\_\_\_

Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person \_\_\_\_\_ Date \_\_\_\_\_

May the IRS discuss this return with the preparer shown below? (see instructions)

☐ Yes ☐ No

**Paid  
Preparer  
Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no			