

EXTENDED TO NOVEMBER 15, 2016

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

		f the Treasury	· ·		ecurity numbers		_	-	c.	Open to Public
		nue Service			/Form990 for ins			information.		Inspection
<u>A</u> F	or the		ar year, or tax year l	beginning		and	lending	<del></del>		
B	heck if		forganization					D Employer	r identifica	ation number
	Addre		PAULEY FAM	TTV POINT	DATE TO AT					
늗	_ chang  Name	<del></del>	war and and	LLI FOON	DATION			1	51_16	85158
누	_ charg ¬Intial	Doing b	usiness as		lu annual de educado e de		Daam/austa	F Talaahaa		103130
<u> </u>	return ∏Final		BOULDERS V			iress)	Room/suite	E Telephone	(804)	330-7400
_	/return/ termin		own, state or province			atal aada	<u> </u>	G Gross receip		5,070,146.
	ated ∏Amend			23225-40		Star Coue		H(a) Is this a		
$\vdash$	_ireturn ∏Applic		nd address of princip			PAIILRY		1 ' '	group rec ordinates?	
	ition _pendir		BOULDERS VI				CHMON	H(b) Are all sub		
	ax-exe	empt status		501(c) ( )	(insert no.)	4947(a)(1)		1 ''		st (see instructions)
			CFRICHMOND.		4 (11100111107			H(c) Group e		•
					sociation	Other 🕨	L Year			State of legal domicile VA
	rt I	Summary	· · ·	•		Ĭ.				
	1	Briefly describ	e the organization's r	mission or most	significant activit	ies THE	PAULEY	FAMILY	FOUN	DATION
Governance		SUPPORT	S A BROAD F	RANGE OF	CHARITAB	LE PURE	POSES 1	N THE R	ICHMC	ND
Ē	2	Check this bo	x 🕨 🔲 if the org	anization disco	ntinued its operat	ions or dispo	sed of more	than 25% of it	s net asse	ets.
Š	3	Number of vot	ing members of the g	governing body	(Part VI, line 1a)				3	7
	4	Number of ind	ependent voting mer	nbers of the go	verning body (Par	t VI, line 1b)			4	
S	5	Total number	of individuals employ	ed in calendar y	ear 2017 (Part V.	line 2a)			5	0
Ž	ı		of volunteers (estimat	• •	- 1	DEC			6	11
Activities &	7 a	Total unrelated	d business revenue fr	om Part VIII, co	lumn (C), line 2	LITEU	EIVE		7a	0.
_	b	Net unrelated	business taxable inco	ome from Form	16				7b	0.
1e					181	NOV 2	27 2010	Hogr Yea		Current Year
	l		and grants (Part VIII,	·-	· <b>!</b> "	• • •	2018	<u> </u>	0.	0.
ē	Į.	•	ce revenue (Part VIII,	=-		ÖOS		<b>め</b>   24 63,	0.	0.
Revenue	ı		come (Part VIII, colum			OGDE	N. UT		469.	3,254,103. 61,469.
_			(Part VIII, column (A)			-		2,224,		3,315,572.
			- add lines 8 through			(A), line 12)		8,194,		4,269,814.
			nilar amounts paid (P		•		<u> </u>	U,IJI,	0.	0.
		•	to or for members (Pa		•	\ lage 5.10\	<u> </u>		0.1	0.
Ses			· compensation, empl undraising fees (Part I	• '		y, mies 5·10)			0.	0.
Expenses			ng expenses (Part IX,				0.			
X			es (Part IX, column (A)				<del></del>	189,	766.	236,597.
		· ·	s. Add lines 13-17 (m	-	•	25)		8,384,		4,506,411.
		•	expenses Subtract In	•		, 20,		-6,159,		-1,190,839.
- S		1.010/100 1000	SAPONOGO GUBINAGO				Be	ginning of Curre		End of Year
Net Assets or und Balances	20	Total assets (F	art X, line 16)						459.	101,903,209.
ASS	21	-	(Part X, line 26)					4,507,		5,312,507.
Ne se	22		fund balances Subtra	act line 21 from	line 20			81,761,		96,590,702.
Pa	rt II	Signature	Block							
Unde	er pena	lties of perjury,	declare that I have exa-	mined this return,	including accompa	nying schedule	s and stateme	nts, and to the t	est of my k	cnowledge and belief, it is
true,	correc	t, and complete.	Declaration of preparer	(other than office	r <u>) is based on all in</u>	tormation of wi	hich preparer	has any knowle	tge.	
			5.4	Vaca	<u>&gt;                                    </u>			1	/11/	18-
Sign	١	Signature	of officer		•			Date	' '	
Her	е		LEY F. PAUI	LEY, CHA	IRMAN					
		Type or p	rint name and title				<del></del>		г	= 1 ·
		Print/Type prep			Preparer's signatu			Tate	Check	PTIN
Paid		JONATHA	N FORTIN	· · · · · · · · · · · · · · · · · · ·		PORTIN		1/09/18		
Prep		Firm's name	► HBRITAGE		ADVISORS	<u>/</u>		Firm'	s EIN 🛌	36-4579334
Use	Only	Firm's address	▶ 919 EAST			TE 950				4) 640 4000
			RICHMOND,					Phon	e no. (80	4) 643-4080
			return with the prepare							X Yes No
73200	11-28	3-17 LHA F	or Paperwork Redu	ction Act Notic	e, see the separ	ate instruction	ons.			Form <b>990</b> (2017)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Forn	n 990 (2017) THE PAULEY FAMILY FOUNDATION	54-1685158	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	THE PAULEY FAMILY FOUNDATION SUPPORTS A BROAD RANGE OF C	HARITABLE	
	PURPOSES IN THE RICHMOND REGION, WITH A FOCUS ON EDUCATI		ND
	HUMAN SERVICES.		
2	Did the organization undertake any significant program services during the year which were not listed on the	<del></del>	-
_	prior Form 990 or 990-EZ?	□ vas	XNo
	If "Yes," describe these new services on Schedule O		140
_	·		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		TW NO
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses, a	nd
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$\frac{4,269,814.}{4,269,814.} \ \text{including grants of \$\frac{4,269,814.}{4,269,814.}} \) (Rovor		)
	THE FOUNDATION SUPPORTS CHARITABLE ACTIVITIES THAT ADVAN	CE EDUCATION	<u>,                                     </u>
	HEALTH, AND HUMAN SERVICES.		
		· · · · · · · · · · · · · · · · · · ·	
		***************************************	
		<del></del>	
			<del></del>
4b	(Code) (Expenses S	iue \$	)
		<del></del>	
		<del></del>	<del></del>
			<del></del>
4c	(Code) (Expenses \$) (Reven	nue \$	)
		_ ··· · · · · · · · · · · · · · · · · ·	
		-	
			-,
4d	Other program services (Describe in Schedule O )		
	(Expenses S Including grants of \$ ) (Revenue \$		
4e	Total program service expenses ▶ 4,269,814.		
		Form C	90 (2017)

# Form 990 (2017) THE PAULEY F Part IV Checklist of Required Schedules

			100	110
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		Ì	
	during the tax year? If "Yes," complete Schedule C. Part II	4	<u> </u>	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		ŀ	
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			İ
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes, ' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			[
	as applicable			1
8	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VII	11b	X	L
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 167 /f "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			i
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			ł
	Schedule D, Parts XI and XII	12a		Х
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			ľ
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	I		
	1c and 8a? If "Yes, " complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"	I		
	complete Schedule G. Part III	19		X
		Form	990 (	2017

Form 990 (2017) THE PAULEY FAMILY FOUNDATION 54-1685158 Page 4
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? // "Yes, 'complete Schedule I, Parts I and II"	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes." complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	"		
٠.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
<b>U</b> Z		32		х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<del>"-</del>		<u> </u>
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<del></del> -
54	Part V, line 1	34	x	
350	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- SSA		
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?	250		
J-0		20		x
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		-12
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3'		<del></del>
55	Note. All Form 990 filers are required to complete Schedule O	38	х	
	1803017 III 1 OTTI GGG IIIGIG IIG TOQQIIIGG TO GGIIIGIGG GGIIIGGIG G		990	20171
		. 51111	(	

Yes   No   Page   Pag	га	Check if Schodule O centains a response or note to any line in this Part V			
1a Enter the number reported in Box 3 of Form 1096, Enter-Or, front applicable b. Enter the number of Forms W20 Cancidade in line 1a, Enter-Or, into applicable c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gamining) with marker of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return line if a set of the calendar year ending with or within the year covered by this return line if a set of the calendar year ending with or within the year covered by this return line if a set of the calendar year ending with or within the year covered by this return line if a set of the calendar year ending with or within the year covered by this return line if a set of the calendar year ending with or within the year covered by this return.  If the set of the calendar year ending with or within the year covered by this return.  If the set of the calendar year ending with or within the year covered by this return.  If the set of the calendar year ending with or within the year covered by the year?  Note, if the set of set of the calendar year and the report of the year?  If the set is a set filled a form 950°T for this year? If Yo, "to line 50, provide an explanation or Schedule O  A A ray time the name of the foregran country by  If Yes, "to line 5 a or 56, and the organization that it was or as a party to a prohibited tax shellor transaction?  If Yes, "to line 5 a or 56, and the organization file Form 8885°T?  If Yes, "to line 5 a or 56, and the organization file Form 8885°T?  If Yes, "to line 5 a or 56, and the organization file Form 8885°T?  If Yes, "to line 5 a or 56, and the organization file Form 8885°T?  If Yes, "to line 5 a or 56, and the organization file Form 8885°T?  If Yes, "to line organization and year set of year and year an		Check if Schedule O contains a response or note to any line in this Part V			لمسلم
b Enter the number of Forms W2G miduled in line 1a, Enter of, if not applicable on the tonganzation comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, lited for the cellender year enfoling with or within the year covered by this return  3b. If a least one is reported on line 2a, did the organization file all required fiderial employment tax returns?  3c. Did the organization have unrelated business goes income of \$1,000 or more during the year?  3c. Did the organization have unrelated business goes income of \$1,000 or more during the year?  3c. As at any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, accounts an interest in, or a signature or other authority over, a financial account or storegin country (such as a bank account, accounts account or storegin country (such as a bank account, accounts account or a foregin country (such as a bank account, accounts account)?  3d. If "Yes," either the name of the foregin country (such as a bank account, accounts of financial Accounts (FBAR)  3d. Did any taxable party norty the organization in that was or as party to a prohibited tax shelter transaction of any time during the tax year?  3d. Did any taxable party norty the organization may be a prohibited tax shelter transaction?  3d. Did any taxable party norty the organization file Form 88857?  5d. Did any taxable party norty the organization file Form 88857.  5d. Did the organization norty accounts of the same account account of the organization solicity and the organization file form 8282?  5d. Did the organization receive a pilment in exists of SS made party as conflictation and party for goods and services provided to the payor?  5d. Did the organization receive a pilment in exists of SS made party as conflicta		54 8 4 5 6 7 7 8 7 7 8 7 7 8 7 7 8 7 7 7 7 7 7 7		Yes	No
c Dut the organization comply with backup withholding rules for reportable payments to vendors and reportable gaining (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, the factor the calendar year ending with or within the year covered by this return.  b If at least on is reported on line 23, did the organization file all required federal employment tax returns?  Note, If the sum of lines 1s and 2s is greater than 250, you may be required to e-rise (see instructions)  3 b If the organization have unreaded business gross income of \$1,000 or more dumpt the year?  3 b If Yes, *Insist filled a Form 990-T for the year? "Indoor or more dumpt the pression of the organization have interest in, or a spatiation or Schedule O  b If Yes, *Insist the dark of foreign country (such as a bank account, securities account, or other financial account)?  4 b If Yes, *Insist the name of the foreign country (such as a bank account, securities account, or other financial account)?  5 b If Yes, *Insist the organization is for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR)  5 was the organization a party to a prohibited tax shelfer transaction?  5 b If Yes, *Insist the area of the foreign country (such as a bank account, a party to a prohibited tax shelfer transaction?  5 c If Yes, *Insist the organization that it was or is a party to a prohibited tax shelfer transaction?  5 c If Yes, *Insist the organization in that it was or is a party to a prohibited tax shelfer transaction?  5 c If Yes, *Insist the organization file Form 888617?  5 d If Yes, *Insist the organization file Form 888617?  5 d If Yes, *Insist the organization file Form 8889 is charitable contributions and party for goods and services provided to the payor?  5 d If Yes, *Insist the number of Forms 8282 filed during the year  5 d If the organization during the direct or explanation and party for goods and services provided to the payor?  6 d If Yes, *Insist the numbe					
to the calculation of the calcu			,		ĺ
a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, Med for the celendar year ending with or within the year covered by this return  If at least on is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a	С		4.	Y	
the for the calendar year ending with or within the year covered by this return  b if all least one is reported on the 28, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and Za is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  5b If "Yes," either the name of the foreign country [with a sa bank account, securities account, or other financial accounts?  5c West the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," to line 5a or 5b, did the organization that it was or its a party to a prohibitions that were not tax eductables of a charable contributions?  5c If "Yes," it of the organization include with every solicitation an express statement that such contributions or gifts were not tax eductables a charable contributions?  6c If "Yes," it did the organization include with every solicitation an express statement that such contributions or gifts were not tax eductables a charable contribution and sparty for goods and services provided to the payor?  7c If year, "and the organization shall were not tax eductables a charable contribution and sparty for goods and services provided to the payor?  8d If "Yes," indicate the number of Forms 8282? filed during the year  9d If the organization reserve a spartent is executed to the goods or services provided?  1d If "Yes," and cate the propagation reserve a spartent is executed to the goods or services provided?  1d If the organization reserve a payment is executed of the goods or services provided?  1d If the organization reserve a payment is executed to the good or services provided?  1d If the organization rese	20		16		
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  30 bit the organization have unrelated business gross income of \$1,000 or more during the year?  31 bit "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  32 bit "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  35 bit "Yes," the sit filed a Form 990-T for this year? If "No," to line 3b, provide an explanation or the authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account()?  4 c	20				١.
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_offige (see instructions)  Did the organization have unrielated business gross income of \$1,000 or more during the year?  If "Yes," has it filled a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  at Arany time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accounty?  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ►  5b If "Yes," enter the name of the foreign country. ►  5ee instructions for filing requirements for fining for foreign Bank and Financial Accounts (FBAR)  5ce unstructions for filing requirements for fining for foreign Bank and Financial Accounts (FBAR)  5ce unstructions for filing requirements for fining for foreign Bank and Financial Accounts (FBAR)  5ce Unit to line Saor 5b, did the organization that it was or is a party to a prohibited tax shelfer transaction?  5b If "Yes," did the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions.  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles.  6c If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles.  6c If Yes," did the organization include with every solicitation and express product?  7c Organizations that may receive deductible contributions or contributions of contributions or contributions or contribution or contributions.  6c If Yes," did the organization in measur	h	,	2h		l
3a Dt the organization have unrelated business gross income of \$1,000 or more during the year?  3b If *Yes,* has it filled a Form 990-ff for this year? If *Yeo,* to fine 30, provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?)  5b If *Yes,* intere the name of the foreign country (such as a bank account, securities account, or other financial accounts?  5c Was the organization or party to a prohibited tax sheller transaction?  5c If *Yes,* to line 5a or 5b, did the organization file Form 8886-f7?  5c If *Yes,* to line 5a or 5b, did the organization file Form 8886-f7?  5d Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5c If *Yes,* to did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5d Ord the organization enclude with every solicitation and express statement that such contributions or gifts were not tax deductible?  6d Ord the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the payor?  6d If *Yes,* did the organization necewe apyriment in excess of \$75 made partly as contributions and partly for goods and services provided to the payor?  7d If *Yes,* did the organization necewe apyriment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor?  7e X If *Yes,* did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8282?  8d If *Yes,* did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required?  9d If *Yes,* direct the organization hase	~				$\overline{}$
b If "Yes," has it filled a Form 990-T for this year" // "No," to line 30, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account or a foreign country (such as a bank account; securities accounts) or other financial accountry over. A financial accountry (such as a bank account; securities account, or other financial accountry (such as a bank account; securities account, or other financial accountry (such as a bank account; securities account, or other financial accountry (such as a bank account; securities) or other securities accounts (FBAR)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles?  5b If "Yes," to line Sa or 5b, did the organization file Form 88651?  6c Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles?  6c Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions under section 170(c).  6c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," indict the development on the value of the goods or serves provided?  7a If If "Yes," indicate the number of Forms 88262 filled during the year  7b If "Yes," indicate the number of Forms 88262 filled during the year  7c If Did the organization contribution of cularited intellectual property, did the organization file Form 1998-07 to the organization in sechial and the property of th	3a		3а		Х
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account, a foreign country (such as a bank account, a ordering country).  b If "Yes," enter the name of the foreign country. ▶  5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  b Did any taxable party notify the organization file form 8886-T?  c If "Yes," to line 5a or 5b, did the organization file form 8886-T?  5b Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If Yes," did the organization notify the donor of the value of the goods or services provided?  If Yes, and the comparization of the value of the goods or services provided?  If Yes, and the organization notify the donor of the value of the goods or services provided?  If Yes, and the organization of the payor of					
b If "Yes," enter the name of the foreign country. ▶ See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year?  5b ID dainy taxable party notify the organization that it was or as a party to a prohibited tax shefter transaction?  5c If "Yes," to line Sa or 5b, lidt the organization file Form 8868-7?  5d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charable contributions?  5d If "Yes," did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible?  7d Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  8d If "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  9d If "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution of the goods or services provided?  10d the organization receive and exchange, or otherwise disposes of transpible personal property for which it was required to file Form 8282?  11d If "Yes," included a contribution of qualified intellectual property, did the organization life form 1889 as required?  11d If the organization received a contribution of qualified intellectual property, did the organization life Form 1986-0?  12d the sponsoring organizations maintaining donor advised funds.  12d Did the sponsoring organization make any taxable distributions under section 4966?  12d Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  12d Did the sponsoring organizations. Enter  12d Did t	4a				
See instructions for filing sequements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  59 Did any taxable party notify the organization that it was or a party to a prohibited tax shelter transaction?  50 If "Yes," to line 5a or 5b, did the organization file Form 8886-77  50 Does the organization are accepted that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  50 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  70 Organizations that may receive deductible contribution and partly for goods and services provided to the payor?  71 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  71 If "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  72 If "Yes," indicate the organization include with every solicitation and partly for goods and services provided to the payor?  73 If "Yes," indicate the number of Forms 8282 filed during the year  74 Did the organization received an contribution of qualified personal property for which it was required to file Form 8282?  75 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  76 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  77 If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  77 Sponsoring organization maintaining donor advised funds.  8 Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
Was the organization a party to a prehibited tax shelter transaction at any time during the tax year?  58	b	If "Yes," enter the name of the foreign country			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes," to line 5a or 5b, did the organization file Form 8886-T7  8 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9 Organizations that may receive deductible contributions under section 170(c).  10 Did the organization review a payment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor?  10 If "Yes," did the organization notify the donor of the value of the goods or services provided?  11 Office form 8282?  12 If "Yes," did the organization notify the donor of the value of the goods or services provided?  12 If the organization review any funds, directly or indirectly, to pay premiums on a personal benefit contract?  13 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  14 If the organization received a contribution of cars, boats, anplanes, or other vehicles, did the organization file a Form 1098-C?  15 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  16 Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  12 Section 501(c)(17) organizations. Enter  13		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			'
til "Yes," to line 5a or 5b, did the organization file Form 8886-T?  5c   26   26   26   26   26   27   26   27   28   28   28   28   28   28   28	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?    If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?    Organizations that may receive deductible contributions under section 170(c).   Dut the organization receive a payment in excess of \$75 mafe partly as a contribution and partly for goods and services provided to the payor?   Dut the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$282?   If 'Yes,' indicate the number of Forms \$282 filed during the year   Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   The organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?   Sponsoring organization make a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   Sponsoring organization make a maintaining donor advised funds. Did a door advised fund amintained by the sponsoring organization make any taxable distributions under section 4966?   Did the sponsoring organization make any taxable distributions under section 4966?   Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
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b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To Life the organization receive any funds, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of cars, boats, anylanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations received a contribution of cars, boats, anylanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  By A X  Section 501(c)(12) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  Section 501(c)(12) organizations. Enter  Section 501(c)(12) qualified nonprofit health insurance lasuers.  Is the organization incensed to issue qualified health plans in more than one state?  Note, See the instructions for additional information the organizati	6a				ــ ا
were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c). a Did the organization creave a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 To Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7 To X  If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  8 If "Yes," indicate the number of Forms 8282 filed during the year  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To X  9 If the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? 9 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 9 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 9 Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organizations. Enter 9 In that the fees and capital contributions included on Part VIII, line 12 9 Gross receipts, included on Form 390, Part VIII, line 12; for public use of club facilities 9 Gross income from members or shareholders 9 If "Yes," enter the amount of tax-exempt interest received or accused during the year 12 Section 501(c)(2) qualified nonprofit health insurance Issuers. 13 Is the organization blensed to issue qualified health plans in more than one state? 14 If "Yes," enter the amount of feseves on hand 15 If "Yes," has it filed a Form 720			<u>6a</u>		<u> </u>
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of langible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? Sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12 Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  Section 501(c)(7) organizations fiched the beath insurance Issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of feserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand If Y	b				l
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b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  b Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  11 Section 501(c)(12) organizations. Enter  a Institution fees and capital contributions included on part VIII, line 12, for public use of club facilities  b Gross income from members or shareholders  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12a  13a Section 501(c)(2) qualified nonprofit health insurance Issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves on hand  13a			<b>,</b>		v
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d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Did 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  14a Did the organization is filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	•		70		х
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  f If the organization received a contribution of oracs, boats, amplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make a distribution but or advisor, or related person?  9 Did the sponsoring organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Did  Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10417  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance Issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  14a Did the organization is field a Form 720 to report these payments? If "No," provide an explanation in Schedule O	d	1 1			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cash, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11a  Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  13 Section 501(c)(29) qualified nonprofit health insurance Issuers.  a Is the organization locensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a Did the organization in Schedule O  14b  14b			7e	1	X
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		yg. provide an explanation in Schedule U		990 /	20171

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THE PAULEY FAMILY FOUNDATION 54-1685158 Form 990 (2017) Page 6 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 7 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Νo 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? X 13 14 Did the organization have a written document retention and destruction policy? X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

State the name, address, and telephone number of the person who possesses the organization's books and records

SHERRIE BRACH ARMSTRONG - (804) 330-7400

7501 BOULDERS VIEW DRIVE, SUITE 110, RICHMOND, VA 23225-4047

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statements available to the public during the tax year

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

# Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)			_ ((	<u>)</u>			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per week	box	, unle: cer en	ss per dad	erson is both an director/trustee)		teo)	compensation from	compensation from related	amount of other
	(list any hours for related organizations below	ndividual trustee or director	Institutional trustee	Officer	Кеу етріоува	Highest compensated employee	mer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) STANLEY F. PAULEY	5.00	呈	Ins	110	Ke	돌등	Fo			
CHAIRMAN	3.00	x		X				0.	0.	0
(2) KATHARINE P. HICKOK	0.50	-		<u> </u>		t			<u> </u>	
VICE PRESIDENT	0.50	x				l		0.	0.	0
(3) LORNA P. JORDAN	0.50	1		_		1				
VICE PRESIDENT		X						0.	0.	0
(4) NANCY R. BELLEMAN	0.50									
DIRECTOR		Х						0.	0.	0
(5) JOHN SHERMAN JR.	0.50									
TREASURER		Х		X				0.	0.	0
(6) FRED T. TATTERSALL	0.50									
DIRECTOR		X						0.	0.	0
(7) JANE G. WATKINS	0.50								_	
DIRECTOR		Х				ļ.,		0.	0.	0
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Part VII Section A. Officers, Directors, Tru	ıstees, Key Emi (B)	oloye T	ees,			gnes	st C				<del></del>		
(A)			Pos	C) Ition	,		(D)	(E)		_	(F)		
Name and title	Average hours per		do nat check more ox, unless person		more	nore than one		Reportable	Reportable		1	stimat	
	week		ceran					compensation from	compensation from related		a	mount other	
	(list any	į						the	organization		con	npensa	
	hours for	불				<u></u>	1	organization	(W-2/1099-MIS			rom th	
	related	l ea l	ustee			NE SE		(W-2/1099-MISC)	'	•	org	janizat	tion
	organizations	E	naltr		ako	E S	ŀ				an	d relat	ted
	below (ine)	Individual trustee or director	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former				org	anızatı	ions
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1b Sub-total								0.		0.	<b></b>	- <del></del>	0.
c Total from continuation sheets to Part \	/II, Section A						>	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	<u> </u>		0.	l		0.
<ul> <li>Total number of individuals (including but compensation from the organization</li> </ul>	not limited to the	ose I	liste	d ab	ove;	) wh	o re	eceived more than \$100,	000 of reportable	1			0
												Yes	No
3 Did the organization list any former office	r, director, or tru	stee	, ke	y em	plo	yee,	or l	highest compensated en	nployee on				
line 1a? If "Yes," complete Schedule J for											3		X
4 For any individual listed on line 1a, is the s									he organization				
and related organizations greater than \$15	50,0007 If "Yes,	" cor	mple	te S	che	dule	J fi	or such individual			4		<u> </u>
5 Did any person listed on line 1a receive or							elate	ed organization or individ	lual for services		,		•
rendered to the organization? /f "Yes." co.	molete Schedule	J fo	or su	ch p	erso	on.					5		Х
Complete this table for your five highest or	ompensated ind	ener	nden	t co	ntra	ctor	e th	at received more than \$	100 000 of comp	ensa	tion fr		
the organization Report compensation for										0,100		J	
(A)								(B)			(0		
Name and busines	s address	NO	NE				$\dashv$	Description of s	ervices		ompe	nsatio	n
							İ						
					•		$\dashv$						
							_						
<u> </u>													
									_				
2 Total number of independent contractors (	including but no	t lim	ıted	to t	hose	e list	ted :	above) who received mo	re than		-		
\$100,000 of compensation from the organ					0								· .
											Form '	990 (2	2017)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns 1a 1b b Membership dues 1c c Fundraising events Contributions, Gifts, and Other Similar Ar 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$ \_ Total. Add lines 1a-1f Business Code 2 a Program Service All other program service revenue g Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, and 2,309,487. 2,309,487 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 2,699,190. assets other than inventory b Less cost or other basis ,754,574. and sales expenses 944,616. c Gain or (loss) 944,616. 944,616. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold b Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 900099 SEC. 481 ADJUSTMENT b d All other revenue 61,469. e Total, Add lines 11a-11d 3,315,572. 3,315,572. 0. Total revenue. See instructions. Form 990 (2017) 732009 11-28-17

Form 990 (2017) THE PAULEY FAMILY FOUNDATION
Part IX | Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			nplete column (A).	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	4,269,814.	4,269,814.		
2	Grants and other assistance to domestic				, 1
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign	-			• ,
	organizations, foreign governments, and foreign			· .	* /
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages			<del></del>	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				<del></del>
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	0 624		8,624.	<del></del>
ь	Legal .	8,624. 10,500.		10,500.	
C	Accounting	10,300.		10,300.	
d	, ,				
е	Professional fundraising services See Part IV, line 17	84,009.		84,009.	<u> </u>
f	Investment management fees	04,003.		04,005.	
g	·	73,442.		73,442.	
12	column (A) amount, list line 11g expenses on Sch O)	13,4424		73,442.	<u> </u>
13	Advertising and promotion Office expenses			_	
14	Information technology				
15	Royalties			· · · · · · · · · · · · · · · · · · ·	
16	Occupancy	-			
17	Travel				<del></del>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			-	
20	Interest	1,016.		1,016.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		,		
а	FOREIGN TAXES PAID	58,946.		58,946.	
ь	BANK FEES	60.		60.	
c				<del></del>	<del></del>
d					
	All other expenses			-	
25	Total functional expenses. Add lines 1 through 24e	4,506,411.	4,269,814.	236,597.	0.
26	Joint costs. Complete this line only if the organization	-			•
	reported in column (B) joint costs from a combined	]			
	educational campaign and fundraising solicitation.				
	Check here If following SOP 88-2 (ASC 958-720)				
	<del></del>				= 000 inst =

Par	t X	Balance Sheet	······································		
		Check if Schedule O contains a response or note to any line in this Part X	г		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	69,308.	1_	79,004
	2	Savings and temporary cash investments	959,289.	2	2,821,331
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	295,943.	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete	-,	,	-
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under	,		•
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	,		
		employers and sponsoring organizations of section 501(c)(9) voluntary			_
y,		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	ь	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	78,594,756.	11	93,026,043
1	12	Investments - other securities   See Part IV, line 11	6,350,163.	12	5,976,831
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	86,269,459.	16	101,903,209
	17	Accounts payable and accrued expenses		_17	
	18	Grants payable	4,323,492.	18	5,189,568
	19	Deferred revenue .		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ņ	22	Loans and other payables to current and former officers, directors, trustees,			
鳢		key employees, highest compensated employees, and disqualified persons.	,		· ·
Liabilities		Complete Part II of Schedule L		22	
د	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D	184,408.		122,939
	26	Total liabilities. Add lines 17 through 25	4,507,900.	26	5,312,507
		Organizations that follow SFAS 117 (ASC 958), check here X and	-		٠,٠
S		complete lines 27 through 29, and lines 33 and 34.	04 864 550		
ĕ	27	Unrestricted net assets	81,761,559.	27	96,590,702
32	28	Temporarily restricted net assets		28	
<u> </u>	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here	u u		٠,
ò		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et/	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ż	33	Total net assets or fund balances	81,761,559.	33	96,590,702
	34	Total liabilities and net assets/fund balances	86,269,459.	34	101,903,209.

Form	1 990 (2017) THE PAULEY FAMILY FOUNDATION	<u>54</u> -	-1685	158	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,31		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,50		
3	Revenue less expenses Subtract line 2 from line 1	3		.,19		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		.,76		
5	Net unrealized gains (losses) on investments	5	15	,95	<u> 8,5</u>	<u>13.</u>
6	Donated services and use of facilities .	6				
7	Investment expenses	7				
8	Prior penod adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		6:	<u>1,4</u>	69.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	96	, <u>59</u> 0	0,7	<u>02.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u>[X]</u>
				$\longrightarrow$	Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both			1 1	1	
	Separate basis Consolidated basis Both consolidated and separate basis					_
ь	Were the organization's financial statements audited by an independent accountant?			2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both				:	
	Separate basis X Consolidated basis Both consolidated and separate basis			-		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	lit			
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	it			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		Щ_
				Form	990	(2017)

# **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number THE PAULEY FAMILY FOUNDATION 54-1685158 Reason for Public Charity Status (All organizations must complete this part ) See instructions Part The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ĥ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g X Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D, and Part V. X Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) Is the organization based (i) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of other (ii) EIN your gove ing document (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) THE COMMUNITY 23-7009135 FOUNDATION, INC. 260,662. O.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17

Total

260,662.

Schedule A (Form 990 or 990-EZ) 2017

0.

# Schedule A (Form 990 or 990-EZ) 2017 THE PAULEY FAMILY FOUNDATION 54-1685158 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III ) Section A. Public Support (e) 2017 (d) 2016 (f) Total (c) 2015 Calendar year (or fiscal year beginning in) (a) 2013 **(b)** 2014 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2015 (d) 2016 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

	Organization, theta this box and stop here /			
Se	ction C. Computation of Public Support Percentage			
14	Public support percentage for 2017 (line,6, column (f) divided by line 11, column (f)	14		9
15	Public support percentage from 2016 Schedule A, Part II, line 14	15		9
16a	33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or mi	ore, c	heck this box and	
	stop here. The organization qualifies as a publicly supported organization			ightharpoons
k	33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3%	or m	ore, check this box	
	and stop here. The organization qualifies as a publicly supported organization			
17a	i 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, a	nd lir	ie 14 is 10% or more,	
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Par	t VI h	ow the organization	
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			
Ŀ	10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 1	7a, a	nd line 15 is 10% or	
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain	ın Pa	art VI how the	
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organ	izatio	n	

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2017

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support (a) 2013 Calendar year (or fiscal year beginning in) (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the yea c Add lines 7a and 7b 8 Public support. (Subtract line 7c from bine 6) Section B. Total Support (c) 2015 Calendar year (or fiscal year beginning in) (a) 2013 (b) 201A (e) 2017 (d) 2016 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9 10c, 11, ang 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f) 15 % 16 Public support percentage from 2016 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2016 Schedule A, Part III, line 17 18 <u>%</u> 19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and

line/18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

732023 10-08-17

Schedule A (Form 990 or 990-EZ) 2017

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)		_	
<u>Sec</u>	tion A. All Supporting Organizations			
		r	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		4.5	
	class or purpose, describe the designation. If historic and continuing relationship, explain	1	X	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			37
	organization was described in section 509(a)(1) or (2)	2		<u> </u>
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		,	v
	(b) and (c) below	3a		X
þ	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	0.		
	organization made the determination	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4a		х
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	48		^
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	4ь		
_	despite being controlled or supervised by or in connection with its supported organizations  Did the organization support any foreign supported organization that does not have an IRS determination	<del></del>		
С	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		_	,
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	-		
		4c	-	
50	purposes  Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	- 19		
Ju	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	, ,		
	was accomplished (such as by amendment to the organizing document)	5a		Х
ь	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class		•	
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6	X	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			١.
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			٠
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 77			l
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			۱
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		X
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	•		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		X
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			۱.,
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		X
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	,		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		X
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	45.		
	determine whether the organization had excess business holdings.)	10b	L	

	edule A (Form 990 or 990-EZ) 2017 THE PAULEY FAMILY FOUNDATION	54-168515	<u>8 P</u>	age <b>5</b>
Ра	rt IV   Supporting Organizations (continued)	<del> </del>		Г.,
4.4	Has the exposuration eccented a citizer contribution from any of the following payrance		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls either alone or together with persons described in (b) and (c)	44-	1	x
L	below, the governing body of a supported organization?	11a	-	X
	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	
<u> </u>	non B. Type I cupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	NO
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		, ,		
	controlled the organization's activities of the organization had more than one supported organization,			1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1	х	İ
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year  Did the organization operate for the benefit of any supported organization other than the supported	<del> '</del>		├
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
				· .
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	2	i	x
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			_ A_
	Addit of Type it dupporting organizations	-	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	140
•	or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control			
	· · · · · · · · · · · · · · · · · · ·			
	or management of the supporting organization was vested in the same persons that controlled or managed			′
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
	tion Divin Type in outper ting or gameations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		-	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		,	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
ŭ	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	i l	1	
	supported organizations played in this regard.	3	i	
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions)	_	
· a	The organization satisfied the Activities Test. Complete line 2 below	10000113).		
ь	The organization is the parent of each of its supported organizations Complete line 3 below			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(con instructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
_ a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			140
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
		2a	` ,	
h	that these activities constituted substantially all of its activities  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	28		
~	of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the	i i		
	reasons for the organization's position that its supported organization(s) would have engaged in these	_		
3	activities but for the organization's involvement  Parent of Supported Organizations, Ancient (a) and (b) holow	2b		
	Parent of Supported Organizations Answer (a) and (b) below.		`	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
L	trustees of each of the supported organizations? Provide details in Part VI.	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2017

instructions)

Schedule A (Form 990 or 990-EZ) 2017

d Excess from 2016
e Excess from 2017

732028 10-06-17

# SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Dopartment of the Treasury Internal Revenue Service Name of the organization

THE PAULEY FAMILY FOUNDATION

Employer identification number 54-1685158

Pa	t I Organizations Maintaining Donor Advise		r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advised	l funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	donor advisor, or for any other purpose co	nfernng
	impermissible private benefit?		Yes No
Pa	til Conservation Easements. Complete if the org	janization answered "Yes" on Form 990, Pa	irt IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a histor	ically important land area
	Protection of natural habitat	Preservation of a certification	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in the form of	a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements	•	2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ıcture included ın (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structure	
	listed in the National Register	•	2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the or	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	ement is located -	
5	Does the organization have a written policy regarding the per	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations, and enforcing conser	vation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservatio	n easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(	
	and section 170(h)(4)(B)(ii)?		. L Yes L No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes the	e organization's accounting for
D	conservation easements.	Ant Historical Transcrives or Other	or Cimilar Accets
Pai	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form	- · · · · · · · · · · · · · · · · · · ·	
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS	•	
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of public	c service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1	•	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, historical trea		ain, provide
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items	
	Revenue included on Form 990, Part VIII, line 1		<b>\$</b>
	Assets included in Form 990, Part X		<u>▶ \$</u>
HΑ	For Panenuork Reduction Act Notice, see the Instructions	for Form 990	Schedule D (Form 990) 2017

732051 10-09-17

Sche	dule D (Form 990) 2017 THE PAU	LEY FAMILY	FOUNDATI	ON		5	4-16	85 <u>158</u>	Page 2
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, or	Other S	imilar	Assets	(continu	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check any of th	e following that a	re a signi	ficant us	e of its o	ollection it	ems
	(check all that apply).								
а	Public exhibition	d	l 🔲 Loan or e	xchange program	าร				
b	Scholarly research	е	Other						
c	Preservation for future generations				_				
4	Provide a description of the organization's co	llections and explain	n how they further	the organization	's exempt	purpos	e in Part	XIII	
5	During the year, did the organization solicit or	r receive donations of	of art, historical tr	easures, or other	sımılar as	sets			
	to be sold to raise funds rather than to be ma	intained as part of the	he organization's	collection?			$\square$	Yes	No_
Pa	rt IV Escrow and Custodial Arrang	gements. Comple	ete if the organiza	tion answered "Y	es" on Fo	rm 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia	an or other intermed	lary for contributi	ons or other asse	ts not incl	luded			
	on Form 990, Part X?							Yes	No No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing table						
								Amount	
c	Beginning balance					1c			
d	Additions during the year					1d			
0	Distributions during the year					10			
f	Ending balance					1f		_	
2a							No No		
	b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10								
Pa	t V Endowment Funds. Complete if	the organization an	swered "Yes" on	Form 990, Part I\	/, line 10				
	ļ	(a) Current year	(b) Pnor year	(c) Two years	back (d)	Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
c	Net investment earnings, gains, and losses								
d	Grants or scholarships			_					
е	Other expenditures for facilities			İ					
	and programs								
f	Administrative expenses							•	
9									
2									
а									
ь	Permanent endowment	%							
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c should equal 100%.								
За	3a Are there endowment funds not in the possession of the organization that are held and administered for the organization								
	by								es No
	(i) unrelated organizations		-					3a(i)	<del></del>
	(ii) related organizations								
	b If "Yes" on line 3a(ıı), are the related organizations listed as required on Schedule R?								
Da	Describe in Part XIII the intended uses of the tall to Land, Buildings, and Equipment		wment funds	_					
rai			D=4 N/ 1== 44 :	See Fer 000 5	Daniel V. Inc.	. 10			
	Complete if the organization answered						. 1	405 :	<del>.                                    </del>
	Description of property	(a) Cost or of basis (investment)	1 ' '	ost or other	(c) Accu	imulated ciation	1	(d) Book v	⁄alue
	Land	Dasis (irresur	neity Das	is (other)	aahia	CIALIUII	-+		<del></del>
	Land		<del></del>						
	Buildings								
_	Leasehold improvements		<del></del>				<del>-   -</del>		
d	Equipment Other		<del></del> -	<del></del>			+-		
	Add lines 1a through 1e (Column (d) must ed	uel Form 900 Port	Y column (P) line	1001					0.

Schedule D (Form 990) 2017

122,939. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

 $\triangleright$ 

Schedule D (Form 990) 2017

732053 10-09-17

SEE PART XIII FOR CONTINUATIONS

Part XIII | Supplemental Information (continued) Part VII Investments - Other Securities. See Form 990, Part X, line 12 (a) Description of security or category (c) Method of valuation (b) Book value Cost or end-of-year market value (including name of security) MS RE FUND VI OFFSHORE, LP 99,062. FMV MS NORTH HAVEN PE ASIA III TE, LP 3,196,374. FMV MS PRIVATE MARKETS FUND II (CAYMAN 2) LP 153,556. FMV

# SCHEDULE F (Form 990)

# Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service Name of the superinstant

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No 1545-0047

Name of the organization					Employer Identii	ication number
THE PAULEY FAMI	LY FOUND	ATION			54-168515	8
Part I General Info	rmation on A	ctivities Out	side the United States. Compl	ete if the organ	ızatıon answered "\	es" on
Form 990, Part I						
•	=		ds to substantiate the amount of its gra			. —
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or assis	tance?	Yes No
2 For grantmakers. Desc	zibe in Part V the	e organization's	procedures for monitoring the use of its	s orants and of	her assistance outs	ide the
United States	moo mii are v are	organization o	procedures for mornishing the acc of the	s granto ana ot	1101 03313101100 0013	ide trie
3 Activities per Region. (T	he following Part	t I, line 3 table ca	an be duplicated if additional space is r	eeded)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If acti	vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to recipients located in the region)	l .	specific type (s) in the region	investments
		ın the region			(0)	in the region
	1					
CENTRAL AMERICA AND			MS PRIVATE MARKETS FUND II			
CARIBBEAN	0	0	(CAYMAN 2) LP	INVESTMENT		153,556.
	,					
CENTRAL AMERICA AND			MS LIQUID MARKETS FUND II	Ì		
CARIBBEAN	0	0	(CAYMAN) SPV LP	INVESTMENT	<del></del>	164,689.
	}					
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	-		•			
		'				
3 a Sub-total	. 0	0				318,245.
<b>b</b> Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a					. • .	200
and 3b)	0	0		<u> </u>		318,245.
LHA For Paperwork Reducti	on ACT NOTICE, S	see me instruct	ions for <b>Form</b> 990.		Schedule F (	Form 990) 2017

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed.

THE PAULEY FAMILY FOUNDATION

Schedule F (Form 990) 2017

Part II

(i) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (g) Amount of noncash cash disbursement (f) Manner of of cash grant (e) Amount (d) Purpose of grant (c) Region (b) IRS code section and FIN (if applicable) ( (a) Name of organization 8

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entitles

6

Schedule F (Form 990) 2017

732072 10-06-17

THE PAULEY FAMILY FOUNDATION

Schedule F (Form 990) 2017

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 54-1685158

Page 3

Part III can be duplicated if additional space is needed.

1	i	1	1	ı	i	ı	1	ı	1
(h) Method of valuation (book, FMV, appraisal, other)	_								
(g) Description of noncash assistance				·					
(f) Amount of noncash assistance									
(e) Manner of cash disbursement									
(d) Amount of cash grant									•
(c) Number of recipients									
(b) Region								·	
(a) Type of grant or assistance									

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Schedule F (Form 990) 2017

Schedule F	(Form 990) 2017 THE PAULEY FAMILY FOUNDATION	<u>54-1685158</u>	Page 5
Part V	Supplemental Information	<u>,                                      </u>	
	Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accourt	nting method, amounts of	
	investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting meth		
	(estimated number of recipients), as applicable. Also complete this part to provide any additional infor		
	Committee number of complettes), as approache 7430 complete and part to provide any accuration into	mador ood matroctions	
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990. Department of the Treasury Internal Rovonue Sorvice SCHEDULE 1 (Form 990)

Employer identification number 54-1685158 THE PAULEY FAMILY FOUNDATION Part I General Inform Name of the organization

-	delle delle di mortilation on grants and Assistance		
å	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
Ę	critena used to award the grants or assistance?	X Yes	ž
Ö	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the Linted States		

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	5,000, Part II can	be duplicated if addition	onal space is neede	. 5		par	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BYRD THEATRE FOUNDATION P.O. BOX 14860 RICHMOND, VA 23221	31-1806232	501(c)(3)	25,000.	0.	0. NONE		ADA AND ACCESSIBILITY RENOVATIONS
CARITAS P.O. BOX 25790 RICHMOND, VA 23260	54-1441917	501(C)(3)	50,000.	0.	NONE		CARITAS WORKS PROGRAM & FURNITURE BANK
CIRCLE CENTER ADULT DAY SERVICES 4900 WEST MARSHALL STREET RICHMOND, VA 23230	54-0991287	501(C)(3)	50,000.	0.	NONE		THE ASSISTANCE FUND FOR CLIENTS IN NEED
CROSS OVER MINISTRY, INC. 8600 QUIOCCASIN ROAD, SUITE 101 RICHMOND, VA 23229	54-1371067	501(c)(3)	.000,05	•0	NONE		HEALTH CARE FOR THE UNINSURED
FAMILY LIFELINE 2325 WEST BROAD STREET RICHMOND, VA 23220	54-0737133	501(C)(3)	.000,000	0.	NONE		PROGRAMMING FOR OLDER ADULTS
FEEDMORE, INC. 1415 RHOADMILLER STREET RICHMOND, VA 23220	54-1150923	501(C)(3)	1,800,000.	•0	NONE		CAPITAL IMPROVEMENTS TO INCREASE REPRIGERATION CAPACITY
<ul> <li>Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>Enter total number of other organizations listed in the line 1 table</li> </ul>	nd government org	ganizations listed in the 1 table	line 1 table	:			18. 0.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 SBB PART IV FOR COLUMN (H) I	see the Instructi	Act Notice, see the Instructions for Form 990.  PART IV FOR COLUMN (H) DESCRIPTIONS	SCRIPTIONS		:		Schedule I (Form 990) (2017)

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THE PAULEY FAMILY FOUNDATION

Schedule I (Form 990)

Schedule I (Form 990) THE PAULE	Y FAMILY	THE PAULEY FAMILY FOUNDATION					54-1685158 Page 1	
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule   (Form 990), Part II.)	Assistance to Gov	ernments and Organ	izations in the Un	ited States (Sche	edule I (Form 990), Par	t II.)		
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	•
HAMPDEN-SYDNEY COLLEGE COLLEGE ROAD, BOX 128					. [			
HAMPDEN-SYDNEY, VA 23943	54-0505906 501	501(C)(3)	25,000.	0.	0. NONE		THE ANNUAL FUND	
JEWISH FAMILY SERVICES					•			
6718 PATTERSON AVENUE RICHMOND, VA 23226	54-0526201 501	501(C)(3)	50,000.	0	NONE		COORDINATED CARE FOR SENIORS AND OLDER ADULTS	
MEDICAL COLLEGE OF VIRGINIA							MASSEY CANCER CTR-RESEARCH (\$10 000)	
FOUNDATION - P.O. BOX 980234 - RICHMOND, VA 23284	54-6053660 501	501(C)(3)	35,000.	0	NONE		THE PAULEY HEART CENTER ANNUAL FUND (\$25 000)	
MONTPELIER FOUNDATION P.O. BOX 911							-	

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HEALTHY FOOD PRODUCTION EXPANSION

O. NONE

50,000.

23-7136747 501(C)(3)

1010 WEST LABURNUM AVENUE

RICHMOND, VA 23227

732241 04-01-17

UNITED METHODIST URBAN

RICHMOND, VA 23225

SITE RELOCATION AND

OR UNRESTRICTED SUPPORT

NONE

-

260,662.

23-7009135 501(C)(3)

THE COMMUNITY FOUNDATION, INC.
7501 BOULDERS VIEW DRIVE, SUITE 110

THE ANNUAL FUND (\$5,000);

THE ANNUAL FUND

NONE

25,000.

54-6024033 501(C)(3)

612 EAST GRACE STREET, #401

RICHMOND SYMPHONY

RICHMOND, VA 23219

THE ANNUAL FUND

NONE

10,000.

31-1620682 501(C)(3)

THE ANNUAL FUND

O. NONE

10,000.

54-0506328 501(C)(3)

2519 HERMITAGE ROAD

RICHMOND SPCA

ORANGE, VA 22960

RICHMOND, VA 23220

NFTER SCHOOL PROGRAM

(000,05\$)

NONE

.

55,000.

54-1803252 501(C)(3)

227 SOUTH CHERRY STREET

RICHMOND, VA 23220

ST. ANDREW'S SCHOOL

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	24-1685I	
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TACTEMENT OF VI	UNDALION	
TMK	משיושה:	C 24 2 2 2 2 4
DAILT DV	Tanova	And Other Assessment
, GDT, 10	7111	Hon of Grants
, CO 1 (C	E I LLOLI A	Continuo

Schedule I (Form 990) THE PAULEY FAMILY FOUNDATION  Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Y FAMILY Assistance to Go	FOUNDATION vernments and Organ	izations in the Un	ited States (Sche	edule I (Form 990), Par		54-1685158 Page 1.
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER RICHMOND & PETERSBURG - P.O. BOX 11807 - RICHMOND, VA 23230	23-7375346 501(C)(3)	501(C)(3)	10,000.	0	0, NONE		THE DE TOQUEVILLE SOCIETY
UNIVERSITY OF MANITOBA FOUNDATION U.S.A 330 NORTH WABASH AVENUE, 22ND FLOOR, IBM PLAZA - CHICAGO, IL 60611	36-3683991	501(C)(3)	1,631,076.	0.	NONE		THE STANLEY PAULEY ENGINEBRING BUILDING (\$1,606,076), ELECTRICAL ENGINEBRING DEPT.
VIRGINIA SUPPORTIVE HOUSING P.O. BOX 8585 RICHMOND, VA 23226	54-1444564	501(C)(3)	50,000.	•0	NONE		NEW CLAY HOUSE RENOVATION AND EXPANSION
•	.•	•					
	_						
170012							Schedule I (Form 990)

04-01-17

Page 2 (f) Description of noncash assistance 54-1685158 (e) Method of valuation (book, FMV, appraisal, other) DOCUMENTATION ON PROSPECTIVE GRANTEES AND SHARES INFORMATION WITH THE BOARD Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. THE BOARD OF THE PAULEY FAMILY FOUNDATION WORKS CLOSELY WITH CF STAFF TO CONSIDER POTENTIAL GRANTEES. CF STAFF COLLECTS AND REVIEWS DUE DILIGENCE (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PART I, LINE 2: Part III

THE PAULEY FAMILY FOUNDATION

Schedule I (Form 990) (2017)

NAME OF ORGANIZATION OR GOVERNMENT: COLUMN (H): PART II, LINE 1,

732102 11-01-17

TO RECEIVE PROGRESS REPORTS AND SHARE FOLLOW-UP INFORMATION WITH THE BOARD.

OF THE PAULEY FAMILY FOUNDATION. CF STAFF MEMBERS FOLLOW UP WITH GRANTEES

Schedule   (Form 990)   THE PAULEY FAMILY FOUNDATION     Part IV   Supplemental Information	54-1685158	Page 2
UNIVERSITY OF MANITOBA FOUNDATION U.S.A.		<del></del>
		· · · · · · · · · · · · · · · · · · ·
(H) PURPOSE OF GRANT OR ASSISTANCE: THE STANLEY PAULEY ENGIN	EERING	
BUILDING (\$1,606,076), ELECTRICAL ENGINEERING DEPT. (\$25,000	)	<del></del>
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# **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

THE PAULEY FAMILY FOUNDATION 54-1665156
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
REGION, WITH A FOCUS ON EDUCATION, HEALTH AND HUMAN SERVICES.
FORM 990, PART VI, SECTION A, LINE 2:
THE NUMBER OF DIRECTORS OF THE PAULEY FAMILY FOUNDATION SHALL NOT BE LESS
THAN FIVE (5) AND NOT MORE THAN FIFTEEN (15). THE FOUNDATION HAS THREE (3)
DIRECTORS WHO ARE PAULEY FAMILY DIRECTORS AND FOUR (4) DIRECTORS THAT ARE
APPOINTED DIRECTORS.
THE CONTROL OF THE CO
FORM 990, PART VI, SECTION B, LINE 11B:
A DRAFT OF THE FORM 990 AND APPLICABLE SCHEDULES ARE PROVIDED TO EACH
MEMBER OF THE PAULEY FAMILY FOUNDATION'S BOARD OF GOVERNORS FOR REVIEW
BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE. THIS DRAFT IS ALSO
REVIEWED BY THE COMMUNITY FOUNDATION'S CHIEF FINANCIAL OFFICER AND THE
PRESIDENT & CHIEF EXECUTIVE OFFICER.
FORM 990, PART VI, SECTION B, LINE 12C:
OFFICERS AND DIRECTORS OF THE PAULEY FAMILY FOUNDATION COMPLETE A SIGNED
CONFLICT OF INTEREST POLICY ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 15:
THE PAULEY FAMILY FOUNDATION HAS NO EMPLOYEES OR OTHER COMPENSATED
OFFICERS.
FORM 990, PART VI, SECTION C, LINE 19:
THE PAULEY FAMILY FOUNDATION PARTICIPATES IN THE CONSOLIDATED AUDIT OF THE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2017 Open to Public Inspection

OMB No 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number 54-1685158 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. THE PAULEY FAMILY FOUNDATION Name of the organization Department of the Treesury Internal Revenue Service Part

		-					
(a)	(q)	(2)	Ð	(0)		3	
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	r Total income	ne End-of-year assets		Direct controlling	
of disregarded entity		foreign country)		-	Φ	entity	
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	· <b></b>						
Part II 'Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax exempt organizations during the tax year	tions. Complete if the organization a	answered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one	or more related tax-exe	ampt	
(a)	(q)	(0)	(p)	(0)	9	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(	12(b)(13) olled
of related organization		foreign country)	section	status (if section	entity	enti	2
				((c)(a))		Yes	S
THE COMMUNITY FOUNDATION, INC 23-7009135							
7	GRANTMAKING	VIRGINIA	501(C)(3)	LINE 8	N/A		×
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						_	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	is for Form 990,				Schedule R (Form 990) 2017	(Form 99	0) 2017

54-1685158

Schedule R (Form 990) 2017 THE PAULEY FAMILY FOUNDATION

Page 2 | Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year

General or Percentage managing ownership partner? Yes No (i) Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year 3 Percentage ownership Ξ Code V-UBI amount in box 20 of Schedulo E.K.1 (Form 1065) Share of end-of-year assets Ξ 6 Yes Disproportionale aflecations? (f)
(Share of total Income Ξ Share of end-of-year assets 9 Type of entity (C corp, S corp, or trust) Share of total income Ξ (d)
( Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Legal domicile (state or foreign county) (d)
Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV

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Schedule R (Form 990) 2017

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# Schedule R (Form 990) 2017 THE PAULEY FAMILY FOUNDATION

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

any entity is listed in Parts II, III, or IV of this schedule.	, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
is listed in P	ganization e
f any entity	ir, did the or
omplete line 1 r	ring the tax yea
Note: C	- Da

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
  - b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s)
  - Loans or loan guarantees by related organization(s)
- Sale of assets to related organization(s) Dividends from related organization(s)
- h Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
  - m Performance of services or membership or fundraising solicitations by related organization(s)

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- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on wh	ho must complete the	is line, including covered re	for information on who must complete this line, including covered relationships and transaction thresholds
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE COMMUNITY FOUNDATION, INC.	В	260,662.	260,662. UNRESTRICTED SUPPORT
(2)			
(6)			
(4)			
(5)			i
(9)			

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Schedule R (Form 990) 2017

Page 4

Schedule R (Form 990) 2017

Fart VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

that was not a related organization. See instructions regarding exclusion for certain investment partnerships	structions regarding exclus	ion for certain inve	stment partnerships							•
(a)	(p)	(2)	(p)	(e)	<b>(£)</b>	(b)	ε	ε	5	8
Name, address, and EIN of entity	Pnmary activity	Legal domicile	Predominant income part (related, 50	partners sec.	Share of		Dispropor- tonate	Code V-UBI	General	Percentage
,	ï	country)	excluded from tax under sections 512-514)	Yes No	income	end-or-year assets	allocations?	of Schedule K-1 partner? ownership (Form 1065)	partner?	ownership
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Schedule R (Form 990) 2017	THE PAULEY FAMILY FOUNDATION	54-1685158 Page 5
Schedule R (Form 990) 2017 Part VII Supplementa	al Information.	·
Provide additiona	al information for responses to questions on Schedule R. See instructions	
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