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2017

OMB No 1545-0052

Return of Private Foundation

Form 990-PF Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

or	caler	ndar year 2017, or tax year beginning 01-01-20)17 , aı	nd ending 12-31	-2017	
		indation MILY FOUNDATION		A Employer id	entification numbe	r
KI	ILK I A	THE TOUNDATION		56-2061224		
		street (or P O box number if mail is not delivered to street address)	Room/suite	B Telephone nu	ımber (see ınstruction	 ns)
P	э вох 7	75000		(252) 467-474		,
		n, state or province, country, and ZIP or foreign postal code				
DETI	ROIT, M	II 482757874		C If exemption	application is pendin	g, check here
G Cł	neck al	l that apply 🔲 Initial return 🔲 Initial return of a	former public charity	D 1. Foreign or	ganızatıons, check he	re . \square
		☐ Final return ☐ Amended return			rganizations meeting	
		Address change Name change		test, chec	k here and attach co	mputation 🕨 🔲
1 C	neck ty	where of organization \mathbf{V} Section 501(c)(3) exempt private \mathbf{V}	foundation		undation status was t on 507(b)(1)(A), chec	
	Section	n 4947(a)(1) nonexempt charitable trust \qed Other taxable	e private foundation			
		ket value of all assets at end J Accounting method	☐ Cash ☐ Accru		ation is in a 60-month	
		from Part II, col (c), \$ 1,839,252		under section	n 507(b)(1)(B), chec	k here
	,	(Part I, column (d) must	be on cash basis)			
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	<u> </u>		(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes
		equal the amounts in column (a) (see instructions))				(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	1,000]		
	2	Check ▶ ☐ If the foundation is not required to attach				
	-	Sch B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	47,740	47,382		
	5a	Gross rents				
a)	Ь	Net rental income or (loss)				
Ĭ	6a	Net gain or (loss) from sale of assets not on line 10	19,388			
Revenue	b	Gross sales price for all assets on line 6a 19,388				
ž	7	Capital gain net income (from Part IV, line 2)		19,388		
	8	Net short-term capital gain			0	
	9 10a	Income modifications				
	b	Gross sales less returns and allowances Less Cost of goods sold	<u> </u>			
		Gross profit or (loss) (attach schedule)	<u>. </u>			
	11	Other income (attach schedule)	581			
	12	Total. Add lines 1 through 11	68,709			
	13	Compensation of officers, directors, trustees, etc	00,703	00,770		
	14	Other employee salaries and wages		0	0	0
v.	15	Pension plans, employee benefits		0	_	
Se	16a	Legal fees (attach schedule)				C
Ē	ь	Accounting fees (attach schedule)	900	450		450
Ä	, c	Other professional fees (attach schedule)	9,489			C
ĕ	17	Interest	-,	-,		C
E T	18	Taxes (attach schedule) (see instructions)	1,483	267		C
<u> </u>	19	Depreciation (attach schedule) and depletion		C		
Ē	20	Occupancy				
AC	21	Travel, conferences, and meetings		C	0	
<u> </u>	22	Printing and publications		C	0	
Operating and Administrative Expenses	23	Other expenses (attach schedule)	164	164		
a t	24	Total operating and administrative expenses.				
ĕ		Add lines 13 through 23	12,036	10,370	0	450
j j	25	Contributions, gifts, grants paid	86,900			86,900
	26	Total expenses and disbursements. Add lines 24 and				
		25	98,936	10,370	0	87,350
	27	Subtract line 26 from line 12				
	a	Excess of revenue over expenses and disbursements	-30,227			
	ь	Net investment income (if negative, enter -0-)		56,400		
	c	Adjusted net income(If negative, enter -0-)			0	
	Danas	work Dadustian Act Natice are instructions		C-1 N 44000	· -	000 BE (221=)

	3	Accounts receivable			
		Less allowance for doubtful accounts ▶		0	0
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
S	8	Inventories for sale or use			
secs	9	Prepaid expenses and deferred charges			
¥	10a	Investments—U S and state government obligations (attach schedule)			
	L	Investments—corporate stock (attach schedule)	586 9/11	96-1 586 941	1 222 100

Investments—corporate bonds (attach schedule) 381,681 381,681 Investments—land, buildings, and equipment basis ▶

		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			0
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	1,249,531	1,217,808	1,839,252
	17	Accounts payable and accrued expenses			
	18	Grants payable			
les	19	Deferred revenue			
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe			

1.249.531

1,249,531

1,249,531

1,217,808

1,217,808

1,217,808

1

2

3

4

5

1,249,531

1,219,304

1,217,808 Form **990-PF** (2017)

1,496

-30,227

Total liabilities(add lines 17 through 22)

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Capital stock, trust principal, or current funds

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances (see instructions) . . .

23

24

25

26

27

28

29

30

31

Part III

2

3

4

Unrestricted

Temporarily restricted

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Net Assets or Fund Balances

Page **3**

	(a) the kınd(s) of property sold (e g , re chouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a CAPITAL GAIN DIVIDEND	os		P		
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	n) r (loss)) minus (g)
a					12
b					
c					
d					
e					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation (on 12/31/69	(I)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col(ı) (յ), ıf any	col (k), but not	h) gain minus less than -0-) or om col (h))
a					
b					
c					
d					
e					
· -	l jain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi		Part İ, lıne 7	3	19,388
Part V Qualification U	Jnder Section 4940(e) for Re	educed Tax on Net	Investment Inc	come	
	rivate foundations subject to the sec				
if section 4940(d)(2) applies, le	-	ction +340(a) tax on he	et investment incom	ie)	
	e section 4942 tax on the distributal of qualify under section 4940(e) Do		in the base period?	γ	es 🔽 No
1 Enter the appropriate am	nount in each column for each year,	see instructions before	making any entries	s	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rati (col (b) divided by c	
2016	83,879		1,672,437		0 050154
2015	85,766		1,685,923		0 050872
2014	103,963		1,735,522		0 059903
2013	58,151		1,435,189		0 040518
2012	68,173		1,396,903	ı	0 048803
2 Total of line 1, column (d	•		2		0 25025
number of years the foun	for the 5-year base period—divide idation has been in existence if less ncharitable-use assets for 2017 fron	than 5 years 🔒 🐍	or by the 3		0 05005 1,783,631
		•			89,271
• • • •	ent income (1% of Part I, line 27b)		6		564
			 7		89,835
	ons from Part XII, line 4				87,350
	rater than line 7, check the box in Pa			g a 1% tax rate Se	

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

١-	1017)
	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,
	and Contractors

Part VIII and Contractors	Offic	ers, Directors, Trust	tees, Foundation Ma	nagers, Highly Paid Er	nployees,
1 List all officers, directors, truste	es, f	oundation managers ar	nd their compensation	(see instructions).	
(a) Name and address	(Title, and average hours per week b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
STEVEN J KNIER 1400 CRESCENT GREEN DR	TRUS	STEE	0	5517, p 5152555	
CARY, NC 25711					
BONNIE J KNIER	TRUS	STEE	0		
1400 CRESCENT GREEN DR CARY, NC 25711	1				
2 Compensation of five highest-pa	id er	nployees (other than t	hose included on line 1	.—see instructions). If no	ne, enter "NONE."
		Ī		Contributions to	•
(a) Name and address of each employee parties more than \$50,000	aid	Title, and average hours per week (b) devoted to position	(c) Compensation	employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE					
		-			
Total number of other employees paid ov					0
3 Five highest-paid independent of					
(a) Name and address of each perso	n pai	d more than \$50,000	(b) Typ	e of service	(c) Compensation
NONE			_		
			_		
			_		
			-		
Total number of others receiving over \$50	0,000	for professional services			0
Part IX-A Summary of Direct					
List the foundation's four largest direct charitable	activ	ities during the tax year Incl		nation such as the number of	Expenses
organizations and other beneficiaries served, cor	feren	ces convened, research paper	s produced, etc		
1					
-					
2					
3					
· · · · · · · · · · · · · · · · · · ·					
-					
4					
Part IX-B Summary of Program Describe the two largest program-related invited in the second			· · · · · · · · · · · · · · · · · · ·	and 2	Amount
1 N/A	cstille	into made by the roundation a	aring the tax year on lines 1	and 2	Amount
2					
-					
All other program-related investments	See	ınstructions			
3					
Total. Add lines 1 through 3 .	-		<u> </u>		

4

5

6

1a

1b

2

3a 3b

4

5

88.054

88.054

87,350

87.350

87,350

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Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

4 5

6

1

2

3

4

5

Part XII

87,350

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704

Page 9

•	
XIII	

Form 990-PF	(2017	7)
Part YIII		llne

P	art XIII	Undistr	ibuted :	Incom	ı e (see	e instruc	ctions)
1	Distributable	amount f	or 2017 fi	om Pai	rt XI, lır	ne 7	
2	Undistributed	ıncome,	ıf any, as	of the	end of	2017	
а	Enter amoun	t for 2016	only				
b	Total for prio	r years	20	20_	<u> </u>	0	

(a)

Corpus

4.888

0 704

4,184

4,184

299

2.486

1.399

(b)

Years prior to 2016

(c)

2016

- 1 003
- Excess distributions carryover, if any, to 2017 2.486
- From 2012. **b** From 2013. . . . c From 2014. . From 2015. . . . 1,399 e From 2016.
- f Total of lines 3a through e. 4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$
- a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions).

same amount must be shown in column (a))

c Treated as distributions out of corpus (Election

5 Excess distributions carryover applied to 2017

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . .

(If an amount appears in column (d), the

6 Enter the net total of each column as

9 Excess distributions carryover to 2018.

10 Analysis of line 9 a Excess from 2013. .

b Excess from 2014. .

c Excess from 2015. . . .

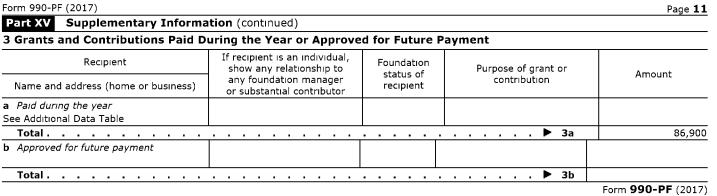
d Excess from 2016. . . e Excess from 2017. . .

Subtract lines 7 and 8 from line 6a

indicated below:

d Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

Forr	n 990-PF (2017)					Page 10
	art XIV Private Operating Found	ations (see instr	uctions and Part \	VII-A, question 9)		
	If the foundation has received a ruling or defoundation, and the ruling is effective for 20	17, enter the date	of the ruling	▶∟_		
	Check box to indicate whether the organizati		rating foundation des		」 4942(j)(3) or ∟	4942(յ)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	_	(e) Total
	investment return from Part X for each year listed	(a) 2017	(b) 2016	(c) 2015	(d) 2014	. ,
b	85% of line 2a					
	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income			<u> </u>	1 +	
Pa	rt XV Supplementary Information assets at any time during th			organization na	a \$5,000 or more	e in
1	Information Regarding Foundation Man		ci decions. j			
а	List any managers of the foundation who have before the close of any tax year (but only if NONE	e contributed more				ו
b	List any managers of the foundation who own				arge portion of the	
	ownership of a partnership or other entity)	of which the founda	tion has a 10% or g	reater interest		
	NONE					
•						<u> </u>
2	Information Regarding Contribution, Gr	ant, Gift, Loan, Sc	cholarship, etc., Pr	ograms:		
	Check here ▶ ☐ If the foundation only mak unsolicited requests for funds If the founda other conditions, complete items 2a, b, c, a	tion makes gifts, gr	preselected charitab rants, etc (see instru	le organizations and uctions) to individua	does not accept Is or organizations un	der
а	The name, address, and telephone number of	or e-mail address of	f the person to whon	n applications should	d be addressed	
	STEVE BONNIE KNIER 1400 CRESCENT GREEN DR CARY, NC 27511 (919) 816-1660		·			
b	The form in which applications should be sull LETTER FORM WITH IRS DETERMINATION L			·		
С	Any submission deadlines DECEMBER 1ST			-		
d	Any restrictions or limitations on awards, su factors				cutions, or other	
	LIMITED TO AWARDS FOR EDUCATION, RES	EARCH AND/OR ME	DICAL ASSISTANCE			



er gross amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a					
b					
c d					
e					
f					
g Fees and contracts from government agencies Membership dues and assessments					
Interest on savings and temporary cash					
investments				47.740	
Dividends and interest from securities Net rental income or (loss) from real estate			14	47,740	
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income					
inventory			18	19,388	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory Other revenue					
a OTHER REVENUE			14	581	
b					
c					
d					
e				67 709	
e Subtotal Add columns (b), (d), and (e)			13	67,709	
Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculated).	lations)			· · · · · · · · · · · · · · · · · · ·	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the	lations) le Accomplisi	hment of Exem	pt Purposes	3	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to th	lations) e Accomplisi income is report	hment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second se	lations) e Accomplisi income is report	hment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second se	lations) e Accomplisi income is report	hment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second se	lations) e Accomplisi income is report	hment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second se	lations) e Accomplisi income is report	hment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplisi income is report	hment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second se	lations) e Accomplisi income is report	hment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculated and the second	lations) e Accomplisi income is report	hment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculated and the second	lations) e Accomplisi income is report	hment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcul TXVI-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplisi income is report	hment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculated and the second	lations) e Accomplisi income is report	hment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculated and the second	lations) e Accomplisi income is report	hment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second se	lations) e Accomplisi income is report	hment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplisi income is report	hment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculated and the second	lations) e Accomplisi income is report	hment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second se	lations) e Accomplisi income is report	hment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplisi income is report	hment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplisi income is report	hment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	
Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second se	lations) e Accomplisi income is report	hment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	67,709
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second sec	lations) e Accomplisi income is report	hment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	

orm 990-PF	(2017)										Pag	ge 13
Part XVII	Information Re Exempt Organi		ansfers 1	To a	nd Transactio	ns and	Relatio	nships With Nor	ncharit	able		
	ganization directly or in Code (other than sectio								on 501		Yes	No
a Transfers	from the reporting foun	dation to a no	oncharitable	e exe	mpt organization	of						
(1) Cash									.	1a(1)		No
(2) Othe	rassets								. [1a(2)		No
b Other tran	nsactions								Γ			
(1) Sales	s of assets to a nonchar	ıtable exempt	organizatio	on.						1b(1)		No
(2) Purcl	hases of assets from a r	noncharitable	exempt org	ganıza	ation				[1b(2)		No
	al of facilities, equipmer								[1b(3)		No
(4) Reim	bursement arrangemen	ts							. [1b(4)		No
(5) Loan	s or loan guarantees.									1b(5)		No
(6) Perfoi	rmance of services or m	embership or	fundraising	g solic	itations					1b(6)		No
	f facilities, equipment, n	·	_	-					.	1c		No
of the god	wer to any of the above ods, other assets, or ser nsaction or sharing arra	vices given by	the report	ting fo	oundation If the	foundatio	n receive	d less than fair mar	ket value			
(a) Line No	(b) Amount involved	(c) Name of	noncharitable	exem	npt organization	(d) Des	cription of	transfers, transactions	and shari	na arrar	ngemeni	ts
	(b) / illiounic illivolveu	(c) manie en	Toniona magne	o chair	pr organization	(2) 500	on peron or	cranorors, cranoacciono,	, and one	ng arrai	- gerrieri	
described	ndation directly or indire in section 501(c) of the complete the following so	Code (other	•		•				[Yes	✓ 1	No
	(a) Name of organization	on		(b)	Type of organizati	on		(c) Description	of relation	nship		
of m	ler penalties of perjury, ny knowledge and belief ch preparer has any kno	, it is true, co			•	_		_				
Sign Here L	*****	-			2018-11-04	٠,	*****		return	e IRS dis e prepar		
	Signature of officer or t	rustee			Date		Γıtle		below	str)?	_	
•	Print/Type preparer's	name	Preparer's	Signa	ature	Date		Check if self-	PTIN	2006.12	F.C.1	
Paid	BRADLEY N SPRON	IG				2018	-11-04	employed ▶ □		200642	I	
Preparer	Firm's name ► KPM	G LLP							Fırm's EI	N ►		

Firm's address ▶ 2020 N CENTRAL AVE STE 700

PHOENIX, AZ 85004

Phone no (855) 807-3423

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year HORSE AND BUDDY THERAPEUTIC NONE EXEMPT SUPPORT 1,000 **RIDING PROGRAMPO BOX 675**

APEX, NC 2/502				
SAGAMORE INSTITUTE INC 2902 N MERIDIAN STREET INDIANAPOLIS, IN 46208	NONE	PUBLIC CHARITY	TENTH AVENUE NORTH CLASSIC	500
THE MIRACLE LEAGUE OF THE TRIANGLE PO BOX 4193 CARY, NC 27519	NONE	EXEMPT	SUPPORT	2,500

За

86,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor David down - the conse

a Paid during the year				
ST PAUL'S EPISCOPAL NURSERY SCHOOL1066 WASHINGTON ROAD PITTSBURG, PA 15228	NONE	EXEMPT	OPERATING SUPPORT	1,200

P1115BURG, PA 15228				
ST BERNARD CHURCH 311WASHINGTON ROAD MT LEBANON, PA 15216	NONE	EXEMPT	OPERATING SUPPORT	300

ST BERNARD CHURCH 311WASHINGTON ROAD MT LEBANON, PA 15216	NONE	EXEMPT	OPERATING SUPPORT	;
NORTH WAY CHRISTIAN COMMUNITY	· · · · · · -	EXEMPT-	DAILY OPERATIONS	(

MT LEBANON, PA 15216				
NORTH WAY CHRISTIAN COMMUNITY 1212 PERRY HWY WEXFORD, PA 15090	NONE	EXEMPT- CHURCH	DAILY OPERATIONS	600

			_	
WEXFORD, PA 15090				
1212 PERRY HWY		CHURCH		
NORTH WAY CHRISTIAN COMMUNITY	NONE	EXEMPT-	DAILY OPERATIONS	60

1212 PERRY HWY WEXFORD, PA 15090	CHURCH	
Total	 	 86.900

WEXFORD, PA 15090		
Total	 	86,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount		
		recipient				
a Paid during the year						
ST MARY'S COLLEGE NOTRE DAME 1530 LEMANS HALL NOTRE DAME, IN 465565001	NONE	EXEMPT	SUPPORT	1,000		
NORTHLAND COLLEGE 1411 ELLIS AVENUE ASHLAND, WI 54806	NONE	PC	OPERATING SUPPORT	2,000		
NATIONAL MULTIPLE SCLEROSIS SOCIETY WISCONSIN CHAPTER 1120 JAMES DR SUITE A HEARTLAND. WI 53029	NONE	EXEMPT	DAILY OPERATIONS	1,000		

1411 ELLIS AVENUE ASHLAND, WI 54806	NONE	PC	OPERATING SUPPORT	2,000
NATIONAL MULTIPLE SCLEROSIS SOCIETY WISCONSIN CHAPTER 1120 JAMES DR SUITE A HEARTLAND, WI 53029	NONE	EXEMPT	DAILY OPERATIONS	1,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year GIFFORD YOUTH ACTIVITY CENTER INC NONE **EXEMPT** SUPPORT 1.000 4875 43RD AVENUE VERO BEACH, FL 32967

FELLOWSHIP OF CHRISTIAN ATHLETES 6511 CREEDMOOR RD SUITE 206 RALEIGH, NC 27613	NONE	EXEMPT	OPERATING SUPPORT	1,000
SANDY HOOK PROMISE FOUNDATION PO BOX 3489 NEWPORT CT 06470	NONE	PUBLIC CHARITY	VIOLENCE PREVENTION	5,000

6511 CREEDMOOR RD SUITE 206 RALEIGH, NC 27613				,
SANDY HOOK PROMISE FOUNDATION PO BOX 3489 NEWPORT CT 06470	NONE	PUBLIC CHARITY	VIOLENCE PREVENTION	5,00

Total .

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year LEANRING TOGETHER INC NONE **EXEMPT** SUPPORT 2,500 568 EAST LENOIR STREET RALEIGH, NC 27601

DUKE UNIVERSITY 324 BLACKWELL STREET DURHAM, NC 27701	NONE	PUBLIC CHARITY	PHILANTHROPIC SUPPORT	3,000
THE PRESTON ROBERT TISCH	NONE	EXEMPT	BRAIN TUMOR RESEARCH	5,500

DURHAM, NC 27701				
THE PRESTON ROBERT TISCH BRAIN TUMOR CENTERDUMC BOX 3624 DORHAM, NC 27710	NONE	EXEMPT	BRAIN TUMOR RESEARCH	

DURHAM, NC 27701				
THE PRESTON ROBERT TISCH BRAIN TUMOR CENTERDUMC BOX 3624 DORHAM, NC 27710	NONE	EXEMPT	BRAIN TUMOR RESEARCH	5,

•				
THE PRESTON ROBERT TISCH BRAIN TUMOR CENTERDUMC BOX 3624 DORHAM, NC 27710	NONE	EXEMPT	BRAIN TUMOR RESEARCH	5,50

BRAIN TUMOR CENTERDUMC BOX 3624 DORHAM, NC 27710				
THE PRESTON ROBERT TISCH	NONE	EXEMP	BRAIN TUMOR RESEARCH	5,500

DORHAM, NC 27710		
Total	 	 86,900

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year **ELON UNIVERSITY** NONE **EXEMPT** SUPPORT 2,000 314 WEST HAGGARD AVENUE ELON, NC 27244

JUNIOR LEAGUE OF RALIEGH INC PO BOX 26821 RALIEGH, NC 27611	NONE	PUBLIC CHARITY	DAILY OPERATIONAL SUPPORT	500
THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE TRIANGLE AREA 801 CORPORATE CENTER DRIVE STE 200 RALEIGH, NC 27607	NONE	EXEMPT	SUPPORT	4,600

86,900 Total . 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CARDINAL GIBBONS HIGH SCHOOL 1401 EDWARDS MILL RD RALEIGH, NC 27607	NONE	EXEMPT	OPERATING SUPPORT	5,000
BOYS CLUB OF WAKE COUNTY INC 701 N RALEIGH BOULEVARD RALEIGH, NC 27610	NONE	EXEMPT	SUPPORT	2,000
SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS WAKE COUNTY INC	NONE	PUBLIC CHARITY	DAILY OPERATIONAL SUPPORT	100

l i				
BOYS CLUB OF WAKE COUNTY INC 701 N RALEIGH BOULEVARD RALEIGH, NC 27610	NONE	EXEMPT	SUPPORT	2,000
SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS WAKE COUNTY INC 200 PETFINDER LANE RAUTEGH, NC. 27603	NONE	PUBLIC CHARITY	DAILY OPERATIONAL SUPPORT	100

86,900 За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount	
Name and address (home or business)					
a Paid during the year					
THE NORTH CAROLINA THEATRE 1 EAST SOUTH STREET RALIEGH, NC 27601	NONE	PC	OPERATING SUPPORT	5,000	
FOOD BANK OF CENTRAL & EASTERN NC INC 1924 CAPITAL BLVD	NONE	EXEMPT	SUPPORT	3,000	

NC INC 1924 CAPITAL BLVD RALEIGH, NC 276042147				
AUTISM FOUNDATION OF NORTH CAROOLINA INC 5121 KINGDOM WAY STE 100	NONE	EXEMPT	DAILY OPERATIONAL SUPPORT	1,000

RALEIGH, NC 2/604214/				
AUTISM FOUNDATION OF NORTH CAROOLINA INC 5121 KINGDOM WAY STE 100 RALEIGH, NC 27607	NONE	EXEMPT	DAILY OPERATIONAL SUPPORT	1,0

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year WESTERN WAKE CRISIS MINISTRY NONE **EXEMPT** SUPPORT 3,000 103 EAST CHATHAM STREET APEX. NC 27502

INTER-FAITH FOOD SHUTTLE 1001 BLAIR DRIVE STE 120 RALIEGH, NC 27603	NONE	PUBLIC CHARITY	BACKPACK BUDDIES &SCHOOL	2,500	
CHILDREN'S FLIGHT OF HOPE 205 NEW EDITION COURT	NONE	EXEMPT	OPERATING SUPPORT	2,000	

NALILGIT, NC 27005				
CHILDREN'S FLIGHT OF HOPE 205 NEW EDITION COURT CARY, NC 27511	NONE	EXEMPT	OPERATING SUPPORT	
				1

CHILDREN'S FLIGHT OF HOPE 205 NEW EDITION COURT CARY, NC 27511	NONE	EXEMPT	OPERATING SUPPORT	
Total				

3a

														>	86,900

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

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

a Paid during the year				
SAFECHILD864 WEST MORGAN STREET RALEIGN, NC 27603	NONE	PUBLIC CHARITY	DAILY OPERATIONAL SUPPORT	600
HOSPICE OF WAKE COUNTY	NONE	EXEMPT	DAILY OPERATIONAL SUPPORT	1,000

•				
HOSPICE OF WAKE COUNTY FOUNDATION 250 HOSPICE CIR RALEIGH, NC 27607	NONE	EXEMPT	DAILY OPERATIONAL SUPPORT	1,000
LAKE TOXAWAY CHARITIESPO BOX 163	NONE	EXEMPT	SUPPORT	10.000

250 HOSPICE CIR RALEIGH, NC 27607				
LAKE TOXAWAY CHARITIESPO BOX 163 LAKE TOXAWAY, NC 28747	NONE	EXEMPT	SUPPORT	10,000

Total . 3a

86,900

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

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

a Paid during the year				
RALEIGH RESCUE MISSION INC 314 E HARGETT STREET	NONE	EXEMPT	DAILY OPERATIONAL EXPENSES	3,000
PALTECH NC 27601		l		

RALIEGH, NC 27601				
ST MARY MAGDALENE CHURCH 625 MAGDALA PLACE	NONE	EXEMPT	SUPPORT	
APEX, NC 27502				

ST MARY MAGDALENE CHURCH 625 MAGDALA PLACE APEX, NC 27502	NONE	EXEMPT	SUPPORT	
THE CARYING PLACE INCPO BOX 622	NONE	EXEMPT	SUPPORT	

625 MAGDALA PLACE APEX, NC 27502				
THE CARYING PLACE INCPO BOX 622	NONE	EXEMPT	SUPPORT	3,000

APEX, NC 2/302				l
THE CARYING PLACE INCPO BOX 622 CARY, NC 27512	NONE	EXEMPT	SUPPORT	3,000
				í

9,500

THE CARYING PLACE INCPO BOX 622 CARY, NC 27512	NONE	EXEMPT	SUPPORT	3,0
Total				86,900

CARY, NC 27512	NONE	EXEMPI	SUPPORT	
Total				86,900

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

a Paid during the year				
EDUCATION MEDIA FOUNDATION K LOVE RADIO5700 WEST OAKS BLVD	NONE	PUBLIC CHARITY	DAILY OPERATIONAL SUPPORT	1,000

K LOVE RADIO5700 WEST OAKS BLVD ROCKLIN, CA 95765	CHARITY	
Total	 	 86,900

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efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491316007288				
TY 2017 Investments Corporate Bonds Schedule						
11 2017 Investments corporate bonds Schedule						
Name: H	NIER FAMILY FO	OUNDATION				

367,966

381,681

EIN: 56-2061224 **Investments Corporate Bonds Schedule** Name of Bond **End of Year Book** End of Year Fair Value Market Value

CORPORATE BONDS

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491316007288				
TY 2017 Investments Corporate Stock Schedule						

1,013,511

505,997

EIN: 56-2061224			
Name of Stock	End of Year Book Value	End of Year Fair Market Value	
CORPORATE STOCK	80,944	208,589	

Name: KNIER FAMILY FOUNDATION

MUTUAL FUNDS - EQUITY

Description			Amount		
EIN: 56-2061224					
Name:	KNIER FAMILY	FOUNDATION			
TY 2017 Other Decreases Schedule					
efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491316007288		

DIFFERENCE BETWEEN TAXABLE INCOME AND CASH RECEIVED