Form **990-PF**

Return of Private Foundation
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.

Internal Rever		irs.gov/Form990PF for inst	ructions and the latest in , and ending	DEC 31, 201	7
Name of fo		17, 2017	, and one mg	A Employer identification	
	•		_		
	AG FAMILY FOUNDATION			82-369211	4
	street (or P O box number if mail is not delivered to stree	address)	Room/suite	B Telephone number	21.0
	HILLIARD LANE	andal anda		704-455-6	
	rn, state or province, country, and ZIP or foreign p ORD , NC 28025	oosial code		C if exemption application is	pending, check here
G Check al	If that apply: X Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization	ns, check here 🕨 🗔
	Final return	Amended return		2 Foreign organizations s	neeting the 95% test
	Address change	Name change		Foreign organizations not check here and attach.	computation Less,
	/pe of organization: X Section 501(c)(3) e		· 04	E If private foundation s	
	on 4947(a)(1) nonexempt charitable trust	Other taxable private foundaring method: X Cash		under section 507(b)(., .
	tet value of all assets at end of year J Account rt II, col. (c), line 16)	ther (specify)	L Accrual	F If the foundation is in a	
(0 Fai	550,000 (Part I, colur	nn (d) must be on cash basi	s.)	under section 507(b)(1)(b), check here
Part I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
((The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
1 C	ontributions, gifts, grants, etc., received	550,000.		N/A	3 3 3
. –	heck I if the foundation is not required to attach Sch. B		, , ,		
3 in	sterest on savings and temporary				
4 D	ividends and interest from securities				
5a G	ross rents				
	et rental income or (loss)	2 1	, , ,		
9 6a N	et gain or (loss) from sale of assets not on line 10 ross sales price for all		**		-
a Das	ssets on line 6a		0.	 	<u>'</u>
8 N	apital gain net income (from Part IV, line 2) et Short-term capital gain			<u> </u>	
ı	come modifications			 	1
l Gr	ross sales less returns id allowances				
1 -	ess Cost of goods sold	,		· · · · · · · · · · · · · · · · · · ·	
c Gi	ross profit or (loss)				. ;
11 01	ther income				
12 T	otal. Add lines 1 through 11	550,000.	0.		
1	ompensation of officers, directors, trustees, etc	0.	0.		0.
	ther employee salaries and wages			ļ	
	ension plans, employee benefits		<u> </u>	 	
SE LOALE	egal fees ccounting fees		סבסבועבס		
اء د	ther professional fees		RECEIVED	1	
	iterest			8	
ਰ ਵੀ ₁₈ ਾਂ	axes _	120	MAY 1 7 2018	9	
	epreciation and depletion			K	
20 00 21 Tr	ccupancy		OCDEN LIT		
21-1	ravel, conferences, and meetings		JODE 14, U.		
22 Pr	rinting and publications		· · · · · · · · · · · · · · · · · · ·	 	<u> </u>
B 23 01	ther expenses		 _	 	
Derating 53 01 24 To ex	otal operating and administrative xpenses. Add lines 13 through 23	о.	0.		0.
	ontributions, gifts, grants paid	- 0.1	<u> </u>	·	 0.
25 CG	otal expenses and disbursements			 	
	dd lines 24 and 25	o.	0.		0.
	ubtract line 26 from line 12;	<i>'</i>		 - 	,
1 -	cess of revenue over expenses and disbursements	550,000.			
	et investment income (if negative, enter -0-)	· · · · · · · · · · · · · · · · · · ·	0.	N 5 ()	
C A	djusted net income (if negative, enter -0-)		,4	N/A	

Г	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year		of year
느	uit	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		550,000.	550,000.
		Savings and temporary cash investments			
		Accounts receivable >			, , ,
	ľ	Less: allowance for doubtful accounts	and the state of the state of the state of	I have been a second and applicable for the	a one national and an an a face who as said
	١,	Pledges receivable			
	1 *				to a manager of
	l	Less: allowance for doubtful accounts			
		Grants receivable		<u> </u>	
	6	Receivables due from officers, directors, trustees, and other	1		İ
	1	disqualified persons	<u>_</u>		
	7	Other notes and loans receivable	,	, , , , , , , , , , , , , , , , , , , ,	* ;
	1	Less: allowance for doubtful accounts	* **** * * *** * ***	t mit was beneate date as	the will a set on here there are not a full
' A	٩	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
Ass		Investments - U.S. and state government obligations			
-	1				
	١.	Investments - corporate stock	ļ		ļ <u>.</u>
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			أربيا أستان والمراشوسة
	1	Less accumulated depreciation	<u> </u>		<u> </u>
	12	Investments - mortgage loans			
	13	Investments - other			
	1	Land, buildings, and equipment: basis		37	6.1
	' -	Less accumulated depreciation	Participa de Caracteria	the second of the second of the second of	أسكا شاسعه ووجود الماسية الأسأ
	1				ļ — — — — — — — — — — — — — — — — — — —
	1	Other assets (describe			<u> </u>
	16	Total assets (to be completed by all filers - see the		550 000	
	<u> </u>	ınstructions. Also, see page 1, item I)	0.	550,000.	550,000.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
s	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			1 i
Þil	21	Mortgages and other notes payable			
Ë	1	• •			ł
	22	Other liabilities (describe			. , .
				^	* 1
_	23	Total liabilities (add lines 17 through 22)	0.	0.	-1
	ľ	Foundations that follow SFAS 117, check here			1
	ļ	and complete lines 24 through 26, and lines 30 and 31.	į		
alances	24	Unrestricted			,,,
ä	25	Temporarily restricted			,
3al		Permanently restricted			· [
Net Assets or Fund B	- "	Foundations that do not follow SFAS 117, check here			. '
Ē		•			:
5		and complete lines 27 through 31.	0.	0.	,
ţ	27	Capital stock, trust principal, or current funds		0.	
šše	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	<u> </u>	
Ä	29	Retained earnings, accumulated income, endowment, or other funds	0.	550,000.	
ě	30	Total net assets or fund balances	0.	550,000.	,
_	l		-		
	31	Total liabilities and net assets/fund balances	0.	550,000.	
=					<u> </u>
_	art				
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mus	t agree with end-of-year figure reported on prior year's return)		11	0.
		amount from Part I, line 27a		2	550,000.
		rincreases not included in line 2 (itemize)	•	3	0.
		ines 1, 2, and 3		4	550,000.
		eases not included in line 2 (itemize)		5	330,000.
			olumn (h) Jino 20		550,000.
<u>6</u>	lotal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	Jianni (0), line 30	6	330,000.

8

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

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

FORM 990-PF (2017) BOLLAG FAMILI FOUNDATION		02-303	
Part VI Excise Tax Based on Investment Income (Section		4948 - se	e instructions)
1a Exempt operating foundations described in section 4940(d)(2), check here		1 1	
Date of ruling or determination letter: (attach copy of lett			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check	here 🕨 🔛 and enter 1%	1	<u> </u>
of Part I, line 27b			4 7 4
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations,			* ** t
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations	only; others, enter -0-)	2	0.
3 Add lines 1 and 2	-	3	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations		4	0.
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter	-0-	5	0.
6 Credits/Payments:		1	- ~
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a 0	4	7 .
b Exempt foreign organizations - tax withheld at source	6b 0	<u>-</u>	j
c Tax paid with application for extension of time to file (Form 8868)	6c 0	<u>-</u>	
d Backup withholding erroneously withheld	6d O	•	
7 Total credits and payments. Add lines 6a through 6d	-	7	0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 222	0 is attached	8	0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter-amount owed	<u> </u>	9	0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount ove		10	
11 Enter the amount of line 10 to be; Credited to 2018 estimated tax	Refunded ►	11	
Part VII-A Statements Regarding Activities			- 13-15-
1a During the tax year, did the foundation attempt to influence any national, state, or lo	cal legislation or did it participate or interver	ie in	Yes No
any political campaign?			1a X
b Did it spend more than \$100 during the year (either directly or indirectly) for political		inition	1b X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	copies of any materials published or		
distributed by the foundation in connection with the activities.			1
c Did the foundation file Form 1120-POL for this year?			1c X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed du			
(1) On the foundation. ▶ \$ 0 . (2) On foundation m		<u>•</u>	
e Enter the reimbursement (if any) paid by the foundation during the year for political	expenditure tax imposed on foundation		
managers. ► \$0.			
2 Has the foundation engaged in any activities that have not previously been reported	to the IRS?		2 X
If "Yes," attach a detailed description of the activities.			
3 Has the foundation made any changes, not previously reported to the IRS, in its gov	erning instrument, articles of incorporation,	or	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the chang	ges		3 X
4a Did the foundation have unrelated business gross income of \$1,000 or more during	the year?		4a X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b
5 Was there a liquidation, termination, dissolution, or substantial contraction during th	ne year?		5 X
If "Yes," attach the statement required by General Instruction T			
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) sat			
	isfied either;		
	ushed either;	•	
 By language in the governing instrument, or 		te law	
 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no m 		te law	6 X
 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no m remain in the governing instrument? 	andatory directions that conflict with the sta	te law	6 X
 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no m 	andatory directions that conflict with the sta	te law	6 X
 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no m remain in the governing instrument? 	andatory directions that conflict with the sta s," complete Part II, col. (c), and Part XV	te law	6 X
 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no m remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes 8a Enter the states to which the foundation reports or with which it is registered. See in 	andatory directions that conflict with the sta s," complete Part II, col. (c), and Part XV	te law	6 X
 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no m remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes 8a Enter the states to which the foundation reports or with which it is registered. See in NC 	andatory directions that conflict with the sta s," complete Part II, col. (c), and Part XV structions.	te law	6 X
 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no m remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes Enter the states to which the foundation reports or with which it is registered. See in NC If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF 	andatory directions that conflict with the sta s," complete Part II, col. (c), and Part XV structions.	te law	6 X 7 X
 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no m remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes Enter the states to which the foundation reports or with which it is registered. See in NC If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF of each state as required by General Instruction G? If "No," attach explanation 	andatory directions that conflict with the state, complete Part II, col. (c), and Part XV structions.		6 X
 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no m remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes Enter the states to which the foundation reports or with which it is registered. See in NC If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF of each state as required by General Instruction G? If "No," attach explanation Is the foundation claiming status as a private operating foundation within the meaning 	andatory directions that conflict with the state, complete Part II, col. (c), and Part XV structions. to the Attorney General (or designate) ng of section 4942(j)(3) or 4942(j)(5) for ca		6 X 7 X
 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no m remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes Enter the states to which the foundation reports or with which it is registered. See in NC If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF of each state as required by General Instruction G? If "No," attach explanation 	andatory directions that conflict with the state, complete Part II, col. (c), and Part XV istructions. to the Attorney General (or designate) and of section 4942(j)(3) or 4942(j)(5) for cases, complete Part XIV		6 X 7 X

Part VII-A Statements Regarding Activities (continued)			
	Ĭ,	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
section 512(b)(13)? If "Yes," attach schedule. See instructions			Х
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privile	ges?		
If "Yes," attach statement. See instructions	12	ļi	X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
Website address ► N/A			
14 The books are in care of ► MITCHEL S. BOLLAG Telephone no ► 7	04-455-6	319	
Located at ▶7755 HILLIARD LANE, CONCORD, NC ZIP	+4 ► 28025		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
and enter the amount of tax-exempt interest received or accrued during the year	i) N	/A	
16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
securities, or other financial account in a foreign country?	16		Х
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			,
foreign country			•
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a During the year, did the foundation (either directly or indirectly):			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	X No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
a disqualified person?	X No		1
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	X No	1	,
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			- 1
(5) Transfer any income or assets to a disqualified person (or make any of either available		, ' '	1
for the benefit or use of a disqualified person)?	X No		ر !
(6) Agree to pay money or property to a government official? (Exception. Check "No"		,	
if the foundation agreed to make a grant to or to employ the official for a period after			. !
termination of government service, if terminating within 90 days.)	X No	١	, . ;
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			•
	N/A 16	-	است سا
Organizations relying on a current notice regarding disaster assistance, check here			
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
before the first day of the tax year beginning in 2017?	l ic		Ŷ.
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1,5	+	
defined in section 4942(j)(3) or 4942(j)(5)):]
a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			- ;
before 2017?	X No		į
If "Yes," list the years ▶ , , , ,			,
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	·	i	,
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	1,		
	N/A 2b		~ ~ ~ ·
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
b		1	. 1
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			.]
during the year?	X No	, , , , , , , , , , , , , , , , , , ,	- 1
b f"Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after			٠. أ
May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	, ·		- 1
of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	* ₋		í
	N/A 3b		لہ ش
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			<u> </u>
had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		X
nee not book rainered from popular, action and met out or the terr you beginning in both;	Form 990)-PF /	
	1 01111 530		-011)

			l l	ľ	
2	Compensation of five highest-paid employees (other than those in	ncluded on line 1). If none	, enter "NONE."		
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
_	NONE				
_					
_		_			
_					
_					
_					
_					
_		-			
	otal number of other employees paid over \$50,000		1	<u> </u>	0

Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ente	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u>▶</u>] 0
		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers produced.	tical information such as the duced, etc.	Expenses
1 N/A		
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments	,	
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
1 N/A		
		0
		0.
2		
All other program-related investments, See instructions.		
3		
Total. Add lines 1 through 3	>	0.

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P	Art X: Minimum Investment Return (All domestic foundations must complete this part Foreign fou	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	10	137,500.
	Fair market value of all other assets	1c	0.
d	Total (add lines 1a, b, and c)	1d	137,500.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.	-	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	137,500.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,063.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	135,437.
6	Minimum investment return Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	835.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here and do not complete this part.)	ıd certaın	
1	Mınımum investment return from Part X, line 6	1	835.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	835.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	835.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	835.
=	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		0
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	<u>0.</u>
	Program-related investments - total from Part IX-B	1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies for	the section

Part XIII	` Undistributed	Income	(see instructions)
Parkanii	Ondistributed	111001116	ISEE IIISU UCUUISI

,	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,	· - · · · ·	<i>*</i>		
line 7	· · · · ·			835.
2 Undistributed income, if any, as of the end of 2017	,	,		
a Enter amount for 2016 only	,	-	0.	_
b Total for prior years:	, , ,			
	•	0.		' ']
3 Excess distributions carryover, if any, to 2017:	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
a From 2012		•	,	
b From 2013		1	•	, ,
c From 2014		,		-`i
dFrom 2015			'	
e From 2016		,	,	, ,
f Total of lines 3a through e	0.		`	
4 Qualifying distributions for 2017 from		,···		
Part XII, line 4: ►\$ 0 •	, ,			
a Applied to 2016, but not more than line 2a			í	<u>}</u>
b Applied to undistributed income of prior	, , ,			
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	· · · · · · · · · · · · · · · · · · ·		- · · · · · · · · · · · · · · · · · · ·	
(Election required - see instructions)	0.	,11	* *	, , , , ,
d Applied to 2017 distributable amount	1 1 1	, ,		0.
e Remaining amount distributed out of corpus	0.	*	, ,	
	0.			0.
5 Excess distributions carryover applied to 2017 (if an amount appears in column (d), the same amount must be shown in column (a))		· · · · · · · · · · · · · · · · · · ·		
6 Enter the net total of each column as	* -	. *	* -	!
indicated below:				,
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			<u> </u>
b Prior years' undistributed income. Subtract				,
line 4b from line 2b		0.		
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	· ` `	0.		-
d Subtract line 6c from line 6b. Taxable				
amount - see instructions	,	0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.	- '		0.	
f Undistributed income for 2017. Subtract		,		
lines 4d and 5 from line 1. This amount must		•		
be distributed in 2018				835.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				1
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012		,		
not applied on line 5 or line 7	0.		-	
9 Excess distributions carryover to 2018				
Subtract lines 7 and 8 from line 6a	0.		, '	
10 Analysis of line 9:				
a Excess from 2013	•	•		-1
b Excess from 2014				
c Excess from 2015	-		-	
d Excess from 2016			4	
e Excess from 2017	`	<u> </u>	A 3	
723581 01-03-18				Form 990-PF (2017)

Form 990-PF (2017) BOLLAG	FAMILY FOUN	DATION		82-36	9 2114 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter that	t it is a private operating			
foundation, and the ruling is effective fo	r 2017, enter the date of t	the ruling	▶		
b Check box to indicate whether the found	dation is a private operatir	ng foundation described i	n section	4942(j)(3) or 494	42(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					/
line 4 for each year listed				/1	
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	-	-	X	† †	
alternative test relied upon: a "Assets" alternative test - enter:		<i>_</i> /			
(1) Value of all assets		<i></i>		1	
(2) Value of assets qualifying		/		1	
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year		1			
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest			l		
dividends, rents, payments on securities loaps (section		İ			
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in		•			
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			f the foundation	had \$5,000 or mo	re in assets
at any time during t	he year-see instr	uctions.)			
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation who			butions received by the	foundation before the close	of any tax
year (but only if they have contributed in	nore than \$5,000). (See se	ection 507(d)(2).)			
SEE STATEMENT 3					
b List any managers of the foundation who			or an equally large portion	on of the ownership of a par	tnership or
other entity) of which the foundation has	s a 10% or greater interes	t.			
NONE					
2 Information Regarding Contributi				_	
Check here 🕨 🗶 if the foundation o					sts for funds. If
the foundation makes gifts, grants, etc.,	to individuals or organiza	tions under other condition	ons, complete items 2a,	b, c, and d.	
a The name, address, and telephone number	per or email address of the	e person to whom applica	itions should be address	sed:	
b The form in which applications should b	e submitted and informat	on and materials they sho	ould include;		
c Any submission deadlines;					
d Any roots of an advantage of a second	cuch as hu assersables	areae charteble field- I	undo of motivitions	ther feeters:	
d Any restrictions or limitations on awards	, audii aa by geograpiilca	i ai vas, citaritable tielus, i	งแนง บา แรมมนิยิกร, 07 0	uner iaciols.	

Par XV. Cupplementary informati			· · · · · · · · · · · · · · · · · · ·	
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)	or substantial contributor	recipient		
a Paid during the year		:		
NONE				
		i		
			<u> </u>	
]			
Total			► 3a	
b Approved for future payment				
NONE				
	1			
				
Total		···· · · · · · · · · · · · · · · · · ·	▶ 3b	

Enter gross amounts unless otherwise indicated.	Unrelated	d business income		ided by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	Amount	Tunction income
a	 		-		
b	-	·	-		
·			-		
d	-		<u> </u>		
e	 		<u> </u>		
·					
g Fees and contracts from government agencies		<u></u>	 -		
2 Membership dues and assessments	—		├	ļ.———-	
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					1
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other	1 1				
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:	$\mathbf{I} = \mathbf{I}$				
a					
b					
c		- 			
d					
e	<u></u>		L		
12 Subtotal. Add columns (b), (d), and (e)	<u>L</u>	0.	1	0.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	0.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t	o the Acco	mplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which incor			contrib	uted importantly to the accom	plishment of
the foundation's exempt purposes (other than	by providing fund	ds for such purposes).			
1					
					

Form 990-PF (2017) BOLLAG FAMILY FOUNDATION 82-3692114 Part XVII. Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the	e organization directly or indir	ectly engage in any	of the following	ig with any other organizati	ion described in secti	on 501(c)		Yes	No
	than section 501(c)(3) organ	·			?				'
a Transf	ers from the reporting founda	ation to a noncharita	ble exempt or	ganization of:			1		
(1) Ca	ash						1a(1)	i	Х
(2) 01	ther assets						1a(2)		X
b Other t	ransactions.								, 1
(1) Sa	ales of assets to a noncharitat	ole exempt organizat	tion				1b(1)		X
(2) Pi	urchases of assets from a nor	ncharitable exempt o	organization				1b(2)		X
(3) Re	ental of facilities, equipment, o	or other assets	·				1b(3)		X
• •	eimbursement arrangements						1b(4)		X
٠,	oans or loan guarantees						1b(5)		X
	erformance of services or mer	mbership or fundrais	sina solicitatio	ins			1b(6)		X
٠.	g of facilities, equipment, mai	•	-				10	-	X
	nswer to any of the above is "				lways show the fair m	narket value of the oc		ets	
	rices given by the reporting fo							010,	
	1 (d) the value of the goods, o			ou loos than han market far	oo many bandadaan	or one my arrangen	10114 011011 111		
(a)Line no	(b) Amount involved			e exempt organization	(d) Description	of transfers, transaction	s and sharing arr	angeme	nts
1	(-),		N/A		- (, , , , , , , , , , , , , , , , , , 				
			11/11						—
									
									
									
									
									
				 			·		
									
		<u>.</u>							
									
2a Is the f	oundation directly or indirectl	ly affiliated with, or r	elated to, one	or more tax-exempt organ	zations described				
	on 501(c) (other than section	=					Yes	X	No
	complete the following sche								-
	(a) Name of orga			(b) Type of organization		c) Description of rela	ationship		
_	N/A			,,,,					
					 		 _		
					 				
					 				—
Un	der penalties of perjury, I declare the	hat I have examined this	return, includin	g accompanying schedules and	statements, and to the	best of my knowledge			
	d belief, it is true, correct, and com	plete Declaration of pre	parer (other than	taxpayer) is based on all inform	pation of which preparer	has any knowledge	May the IRS d	scuss to prepare	his er
Sign and Here				15/10/18			return with the	See ins	
P	ignature of officer or trustee	`			BOARD Title	CHAIR	X Yes	<u> </u>	J No I
°		ma	Dranger's s	Date		Chook L of L	TIAL		
	Print/Type preparer's nar	iii¢	Preparer's si	ynature	Date		PTIN		
D-:-I		** * ****	N.	1.00/	1	self- employed	D000=-	4	
			04/26/18		P00051				
Prepare		ERWALKER	LLP	\mathcal{O}		Firm's EIN ► 56	-14347	47	
Use Onl	·								
				, SUITE 1100	_				
	CH2	ARLOTTE,	NC 282	02		Phone no. 704	<u>-377-</u> 0:	<u> 239</u>	
							Form 990	-PF	(2017)

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

Department of the Treasury Internal Revenue Service Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Name of the organization

BOLLAG FAMILY FOUNDATION

Employer identification number

82-3692114

Organization type (check one)						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
, ,	ation is covered by the General Rule or a Special Rule . 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions					
General Nule						
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions						
Special Rules						
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II						
year, total co	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III					
year, contribu is checked, e purpose Don	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.					
but it must answer "Ne	ion that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), o" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to neet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)					

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

BOLLA	G FAMILY FOUNDATION	8:	2-3692114
Part I	Contributors (see instructions) Use duplicate copies of Part I if	additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	INTEX DIY, INC. 100 LEGGETT DRIVE VILLA RICA, GA 30180	\$550,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)

Employer identification number

BOLLAG FAMILY FOUNDATION

82-3692114

Part II	Noncash Property (see instructions) Use duplicate copies of Pa	rt II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
723453 11-01	1-17	Schedule B (Form	990, 990-EZ, or 990-PF) (

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Employer identification number Name of organization 82-3692114 BOLLAG FAMILY FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part i (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF.	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	1
NAME OF CONTRIBUTOR	ADDRESS		
INTEX DIY, INC.	100 LEGGETT DRIVE VILLA RICA, GA 30180		

	I - LIST OF OFFICERS, D EES AND FOUNDATION MANA		STAT	EMENT 2
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MITCHEL S. BOLLAG 7755 HILLIARD LANE CONCORD, NC 28025	CHAIRMAN 0.50	0.	0.	0.
ALEXANDER H. BOLLAG 515 SHORT STREET NEW ORLEANS, LA 70118	VICE CHAIRMAN 0.50	0.	0.	0.
LINDA M. BOLLAG 7755 HILLIARD LANE CONCORD, NC 28025	PRESIDENT 0.50	0.	0.	0.
NINA S. TRACY 10111 FREDERICK AVENUE KENSINGTON, MD 20008	SECRETARY 0.50	0.	0.	0.
GABRIEL Y. BOLLAG 21 BLEECKER STREET, #1W NEW YORK CITY, NY 10012	TREASURER 0.50	0.	0.	0.
TOTALS INCLUDED ON 990-PF,	PAGE 6, PART VIII	0.	0.	0.

FORM 990-PF. PART XV - LINE 1A STATEMENT 3
LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

MITCHEL S. BOLLAG LINDA M. BOLLAG