**Return of Private Foundation** 

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

OMB No 1545-0052

Department of the Treasury

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

	Inter	nal Rever	nue Service	► Go to	www.irs.gov	//Form990PF to	or instruction	ons and	the late:	st informati	on	Open	to Public Ins	pection
	For	r calen	dar year 2	017 or tax year be	ginning	ОСТОВ	ER 1	, 201	7, and	ending	SEPTEN	IBER 30	, 20	18
			undation							A Employe	r identificat	ion numbe	er	
	HU	NZEKE	R FAMILY	FOUNDATION						82-2732745				
	Nu	mber an	d street (or P (	O box number if mail is	not delivered t	o street address)		Room	v/suite	B Telephone number (see instructions)				
	C/C	C/O WILLIAM R. PILLMAN, 1921 W. ALTORFER DRIVE									(309)	713-281	2	
	Cit	y or tow	n, state or prov	vince, country, and ZIP	or foreign post	al code				C If exempt	ion applicati	on is pend	ling, check he	re ▶ 🗀
	PE	ORIA; I	L 61615											_
	G							er public	charity	D 1. Foreig	n organizatio	ns, check	here	▶□
			• '	Fınal retu	ırn (	Amended		•	•	ĺ				_
	Address change Name change							n organization here and atta		g the 85% tes utation	α, ▶ [			
	н	H Check type of organization   ☑ Section 501(c)(3) exempt private foundation							N	E If private	foundation s	tatus was	terminated un	nder
			• • • • •	i) nonexempt char						section 5	07(b)(1)(A), c	heck here		▶ _
	Fair market value of all assets at J Accounting method.									<u> </u>				
				m Part II, col. (c),		ther (specify)				F If the foundation is in a 60-month terminate under section 507(b)(1)(B), check here				▶□
		line 16		316561		umn (d) must be	on cash ba	asıs )						
		art I	<del></del>		<u> </u>		Γ.						(d) Disburse	ments
	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal				(a) Reven	es per		investment ncome	(c) Adjus		for charita	able		
				s in column (a) (see inst		• •	bool	ks	"	COME	1 1100	6	purpose (cash basis	
7		1 Contributions, gifts, grants, etc., received (attach schedule) 2 Check ▶ ☐ if the foundation is not required to attach Sch B						295000	·	· · · · ,	b	, 学会组	To I wanted .	ا شر
4.							,			3 4 5	2 97 6	٠ ,	ي و وزود ال	٠, ا
Ψ		3		n savings and temp	•		·				-		<del></del>	44.0
1		4		and interest from	-									: 1
		5a		ts			· · · · ·		<del> </del>				r	•
		b		income or (loss)	•			. t	<b>.</b>		* */ #		, ,	7 7
	a	6a		or (loss) from sale o	f assets no	t on line 10			EC	EIVER			1 -	<i>a</i> ′,
	Ž	b	-	price for all assets on				<del> </del>		EIVEL	<del>}</del>	5 34	4 6 4	, ,
	Revenue	7		ain net income (fron		ne 2)		4	-		1,,	•	17. (2)	र्क्स ज
	æ	8		term capital gain .			ı	<u> </u>	<del>100 (</del>	<del>) 7.2018</del>		<u>:</u>	- 5 -	1
		9		odifications .	• •					* ) ,	į		73 7	7.
		10a		s less returns and allo	wances	•			CDI	"AL LIT	-: 3 . "	· ("11	٠, ٠, ٠,	+
		b		at of goods sold .				-		=1 <b>V</b> , U,		1 Me	, U.,"	· e" \
		C		ofit or (loss) (attach	schedule)			-		,	~			1
		11		ome (attach schedu				******					A	
00	<b>5</b>	12		d lines 1 through 1	-			295000		0		0	1	-£.1
2018	<u> </u>	13		ation of officers, di		stees, etc.			<del>                                     </del>		<del></del> -		•	12-1
6	es	14	-	ployee salaries and										
	Expense	15		lans, employee be	-									
ن	ို မွ	16a	,	s (attach schedule)				875						
DE(	_	b	-	ng fees (attach sche	edule)								<del> </del>	
	Operating and Administrative	c		fessional fees (atta	•	∍)							<del> </del>	
	ati	17		-		-, · ·							<del></del>	
Ш	str	18		ach schedule) (see ins										
Z	Ē	19		ion (attach schedul		etion							1. S. T. S.	5" (#1
$\leq$	ᄩ	20	Occupand	· ·								•		<u> </u>
SCANNED	Ă	21		nferences, and me							•			
જ	2	22		nd publications .	•									
	e B	23		enses (attach sche				37	<u> </u>	0	<u> </u>	0		
	Ĭ	24		erating and adn		expenses.								
	rat			13 through 23				912		0		0		
	þe	25		ions, gifts, grants p	aid .			2500	ļ.,		- , , , ,			
	0	26		nses and disbursem				3412		0		- 0	<del>                                     </del>	
		27		ine 26 from line 12			-, '			1 1 1	· 5,	3.5	T. 18. 37	[
		a		revenue over exper		bursements		291588	• ``			* * * * * * * * * * * * * * * * * * * *	2.24.0	ا ۽ بزر
		b		tment income (if n			<u> </u>	-	<u> </u>		- 144	• 3	, y,	<u></u>
		1		net income (if neg	-	•			<del> </del>	,	•	0	5 4	<del>,</del>
		, •	,	(11 1109		<del>-</del> , ·	P		1			9		. 24

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

0 3 4 7 4 Form **990-PF** (2017)



Da	rt II	Ralance Sheets Attached schedules and amounts in the description column	Beginning of year		of year		
Г 6	Train	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
,	1	Cash—non-interest-bearing	24973	316561	316561		
Ċ	2	Savings and temporary cash investments					
	3	Accounts receivable ▶					
		Less: allowance for doubtful accounts ▶					
	4	Pledges receivable ▶	l		7 9 9		
		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) ▶	The second second	£ 7.00,0	La fair to		
		Less allowance for doubtful accounts ▶					
ts	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges		.,,			
As	10a	Investments—U.S. and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)					
	С	Investments—corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment. basis ▶			A		
		Less: accumulated depreciation (attach schedule) ▶					
	12	Investments – mortgage loans					
	13	Investments—other (attach schedule)					
	14	Land, buildings, and equipment, basis ▶			1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		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 l)	24973	316561	316561		
	17	Accounts payable and accrued expenses			\$ Y		
,,	18	Grants payable			15.		
<u>ë</u>	19	Deferred revenue			· * * * * * * * * * * * * * * * * * * *		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
iak	21	Mortgages and other notes payable (attach schedule) .					
_	22	Other liabilities (describe ►)					
	23	Total liabilities (add lines 17 through 22)	0	0			
٥,		Foundations that follow SFAS 117, check here ▶ □					
ĕ		and complete lines 24 through 26, and lines 30 and 31.					
an a	24	Unrestricted					
Balances	25	Temporarily restricted			" "		
73	26	Permanently restricted					
Ĕ		Foundations that do not follow SFAS 117, check here ▶ □					
Net Assets or Fund		and complete lines 27 through 31.			L		
Ö	27	Capital stock, trust principal, or current funds			3 t kn		
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			1		
SS	29	Retained earnings, accumulated income, endowment, or other funds	24973	316561			
ťΑ	30	Total net assets or fund balances (see instructions)	24973	316561			
Ne	31	Total liabilities and net assets/fund balances (see			٠, ,		
		instructions)	24973	316561			
	rt III	Analysis of Changes in Net Assets or Fund Balances					
1	1 Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with						
		of-year figure reported on prior year's return)		· · · · <u>1</u>	24973		
2	Ente	291588					
3		er increases not included in line 2 (itemize) ▶		3			
4		lines 1, 2, and 3		· · · · <u>4</u>	316561		
5	Decr	reases not included in line 2 (itemize)	A	5	316561		
6	6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . 6						

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kin 2-story brick warehouse	(b) How acquired P-Purchase D-Donation		ate acquired o , day, yr )	(d) Date sold (mo , day, yr)		
<u></u> 1a			•				
b							
С							
d							
е							
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale			n or (loss) f) minus (g))
<u>a</u>							
b				-			<u> </u>
С							
d							
е							
	Complete only for assets sho	wing gain in column (h) and owned b	y the foundation	n on 12/31/69			(h) gain minus
	(i) FMV as of 12/31/69	FMV as of 12/31/69  (j) Adjusted basis (k) Excess of col (i) over col (j), if any		col (k), but not less than -0-) or Losses (from col (h))			
a							
b							
C							
d							
е							
2	Capital gain net income or		lso enter in Pa enter -0- in Pa		2		
3	Net short-term capital gair	n or (loss) as defined in sections	1222(5) and (6	):			
	If gain, also enter in Part Part I, line 8	I, line 8, column (c) See instruc	•	), enter -0- ın } 	3		
Part	V Qualification Und	er Section 4940(e) for Reduc	ed Tax on I	Vet Investment	Inco	me	
Was t	s," the foundation doesn't q	e this part blank. section 4942 tax on the distribute ualify under section 4940(e) Do unt in each column for each year	not complete	this part.			☐ Yes 🗹 No
	(a)		, see the msu		akiily c	arry critics.	(d)
Cale	Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions		(c) of noncharitable-use as			tribution ratio divided by col (c))
	2016		0	1	2300		0
	2015		0		0		0
	2014		0		0		0
	2013		0	_	0		0
	2012		0		0		0
2 3	Total of line 1, column (d) Average distribution ratio	for the 5-year base period—divi	de the total or	 n line 2 by 5 0, or	by	2	0
	the number of years the fo	oundation has been in existence i	f less than 5 y	ears	.	3	0
4	Enter the net value of none	charitable-use assets for 2017 fro	om Part X, line	5		4	168205
5	Multiply line 4 by line 3				-	5	0
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)	•		.	6	0
7	Add lines 5 and 6				.	7	0
8	Enter qualifying distribution If line 8 is equal to or great Part VI instructions	ns from Part XII, line 4 . ter than line 7, check the box in	 Part VI, line 1I		. L	8 art using a 1	% tax rate. See the

Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4940(c)	48-s	ee in	stru	ctio	ns)	
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.	- 1	,	, , ,		15.	
	Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)	<u></u>				لثائب	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1	<del></del>		0	ļ	
	here ► ☐ and enter 1% of Part I, line 27b	\$	¥		, ° «`	'-	
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			3	21.3		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2					
3	Add lines 1 and 2						
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)						
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0						
6	Credits/Payments:						
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a			₹,	<b>:</b> -	7 3	
b	Exempt foreign organizations—tax withheld at source		2	, 4			
C	Tax paid with application for extension of time to file (Form 8868)  6c	-* .		· -	b.	1 4	
_d	Backup withholding erroneously withheld					لنتنا	
7	Total credits and payments. Add lines 6a through 6d	7			0	<u> </u>	
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0		
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶  Enter the amount of line 10 to be. Credited to 2018 estimated tax ▶ Refunded ▶	10					
	Enter the amount of line 10 to be. Credited to 2018 estimated tax   Refunded  VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation	or de	d it	+.	Yes	No	
	participate or intervene in any political campaign?		~ "  -	i 1a		V	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes?	See	the	<u></u>		<u> </u>	
_	instructions for the definition			1b		~	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any	mater	als	·		1,2	
	published or distributed by the foundation in connection with the activities.					, ,	
С	Did the foundation file Form 1120-POL for this year?						
d							
	(1) On the foundation ▶ \$ (2) On foundation managers. ▶ \$		`			. 5	
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax in	npose	d	+ .``	<i>F</i> 5	- 4	
	on foundation managers. ▶ \$		-				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? .	•	-	2		1	
	If "Yes," attach a detailed description of the activities  Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, a	article:	. of	•		1 1	
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	articles	· 01	3			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		F	4a		~	
ча b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		•	4b	N/A	<u> </u>	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		.	5	1477	~	
•	If "Yes," attach the statement required by General Instruction T					5.1	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					ا ، ا	
	By language in the governing instrument, or			3	,,	🗓	
	• By state legislation that effectively amends the governing instrument so that no mandatory direct	ions t	hat	`_i	<u> </u>		
	conflict with the state law remain in the governing instrument?		. [	6	/		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), an	d Part	xv [	7	>		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions ▶			٠, ٠	• .	. <b>1</b>	
	ILLINOIS		·		- '	.	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney		eral	`,		اسعا	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		· L	8b	~	ļ	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 49			<u>.</u>		لنث	
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV.	It "Y∈	es,"				
46	complete Part XIV	 	·	9		-	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule lis	ting th	neir	10		,	
	names and addresses						

Part	VII-A Statements Regarding Activities (continued)							
	•		Yes	No				
<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		~				
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified							
	person had advisory privileges? If "Yes," attach statement. See instructions	12		~				
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	V					
	Website address ▶ N/A							
14	The books are in care of ▶ WILLIAM R. PILLMAN Telephone no ▶ (3	9) 713	-2812					
	Located at ▶ 1921 W ALTORFER DRIVE, PEORIA, IL ZIP+4 ▶							
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 .   15							
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No				
	over a bank, securities, or other financial account in a foreign country?	16		V				
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	f :**!	5					
	the foreign country ▶	1		1 3				
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<del>,</del>		1				
	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):	'	<b> </b>	0.5				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1.6	٠,	, ,,				
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	•	M, 54,	10				
	_ · · · · · · · · · · · · · · · · · · ·		3	· ]				
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes  ✓ No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ✓ No		" "					
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	1.		-				
	the benefit or use of a disqualified person)?		' '					
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	,,,	مئو	a				
	foundation agreed to make a grant to or to employ the official for a period after		ζ.	'n				
	termination of government service, if terminating within 90 days )	1						
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations	١.,		j.				
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		~				
	Organizations relying on a current notice regarding disaster assistance, check here ▶ □		7,					
¢	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		٥					
	were not corrected before the first day of the tax year beginning in 2017?	1c		~				
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		2 "	1				
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		1 Ta.	۱,				
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and	,.	[ ]					
	6e, Part XIII) for tax year(s) beginning before 2017?	1						
	If "Yes," list the years ▶ 20 , 20 , 20 , 20		`;	·				
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)		,					
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions)							
_	•	2b						
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ▶ 20 , 20 , 20 , 20	'		`.				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise							
Va	at any time during the year?	"		,				
L	, , ,	1		١ ١				
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the	. ,						
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	'	-					
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	/F						
	foundation had excess business holdings in 2017)	3b	N/A					
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	137	~				
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	-		1				
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		V				

Page	ŧ

Part	VII-B	Statements Regarding Activities	for W	/hich Form	4720	May Be R	equire	<b>d</b> (conti	nued)			
5a	During 1	the year, did the foundation pay or incur	any am	ount to						· · ·	Yes	No
,		ry on propaganda, or otherwise attempt t		•	•	• •	•	☐ Yes	✓ No	٠,	_ >	e'
		ience the outcome of any specific public				-	arry on,			,		4,
		ctly or indirectly, any voter registration dr					•	Yes	<u>⊬</u> No		" '	
		vide a grant to an individual for travel, stu			•			☐ Yes	✓ No	1.0	'	, :~
		vide a grant to an organization other than					ribed in	_		1.	_	- 7
		tion 4945(d)(4)(A)? See instructions						∐ Yes	✓ No	"		
		vide for any purpose other than religious, poses, or for the prevention of cruelty to o					cational			١.	٠, ٠	7
h		nswer is "Yes" to 5a(1)-(5), did any of the					ovoontii	☐Yes	No 🖳	,		)* <b>1</b>
D		ions section 53 4945 or in a current notice							ibeu in	5b	N/A	لنسم
	-	ations relying on a current notice regarding	_	_					▶ 🗸	30	14/2	•
С	_	nswer is "Yes" to question 5a(4), does t	-						-		ĺ	1
•		e it maintained expenditure responsibility				•			<b>☑</b> No	-	4	7.5
		attach the statement required by Regula		_							٠,	
6a		foundation, during the year, receive any					emiums					.4
	on a pe	rsonal benefit contract?						☐ Yes	✓ No			
b	b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . 6								6b		~	
	If "Yes" to 6b, file Form 8870								١,		14	
	7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?								<u> </u>	-	تند	
	b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? .   7b         Part VIII   Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,											
Part	VIII		tors, I	rustees, F	ounda	tion Mana	agers,	Hignly i	aid Ei	npioy	ees,	
1	Lict all	and Contractors	ation r	managore ar	d thair	compone	ation S	oo instri	ıctions			
'	1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.  (b) Title, and average (c) Compensation (d) Contributions to (e) Expense account, (e) Expense account, (f) and the compensation (f) and t											
		(a) Name and address	hou	rs per week ed to position	i (lf r	not paid, iter -0-)	emplo	yee benefit	plans		nse aco allowar	
WILLIA	AM R. PIL	LMAN	PRESI	•	-	· · · · · · · · · · · · · · · · · · ·						
		RFER DRIVE, PEORIA, IL 61615	1 HOU			0			0			0
RAND	AL S. HU	NZEKER	TRUST	EE	0			0				
20024	W. US H	GHWAY 150, BRIMFIELD, IL 61517	1 HOU	R					•			
ANN H	UNZEKE	R	TRUST			0		0		I		0
1026 C	OFFEE F	RIDGE, SPRING HILL, TN 37174	1 HOU	R				•				
	0	mantion of five highest paid application	- /-Ab	Ab Ab		ئا ممامي				) If		4
2	"NONE	nsation of five highest-paid employee ."	es (otn	er than thos	se inci	uaea on II	ne 1—s	see instr	uctions	s). IT 110	one,	enter
			_	(b) Title, and a				(d) Contribi employee		(e) Expe	nse ac	count
(	a) Name a	nd address of each employee paid more than \$50,00	0	hours per v devoted to p		(c) Compe	nsation	plans and	deferred		allowan	
ALIA								compen	Sation			
N/A												
					<del>-</del>							
			•••••									
-								-				<del></del>
						]						
									1			
		450.000				1						
rotal	number	of other employees paid over \$50,000			• •	<u> </u>	· ·		. ▶	- 00	0	-
									F	orm <b>99</b>	U-PF	(2017)

3 Fi	and Contractors (continued)	
	ve highest-paid independent contractors for professional services. See instructions. If none, enter "NONE	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
N/A		
	, , , , , , , , , , , , , , , , , , ,	
		•
	•	
otal nur	mber of others receiving over \$50,000 for professional services	0
Part IX	-A Summary of Direct Charitable Activities	
		<del></del>
List the organiza	foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A		
2	+	
3		
4		
Part IX		
Describ	e the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A		
	•	
2		
2		
	-	
	r program-related investments. See instructions	
••••	r program-related investments. See instructions	_
All other	r program-related investments. See instructions	
All other	r program-related investments. See instructions.	

Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreign	ign found	ations,
	see instructions.)		
<u>,1</u>	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	
b	Average of monthly cash balances	1b	170767
С	Fair market value of all other assets (see instructions)	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	170767
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	170767
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	2562
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	168205
6	Minimum investment return. Enter 5% of line 5	6	8410
Part		oundation	าร
1	Minimum investment return from Part X, line 6	1	8410
2a	Tax on investment income for 2017 from Part VI, line 5 2a		
b	Income tax for 2017. (This does not include the tax from Part VI.) 2b	1 1	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	8410
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	8410
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	8410
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
' a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	2500
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
•	Suitability test (prior IRS approval required)	3a	
a	Cash distribution test (attach the required schedule)	3b	
b	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	2500
4 5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	<del>-</del>	2300
3	Enter 1% of Part I, line 27b See instructions	5	
6		6	2500
0			
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g wnetner	the foundation

Part	XIII Undistributed Income (see instruction	ns)			
<b>,1</b>	Distributable amount for 2017 from Part XI,	(a) Corpus	(b) Years prior to 2016	<b>(c)</b> 2016	(d) 2017 <b>8410</b>
2	Undistributed income, if any, as of the end of 2017				8410
2				615	-
a b	Enter amount for 2016 only			013	
3	Excess distributions carryover, if any, to 2017:				
	From 2012 0	1			•
a					
b					
C	5: 2015				
d	110111 2010				
e					
f 4	Total of lines 3a through e	0			
4	Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 2500			_	,
	·				-
а	Applied to 2016, but not more than line 2a .			615	
b	Applied to undistributed income of prior years (Election required—see instructions)				
_	,		0	-	
C	Treated as distributions out of corpus (Election required—see instructions)				, i
_	· · · · · · · · · · · · · · · · · · ·	0			4005
	Applied to 2017 distributable amount	0			1885
e	Remaining amount distributed out of corpus	0			0
5	Excess distributions carryover applied to 2017	U	· · · · · · · · · · · · · · · · · · ·	ν, ,	- · · · ·
	(If an amount appears in column (d), the same amount must be shown in column (a))	•	•	, ,	•
	Enter the net total of each column as	:			•
6	indicated below:				· · ,
_		0			
a b	Corpus Add lines 3f, 4c, and 4e. Subtract line 5 Prior years' undistributed income. Subtract	<u> </u>			
D	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		
е	Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount—see				
	instructions			•	
				0	
f	Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2018				6525
7					
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section			1	1
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)	0			
8	Excess distributions carryover from 2012 not			' '	
٠	applied on line 5 or line 7 (see instructions).	0			
9	Excess distributions carryover to 2018.			<del>-                                    </del>	
3	Subtract lines 7 and 8 from line 6a	O			
10	Analysis of line 9:	·	,		
	Excess from 2013 0				
a b	Excess from 2014 0	' '			
-	Excess from 2015 0			1	, ,
Д С	E : 0040				1
d e	Excess from 2016				
e	EAGGGG ROTH 2017				

Form 99	0-PF (2017)		¥			/ Page 10
Part	XIV Private Operating Founda	tions (see instru	ctions and Part	VII-A, question 9	))	
1a	If the foundation has received a ruling	or determination	letter that it is a	private operating		
	foundation, and the ruling is effective fo		<del>-</del>			
	Check box to indicate whether the four	· · · · · · · · · · · · · · · · · · ·	operating foundat		ection	3) or 🔲 4942(J)(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	(a) 2017	<b>(b)</b> 2016	(c) 2015	(d) 2014	
	each year listed .	0	0	0	0	0
b	85% of line 2a	0	0	0	0	0
C	Qualifying distributions from Part XII,			,	/	
	line 4 for each year listed	2500	0	/ô	0	2500
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities	0	0	/ 0	0	0
е	Qualifying distributions made directly					
	for active conduct of exempt activities					
	Subtract line 2d from line 2c	0	0	0	0	0
3	Complete 3a, b, or c for the					
	alternative test relied upon.		/	,		
а	"Assets" alternative test - enter					
	(1) Value of all assets .	316561	2,4973	0	0	341534
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)	316561	24973	0	0	341534
þ	"Endowment" alternative test—enter 2/3 of minimum investment return shown in		/			
	Part X, line 6 for each year listed	5606	615	0	0	6221
С	"Support" alternative test-enter		7			
	(1) Total support other than gross		/			
	investment income (interest,	4	/			
	dividends, rents, payments on securities loans (section	/				
	512(a)(5)), or royalties)	0	0	0	o	0
	(2) Support from general public	/				······································
	and 5 or more exempt	/				,
	organizations as provided in section 4942(j)(3)(B)(iii)	295000	25000	0	o	320000
	(3) Largest amount of support from	ĺ				
	an exempt organization .	0	0	0	o	0
	(4) Gross investment income	<i>i</i> 0	0	0	0	0
Part	XV Supplementary Information	n (Complete th	is part only if th	ne foundation h	ad \$5,000 or mo	re in assets at
	any time during the year-					
1	Information Regarding Foundation		•			**
а	List any managers of the foundation v	•	ited more than 2%	of the total conti	ributions received l	by the foundation
	before the close of any tax year (but o	only if they have co	ontributed more tha	an \$5,000). (See s	ection 507(d)(2) )	•
N/A						
b	List any managers of the foundation	who own 10% or	more of the stoc	k of a corporation	n (or an equally lar	ge portion of the
	ownership of a partnership or other er					• .
N/A						
2	Information Regarding Contribution	, Grant, Gift, Loa	n, Scholarship, e	tc., Programs:		
	Check here ▶ ☐ If the foundation			-	organizations and	does not accept
	unsolicited requests for funds. If the fe	-	•		•	•
	complete items 2a, b, c, and d. See in	structions	-			
a	The name, address, and telephone nu	imber or email add	dress of the persor	n to whom applica	tions should be ad	dressed.
	AM R. PILLMAN		•			
	V. ALTORFER DRIVE, PEORIA, IL 61615	(309) 713-2812				
b	The form in which applications should	l be submitted and	d information and i	materials they sho	uld include	
	RESCRIBED FORM			, -/		
С	Any submission deadlines		· · · · · · · · · · · · · · · · · · ·			
NONE	•					
	Any restrictions or limitations on aw	ards, such as by	geographical ar	eas, charitable fie	elds, kinds of inst	itutions, or other
	factors:	•	= + '	,		, =: =:::-
NONE						

Pari	XV Supplementary Information (cor Grants and Contributions Paid During	ntinued)	od for Eur	tura Paymont	
_3_		If recipient is an individual	eu ioi ru		<u> </u>
•	Recipient	If recipient is an individual show any relationship to any foundation manager		Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient		
а			Ì		İ
SCHE	DULE ATTACHED				
			]		
	Total			▶ 3	a 2500
b	Approved for future payment				
NONE	<b>:</b>				
•					
			1		
			4		
	Total		<del>.</del>		th 0

Pа	rt X'	VI-A Analysis of Income-Producing Ac	ctivities				
Ente	r gro	oss amounts unless otherwise indicated.		isiness income		on 512, 513, or 514	(e) Related or exempt
•			(a) Business code	(b) Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions)
1	Pro	gram service revenue	<b>200</b> 111033 0000	711100111	Exologion Godo		(See mandenons )
	a						
	b						
	С						
	d						
	e						
	f						
	9	Fees and contracts from government agencies					
2	Me	mbership dues and assessments				<u></u>	
3	Inte	erest on savings and temporary cash investments		_			
4	Div	idends and interest from securities .					
5		t rental income or (loss) from real estate					
		Debt-financed property				<del></del>	
		Not debt-financed property					
6		t rental income or (loss) from personal property			ļ		<u>-</u> -
7		ner investment income					
8		n or (loss) from sales of assets other than inventory					
9		t income or (loss) from special events	ļ				
10		oss profit or (loss) from sales of inventory .	ļ	_			
11		ner revenue. a					
	b						
	C						
	đ					<del></del>	
	e						
		ototal. Add columns (b), (d), and (e)				40	
		tal. Add line 12, columns (b), (d), and (e)				13	<u></u>
		ksheet in line 13 instructions to verify calculation  VI-B Relationship of Activities to the A		ant of Evamo	+ Burnesse		
	e No						111 111
LIN	▼ W	Explain below how each activity for which accomplishment of the foundation's exempt pur	rposes (other tha	n by providing fur	(e) of Part XVI nds for such purp	oses) (See instruc	tions)
	1	THE ORGANIZATION IS ORGANIZED FOR THE E					
TI	IRU	INCOME THEREFROM, AND TURNING OVER TH	E ENTIRE AMO	UNT LESS EXPE	NSES TO EXEM	PT ORGANIZATION	ONS
	11		<u></u>				
		THE INDIVIDUAL LINE ITEM ALLOWS THE ORG	ANIZATION THE	ABILITY TO DE	TERMINE THE T	MING AND AMO	UNT OF THE
		INDIVIDUAL GRANTS IN ORDER TO FACILITATE					DNALLY
		ALLOWS THE TRUSTEES TIME TO RECONSIDE	R ALL REQUES	TS AS TO APPR	OPRIATENESS A	AND URGENCY.	
							<b>-</b>
			<u>.                                    </u>				
							<del>.</del>
					<del></del>		
				<u> </u>			
			-				
							<del></del>
		1					

Part	XVII	Informatioi Organizatio	•	isters to and Trans	sactions a	na Kelati	onsnips wit	n Nonchai	ritabie	: Exe	mpt
1	<u>Diq 1</u>			engage in any of the f	ollowing wi	th any othe	r organization	described	1	Yes	No
, •				501(c)(3) organization					1 1		
		nizations?	and than occurr	00 1(0)(0) 019411124110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00011011 01	, .o.ag	.о решием		,	No  V  V  V  V  V  V  Arket narket narket ents  No  No  t is true,  return below?  No
_	-		porting foundation to	a noncharitable exei	mnt organiz	ation of			*,	. [	
а		•	Jorning Touridation to	a nonchantable exer	npt organiz	allon or.			1a(1)		اتب
	(1) C							• •	1a(2)		
	• •	ther assets .	•		•			•	10(2)		
D		r transactions:							45/4)	<u> </u>	
			a noncharitable exe	-				•	1b(1)		
				able exempt organiza	tion	•			1b(2)		
			, equipment, or othe	r assets	•				1b(3)		
		eimbursement a	-		•	•	• • •		1b(4)		
		oans or loan gua							1b(5)		
				nip or fundraising solid			•		1b(6)		
		•		sts, other assets, or p					1c	L	
d				s," complete the follo							
	value	of the goods, o	ther assets, or servi	ces given by the repo	orting found	ation If the	e foundation r	eceived less	than t	air m	arket
		<u>-</u>		ement, show in colum							
(a) Line	no (	(b) Amount involved	(c) Name of noncl	naritable exempt organization	on (d	) Description of	of transfers, transa	ictions, and sha	inng arra	ingeme	nts
				-							
			*****								
						•	•				
								-			
				-							
2a	Is the	e foundation dire	ectly or indirectly af	filiated with, or relate	d to, one c	r more tax	-exempt orga	nizations			
	desc	ribed in section 5	501(c) (other than se	ction 501(c)(3)) or in s	ection 5271	?		. [	Yes	<b>V</b>	No
b	If "Ye	es," complete the	following schedule								
		(a) Name of organ	ization	(b) Type of orga	anization		(c) Desci	ription of relatio	nship		
		<del></del> -	* ****	-							
					•						
							•				
	Unde	er penalties of perjury, I	declare that I have examine	ed this return, including accon	npanying sched	ules and statem	ents, and to the be	st of my knowled	dge and b	oelief, it	ıs true,
Sign	corre	ext, and complete Decl	aration of preparer (other th	an taxpayer) is based on all in	formation of wh	preparer ha	s any knowledge	May the U	DS discu	ce this i	roturo
Here	رُ ﴿ إِ	Kandel.		11/2/18	1/2	SCZOSA	7	with the p	reparer s	hown b	elow?
. 1616		nature of officer or tru	stee	Date	Title		· · · · · · · · · · · · · · · · · · ·	See instru	ctions [	☑Yes[	□No
	19,	Print/Type preparer		Preparer's signature		Date	11-2-18		PTIN		
Paid				a allum	roye !	ullman	· · · · · · · · · · · · · · · · · · ·	Check 🗹 if it is elf-employed		75869	13
Prepa		WILLIAM R. PILL			<u> </u>		<u> </u>			-	<del></del>
Use (	Only	Firm's name	WILLIAM R. PILLMA		645	-	Firm's E	20	37-131		
		Firm's address ▶	1921 W. ALTORFER	DRIVE, PEORIA, IL 61	לוט		Phone r		9-713-2		
								F	orm <b>99</b> (	U-ピト	v v v v v v v v v v v v v v v v v v v

## 82-2732745 HUNZEKER FAMILY FOUNDATION FOR THE YEAR ENDED SEPTEMBER 30, 2018

#### **FORM 990-PF PAGE 11**

#### PART XV LINE 3A - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

NAME AND ADDRESS	IF RECIPIENT IS AN INDIVIDUAL, SHOW ANY RELATIONSHIP TO ANY FOUNDATION MANAGER OR SUBSTANTIAL CONTRIBUTOR	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT	AMOUNT
PETS FOR SENIORS 12115 SOUTHPORT ROAD BRIMFIELD, IL 61517	N/A	N/A	CHARITABLE	\$500
CRITTERS MEALS ON WHEELS NEIGHBORHOOD HOUSE 1020 S MATTHEW PEORIA, IL 61605	N/A	N/A	CHARITABLE	500
FRIENDS OF STRAYS 2845 S MAIN STREET PRINCETON, IL 61356	N/A	N/A	CHARITABLE	500
FOSTER PET OUTREACH 10206 W DUBOIS ROAD EDWARDS, IL 61528	N/A	N/A	CHARITABLE	1000
TOTAL				\$2500

### 82-2732745 HUNZEKER FAMILY FOUNDATION FOR THE YEAR ENDED SEPTEMBER 30, 2018

# FORM 990PF - PAGE 1

	EXP	ENUE & ENSES BOOKS		ESTMENT OME		STED NET COME
LINE 16A – LEGAL FEES FOUNDATION START UP AND REGISTRATION	\$	<u>875</u> .	\$	<u>Q</u> .	\$	<u>Q</u> .
LINE 23 – OTHER EXPENSES FILING FEE PUBLIC NOTICE	.\$ \$	15. <u>22</u> . <u>37</u> .	\$ \$	0. <u>0</u> . <u>0</u> .	\$ \$	0. <u>0</u> . <u>0</u> .

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

2017

**Employer identification number** 

HUNZE	KER FAMILY FOUN	NDATION	82-2732745					
Organi	zation type (chec	Section:    Section:						
Filers o	f:	Section:						
Form 990 or 990-EZ		501(c)( ) (enter number) organization						
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		☐ 527 political organization						
Form 9	90-PF	✓ 501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		☐ 501(c)(3) taxable private foundation						
	only a section 501	•	ıle and a Special Rule See					
Genera	l Rule							
V	or more (in mone	ey or property) from any one contributor. Complete Parts I and II. See i						
Specia	l Rules							
	regulations unde 13, 16a, or 16b,	er sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Forr and that received from any one contributor, during the year, total cont	n 990 or 990-EZ), Part II, line ributions of the greater of <b>(1)</b>					
	contributor, duri	ng the year, total contributions of more than \$1,000 exclusively for religi	ious, charitable, scientific,					
	contributor, duri contributions to during the year t General Rule ap	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ ng the year, contributions exclusively for religious, charitable, etc., pur taled more than \$1,000. If this box is checked, enter here the total confor an exclusively religious, charitable, etc., purpose. Don't complete an opplies to this organization because it received nonexclusively religious, or more during the year.	poses, but no such tributions that were received ny of the parts unless the charitable, etc., contributions					
Cautio	n: An organization	that isn't covered by the General Rule and/or the Special Rules doesn	n't file Schedule B (Form 990,					

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
HUNZEKER FAMILLY FOUNDATION

Employer identification number 82-2732745

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				
	JOAN C. HUNZEKER TRUST  C/O WILLIAM R PILLMAN, TRUSTEE, 1921 W. ALTORFER DR.  PEORIA, IL 61615	\$	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				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	·	\$	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				

Employer identification number

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	   \$			
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	· · · · · · · · · · · · · · · · · ·			
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	(b) Description of noncash property given   (b) Description of noncash property given  (c) FMV (or estimate) (See instructions.)  (b) Description of noncash property given  (c) FMV (or estimate) (See instructions.)  (d) FMV (or estimate) (See instructions.)  (e) FMV (or estimate) (See instructions.)  (f) Description of noncash property given  (h) Description of noncash property given  (c) FMV (or estimate) (See instructions.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization **Employer identification number** Part III 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 information once. See instructions) ▶ Use duplicate copies of Part III if additional space is needed. (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 (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (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 (a) No. (c) Use of gift (d) Description of how gift is held (b) Purpose of gift from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee