DLN: 93491073004179

2018

OMB No 1545-0052

## Form 990-PF

Department of the Treasury Internal Revenue Service

**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.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public

| For                | cale     | ndar year 2018, or tax year beginning 01-01-20   | )18 , aı                           | nd er    | nding 12-31-           | 2018  |   |
|--------------------|----------|--|------------------------------------|----------|------------------------|---|---|
|                    |          | undation<br>raf Foundation   |                                    |          | A Employer Id          | entification numbe                            | r   |
|                    | _        | ation Source   |                                    |          | 30-6013098             |   |   |
|                    |          | d street (or P O box number ıf maıl ıs not delivered to street address)<br>ion Source 501 Silverside Rd        | Room/suite                         |          | <b>B</b> Telephone nu  | ımber (see ınstructio                         | ns)                                       |
|                    |          |  |                                    |          | (800) 839-1754         | 1   |   |
|                    |          | n, state or province, country, and ZIP or foreign postal code<br>, DE 198091377                                |                                    |          | <b>C</b> If exemption  | application is pendin                         | g, check here                             |
| <b>G</b> Cł        | neck al  | Il that apply $igsqcup$ Initial return $igsqcup$ Initial return of a   | former public charity              |          | <b>D 1.</b> Foreign or | ganızatıons, check he                         | ere 📘 🗍                                   |
|                    |          | Final return Amended return  |                                    |          |                        | rganizations meeting<br>ik here and attach co |   |
| <b>—</b>           | ock tv   | ☐ Address change ☐ Name change  ype of organization ☑ Section 501(c)(3) exempt private i                       | foundation                         |          |                        | undation status was t                         |   |
| _                  | ,        |  | e private foundation               |          | under sectio           | n 507(b)(1)(A), chec                          | k here                                    |
|                    |          |  | ☑ Cash ☐ Accru                     | al       | F If the founda        | ation is in a 60-monti                        | h termination                             |
|                    |          | from Part II, col (c),  ▶\$ 28,985,977  ☐ Other (specify)  (Part I, column (d) must                            | be on cash basis )                 |          | under sectio           | n 507(b)(1)(B), chec                          | k here                                    |
| Pa                 | rt I     | Analysis of Revenue and Expenses (The total  | (a) Daviania and                   |          |                        |   | (d) Disbursements                         |
|                    |          | of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) | (a) Revenue and expenses per books | (Ь)      | Net investment income  | (c) Adjusted net income                       | for charitable purposes (cash basis only) |
|                    | 1        | Contributions, gifts, grants, etc , received (attach schedule)   | 2,820,408                          |          |                        |   |   |
|                    | 2        | Check ▶ ☐ If the foundation is <b>not</b> required to attach   |                                    |          |                        |   |   |
|                    | 3        | Sch B  | 1,117                              |          | 1,117                  |   |   |
|                    | 4        | Dividends and interest from securities   | 814,023                            |          | 814,023                |   |   |
| Revenue            | 5a       | Gross rents  |                                    |          | <u> </u>               |   |   |
|                    | ь        | Net rental income or (loss)  |                                    |          |                        |   |   |
|                    | 6a       | Net gain or (loss) from sale of assets not on line 10  | 249,749                            |          |                        |   |   |
|                    | b        | Gross sales price for all assets on line 6a  |                                    |          |                        |   |   |
|                    | 7        | Capital gain net income (from Part IV, line 2)   |                                    |          | 1,038,810              |   |   |
|                    | 8        | Net short-term capital gain  |                                    |          |                        |   |   |
|                    | 9        | Income modifications   |                                    |          |                        |   |   |
|                    | 10a      | Gross sales less returns and allowances Less Cost of goods sold  |                                    |          |                        |   |   |
|                    | b        | Gross profit or (loss) (attach schedule)   | <u> </u>                           |          |                        |   |   |
|                    | 11       | Other income (attach schedule)   |                                    |          |                        |   |   |
|                    | 12       | Total. Add lines 1 through 11  | 3,885,297                          |          | 1,853,950              |   |   |
|                    | 13       | Compensation of officers, directors, trustees, etc   | 0                                  |          |                        |   |   |
|                    | 14       | Other employee salaries and wages  |                                    |          |                        |   |   |
| 6S                 | 15       | Pension plans, employee benefits   |                                    |          |                        |   |   |
| Expenses           | 16a      | Legal fees (attach schedule)   |                                    |          |                        |   |   |
| Exp                | Ь        | Accounting fees (attach schedule)  |                                    |          |                        |   |   |
|                    | _ c      | Other professional fees (attach schedule)  |                                    |          |                        |   |   |
| ratı               | 17<br>18 | <del>-</del>   | 15,565                             |          |                        |   |   |
| and Administrative | 19       | Depreciation (attach schedule) and depletion   | 2 27,232                           |          |                        |   |   |
| <u>=</u>           | 20       | Occupancy  |                                    |          |                        |   |   |
| Ι¥                 | 21       | Travel, conferences, and meetings  | 352                                |          |                        |   | 352                                       |
| anc                | 22       | Printing and publications  |                                    |          |                        |   |   |
| Бú                 | 23       | Other expenses (attach schedule)   | 61,100                             |          |                        |   | 61,100                                    |
| rati               | 24       | Total operating and administrative expenses.   |                                    |          |                        |   |   |
| Operating          | 25       | Add lines 13 through 23  | 77,017<br>1,158,000                |          | 0                      |   | 61,452<br>1,158,000                       |
| _                  | 25<br>26 | Contributions, gifts, grants paid  | 1,130,000                          |          |                        |   | 1,136,000                                 |
|                    |          | 25<br>Subtract line 26 from line 12  | 1,235,017                          |          | 0                      |   | 1,219,452                                 |
|                    | 27<br>a  | Excess of revenue over expenses and  |                                    |          |                        |   |   |
|                    |          | disbursements  | 2,650,280                          |          |                        |   |   |
|                    | b<br>c   | Net investment income (if negative, enter -0-)  Adjusted net income (if negative, enter -0-)                   |                                    |          | 1,853,950              |   |   |
| For                |          | rwork Reduction Act Notice, see instructions.  | I                                  | <u> </u> | Cat No 11289)          | I For   | m <b>990-PF</b> (2018)                    |

Form 990-PF (2018) Page 2 Beginning of year End of year Attached schedules and amounts in the description column Part II Balance Sheets 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 2 Savings and temporary cash investments . . . . . . 165,087 203,310 203,310 3 Accounts receivable ▶ Less allowance for doubtful accounts 4 Pledges receivable Less allowance for doubtful accounts ▶

22,006,281

22,171,368

22,171,368

22,171,368

22,171,368

24,618,338

24,821,648

24,821,648

24,821,648

24,821,648

2

3

4

5

6

22,171,368

2,650,280

24,821,648

24.821.648 Form 990-PF (2018)

28,782,667

28,985,977

| Accord | 43366 |
|--------|-------|
|        |       |

5

6

7

8

9

10a

b

C

11

12

13

14

15

16

17

18

19

20

21 22

23

24

25

26

28

29

31 Part III

Liabilities

Balances

Fund

ŏ

Assets 27

Net 30

2

Grants receivable . . . . . . . . .

Less allowance for doubtful accounts ▶

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > \_

Other liabilities (describe -

Unrestricted . . . .

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) > \_\_\_\_

Temporarily restricted

Grants payable

Receivables due from officers, directors, trustees, and other

Prepaid expenses and deferred charges . . . . . .

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

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

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

disqualified persons (attach schedule) (see instructions) . . . . .

Other notes and loans receivable (attach schedule) ▶

Investments—U S and state government obligations (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . .

Foundations that do not follow SFAS 117, check here ▶ ✓

Retained earnings, accumulated income, endowment, or other funds

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

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

|  | ribe the kind(s) of property sold (e g ,<br>warehouse, or common stock, 200 shs   | How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr ) | (d)<br>Date sold<br>(mo , day, yr )               |                          |
|--|---|------------------------------------|-----------------------------------|---|--------------------------|
| 1 a Publicly-traded Securit                                    | iles  |                                    |                                   |   |                          |
| b  |   |                                    |                                   |   |                          |
| С  |   |                                    |                                   |   |                          |
| d  |   |                                    |                                   |   |                          |
| e  |   |                                    |                                   |   |                          |
|  | (f)   |                                    | (g)                               | (   | h)                       |
| <b>(e)</b><br>Gross sales price                                | Depreciation allowed  |                                    | other basis                       | Gain d  | or (loss)                |
| Gross sales price  | (or allowable)  | plus exp                           | ense of sale                      | (e) plus (f                                       | ninus (g)                |
| a 1,   | 056,989   |                                    | 18,179                            | 9   | 1,038,810                |
| b  |   |                                    |                                   |   |                          |
| c  |   |                                    |                                   |   |                          |
| d  |   |                                    |                                   |   |                          |
| е  |   |                                    |                                   |   |                          |
| Complete only for ass  | ets showing gain in column (h) and ow   | ned by the foundation              | on 12/31/69                       |   | (I)                      |
|  | (j)   | i                                  | (k)                               |   | h) gain minus            |
| (i)<br>FMV as of 12/31/  | Adjusted basis  | Excess                             | of col (ı)                        | 1 '''   | less than -0-) <b>or</b> |
| 1 M V 43 01 12/31/   | as of 12/31/69  | over col                           | (j), if any                       | Losses (fr  | om col (h))              |
| а  |   |                                    |                                   |   | 1,038,810                |
| b  |   |                                    |                                   |   |                          |
| c  |   |                                    |                                   |   |                          |
| d  |   |                                    |                                   |   |                          |
| e  |   |                                    |                                   |   |                          |
| 3 Net short-term capita  | me or (net capital loss)  |                                    | Part I, line 7                    | 3   | 1,038,810                |
| •  | under Section 4940(e) for Re  |                                    |                                   |   |                          |
| For optional use by domestic                                   | c private foundations subject to the sec  | ction 4940(a) tax on ne            | et investment incor               | ne)   |                          |
| f section 4940(d)(2) applies                                   | , leave this part blank   |                                    |                                   |   |                          |
| Vas the foundation liable for                                  | the section 4942 tax on the distributal not qualify under section 4940(e) Do      | , ,                                | · ·                               | у П ү   | es 🗹 No                  |
| 1 Enter the appropriate  | amount in each column for each year,  | see instructions before            | making any entrie                 | es  |                          |
| (a) Base period years Calendar year (or tax year beginning in) | <b>(b)</b><br>Adjusted qualifying distributions                                   | (c)<br>Net value of noncharitab    | le-use assets                     | <b>(d)</b> Distribution rat (col (b) divided by o |                          |
| 2017   | 962,398   |                                    | 24,383,731                        |   | 0 039469                 |
| 2016   | 778,041   |                                    | 20,084,609                        |   | 0 038738                 |
| 2015   | 661,649   |                                    | 15,758,053                        |   | 0 041988                 |
| 2014   | 471,218   |                                    | 13,652,494                        |   | 0 034515                 |
| 2013   | 117,470   |                                    | 9,823,876                         |   | 0 011958                 |
| 2 Total of line 1, column                                      | n (d)   |                                    | 2                                 |   | 0 166668                 |
| number of years the fo   | itio for the 5-year base period—divide to bundation has been in existence if less | than 5 years                       | 3                                 |   | 0 033334                 |
|  | noncharitable-use assets for 2018 from  | n Part X, line 5                   | 4                                 |   | 25,395,023               |
| <b>5</b> Multiply line 4 by line 3                             |   |                                    | 5                                 |   | 846,518                  |
| <b>6</b> Enter 1% of net invest                                | ment income (1% of Part I, line 27b)  |                                    | 6                                 |   | 18,540                   |
| <b>7</b> Add lines 5 and 6 .                                   |   |                                    | 7                                 |   | 865,058                  |
|  | utions from Part XII, line 4 ,  |                                    | 8                                 |   | 1,219,452                |
| If line 8 is equal to or q                                     | greater than line 7, check the box in Pa  | art VI, line 1b, and com           | plete that part usi               | ng a 1% tax rate Se                               | e the Part VI            |

| Form 990-PF (2018)  |   | Page <b>7</b>             |
|---|---|---------------------------|
| Part VIII Information About Officers, Directors, Trus and Contractors (continued)   | stees, Foundation Managers, Highly Paid E         | imployees,                |
| 3 Five highest-paid independent contractors for professiona   | l services (see instructions). If none, enter "NO | NE".                      |
| (a) Name and address of each person paid more than \$50,000   | (b) Type of service                               | (c) Compensation          |
| Foundation Source   | Administrative                                    | 60,900                    |
| 55 Walls Drive 3rd Floor<br>Fairfield, CT 06824   |   |                           |
|   | _   |                           |
|   |   |                           |
|   |   |                           |
|   |   |                           |
| Total number of others receiving over \$50,000 for professional service   | ss ▶  |                           |
| Part IX-A Summary of Direct Charitable Activities   |   |                           |
| List the foundation's four largest direct charitable activities during the tax year In<br>organizations and other beneficiaries served, conferences convened, research pap- |   | Expenses                  |
| 1   | ers produced, etc                                 |                           |
|   |   |                           |
|   |   |                           |
| 2   |   | _                         |
|   |   |                           |
|   |   |                           |
| 3   |   |                           |
|   |   |                           |
|   |   |                           |
| 4   |   |                           |
| *   |   |                           |
|   |   |                           |
|   |   |                           |
| Part IX-B Summary of Program-Related Investments  | <u> </u>  |                           |
| Describe the two largest program-related investments made by the foundation   | during the tax year on lines 1 and 2              | Amount                    |
| 1   |   |                           |
|   |   | _                         |
|   |   |                           |
| 2   |   |                           |
|   |   |                           |
| All other program-related investments See instructions  |   |                           |
| 3   |   |                           |
|   |   | 1                         |
|   |   | 1                         |
| Total. Add lines 1 through 3  |   | •                         |
|   |   | Form <b>990-PF</b> (2018) |

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

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

Amounts set aside for specific charitable projects that satisfy the

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

2

3

4

5

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

2

3a 3h

4

5

1.219.452

1.200.912

Form 990-PF (2018)

18.540

Page 9

17,949

1.233.262

Form **990-PF** (2018)

| Form 990-PF (20 | 018)                                    |
|-----------------|---|
| Part XIII       | Undistributed Income (see instructions) |

1 Distributable amount for 2018 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only. . . . . . .

**b** Total for prior years

2016, 2015, 2014

3 Excess distributions carryover, if any, to 2018 a From 2013. . . . . **b** From 2014. . . . c From 2015. . .

d From 2016. . . . . . e From 2017. . . . .

f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2018 from Part XII, line 4 > \$ 1,219,452 a Applied to 2017, but not more than line 2a

**b** Applied to undistributed income of prior years

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

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)

6 Enter the net total of each column as

same amount must be shown in column (a) )

(Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . . **d** Applied to 2018 distributable amount. . . . . e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2018

indicated below:

e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must

Subtract lines 7 and 8 from line 6a . . . . . .

be distributed in 2019 . . . . .

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . . **b** Excess from 2015. . c Excess from 2016. . . . d Excess from 2017. . . e Excess from 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 2013 not applied on line 5 or line 7 (see instructions) . . .

tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount  (a)

Corpus

(b)

Years prior to 2017

(c)

2017

1,201,503

1,201,503



| 3                    | amounts unless otherwise indicated  | Unrelated bu         | isiness income       | Excluded by section    | 512, 513, or 514     | (e)<br>Related or exempt               |
|----------------------|---|----------------------|----------------------|------------------------|----------------------|--|
| _                    | n service revenue   | (a)<br>Business code | <b>(b)</b><br>Amount | (c)<br>Exclusion code  | <b>(d)</b><br>Amount | function income<br>(See instructions ) |
|                      |   |                      |                      |                        |                      |  |
|                      |   |                      |                      |                        |                      |  |
|                      |   |                      |                      |                        |                      |  |
|                      |   |                      |                      |                        |                      |  |
|                      |   |                      |                      |                        |                      |  |
|                      | and contracts from government agencies  |                      |                      |                        |                      |  |
| 2 Membe              | ership dues and assessments   |                      |                      |                        |                      |  |
| Interes<br>Investn   | t on savings and temporary cash   |                      |                      | 14                     | 1,117                |  |
| 1 Divider            | nds and interest from securities  |                      |                      | 14                     | 814,023              |  |
| 5 Net rer            | ntal income or (loss) from real estate  |                      |                      |                        |                      |  |
| a Debt-              | financed property   |                      |                      |                        |                      |  |
|                      | ebt-financed property   |                      |                      |                        |                      |  |
|                      | ntal income or (loss) from personal property  |                      |                      |                        |                      |  |
|                      | nvestment income  |                      |                      |                        |                      |  |
| Gain or<br>invento   | • •   |                      |                      | 18                     | 240 740              |  |
|                      | ome or (loss) from special events   |                      |                      | 16                     | 249,749              |  |
|                      | profit or (loss) from sales of inventory  |                      |                      |                        |                      |  |
|                      | revenue <b>a</b>  |                      |                      |                        |                      |  |
|                      |   |                      |                      |                        |                      |  |
| с                    |   |                      |                      |                        |                      |  |
| d                    |   |                      |                      |                        |                      |  |
|                      |   |                      |                      |                        |                      |  |
|                      | al Add columns (b), (d), and (e)  |                      |                      |                        | 1,064,889            |  |
|                      | Add line 12, columns (b), (d), and (e)  |                      |                      | 13                     | 3                    | 1,064,889                              |
|                      |   |                      |                      |                        |                      |  |
|                      | orksheet in line 13 instructions to verify calcu  -B Relationship of Activities to the  |                      | ment of Exem         | pt Purposes            |                      |  |
| Part XV              |   | ne Accomplish        | ed in column (e) c   | of Part XVI-A contribu |                      |  |
| art XVI<br>ine No.   | Explain below how each activity for which the accomplishment of the foundation's explain the second | ne Accomplish        | ed in column (e) c   | of Part XVI-A contribu |                      |  |
| art XVI<br>ine No.   | Explain below how each activity for which the accomplishment of the foundation's explain the second | ne Accomplish        | ed in column (e) c   | of Part XVI-A contribu |                      |  |
| art XV<br>ine No.    | Explain below how each activity for which the accomplishment of the foundation's explain the second | ne Accomplish        | ed in column (e) c   | of Part XVI-A contribu |                      |  |
| art XVI<br>ine No.   | Explain below how each activity for which the accomplishment of the foundation's explain the second | ne Accomplish        | ed in column (e) c   | of Part XVI-A contribu |                      |  |
| art XVI<br>ine No.   | Explain below how each activity for which the accomplishment of the foundation's explain the second | ne Accomplish        | ed in column (e) c   | of Part XVI-A contribu |                      |  |
| art XVI<br>ine No.   | Explain below how each activity for which the accomplishment of the foundation's explain the second | ne Accomplish        | ed in column (e) c   | of Part XVI-A contribu |                      |  |
| art XVI<br>ine No.   | Explain below how each activity for which the accomplishment of the foundation's explain the second | ne Accomplish        | ed in column (e) c   | of Part XVI-A contribu |                      |  |
| art XV<br>ine No.    | Explain below how each activity for which the accomplishment of the foundation's explain the second | ne Accomplish        | ed in column (e) c   | of Part XVI-A contribu |                      |  |
| art XV<br>ine No.    | Explain below how each activity for which the accomplishment of the foundation's explain the second | ne Accomplish        | ed in column (e) c   | of Part XVI-A contribu |                      |  |
| art XV<br>ine No.    | Explain below how each activity for which the accomplishment of the foundation's explain the second | ne Accomplish        | ed in column (e) c   | of Part XVI-A contribu |                      |  |
| art XVI<br>ine No.   | Explain below how each activity for which the accomplishment of the foundation's explain the second | ne Accomplish        | ed in column (e) c   | of Part XVI-A contribu |                      |  |
| art XVI<br>ine No.   | Explain below how each activity for which the accomplishment of the foundation's explain the second | ne Accomplish        | ed in column (e) c   | of Part XVI-A contribu |                      |  |
| art XVI<br>ine No.   | Explain below how each activity for which the accomplishment of the foundation's explain the second | ne Accomplish        | ed in column (e) c   | of Part XVI-A contribu |                      |  |
| art XV<br>ine No.    | Explain below how each activity for which the accomplishment of the foundation's explain the second | ne Accomplish        | ed in column (e) c   | of Part XVI-A contribu |                      |  |
| art XVI<br>ine No.   | Explain below how each activity for which the accomplishment of the foundation's explain the second | ne Accomplish        | ed in column (e) c   | of Part XVI-A contribu |                      |  |
| art XV<br>ine No.    | Explain below how each activity for which the accomplishment of the foundation's explain the second | ne Accomplish        | ed in column (e) c   | of Part XVI-A contribu |                      |  |
| art XVI<br>ine No.   | Explain below how each activity for which the accomplishment of the foundation's explain the second | ne Accomplish        | ed in column (e) c   | of Part XVI-A contribu |                      |  |
| art XVI<br>ine No.   | Explain below how each activity for which the accomplishment of the foundation's explain the second | ne Accomplish        | ed in column (e) c   | of Part XVI-A contribu |                      |  |
| art XVI<br>ine No.   | Explain below how each activity for which the accomplishment of the foundation's explain the second | ne Accomplish        | ed in column (e) c   | of Part XVI-A contribu |                      |  |
| art XVI<br>ine No.   | Explain below how each activity for which the accomplishment of the foundation's explain the second | ne Accomplish        | ed in column (e) c   | of Part XVI-A contribu |                      |  |
| art XV<br>ine No.    | Explain below how each activity for which the accomplishment of the foundation's explain the second | ne Accomplish        | ed in column (e) c   | of Part XVI-A contribu |                      |  |
| Part XVI<br>Line No. | Explain below how each activity for which the accomplishment of the foundation's explain the second | ne Accomplish        | ed in column (e) c   | of Part XVI-A contribu |                      |  |

| Fo | rm 990-PF (2018)   |       | Pa  | ge <b>13</b> |
|----|--|-------|-----|--------------|
|    | Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations  | table |     |              |
| 1  | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? |       | Yes | No           |
| ā  | Transfers from the reporting foundation to a noncharitable exempt organization of  |       |     |              |
|    | (1) Cash   | 1a(1) |     | No           |
|    | (2) Other assets   | 1a(2) |     | No           |
| Ł  | Other transactions   |       |     |              |
|    | (1) Sales of assets to a noncharitable exempt organization   | 1b(1) |     | No           |
|    | (2) Purchases of assets from a noncharitable exempt organization.  | 1b(2) |     | No           |

1b(3)

No

(3) Rental of facilities, equipment, or other assets.

| <b>(4)</b> Re    | ımbursement arrangemen      | nts  |   | 1b(4)           | No    |
|------------------|-----------------------------|--|---|-----------------|-------|
| ( <b>5</b> ) Lo  | ans or loan guarantees.     |  |   | 1b(5)           | No    |
| <b>(6)</b> Per   | formance of services or m   | embership or fundraising solicitations         |   | 1b(6)           | No    |
| <b>c</b> Sharing | of facilities, equipment, r | mailing lists, other assets, or paid employees |   | 1c              | No    |
| of the g         | oods, other assets, or ser  |  | olumn <b>(b)</b> should always show the fair marke<br>ne foundation received less than fair market va<br>he goods, other assets, or services received |                 |       |
| (a) Line No      | (b) Amount involved         | (c) Name of noncharitable exempt organization  | (d) Description of transfers, transactions, and s   | narıng arranger | ments |
|                  |                             |  |   |                 |       |
|                  |                             |  |   |                 |       |
|                  |                             |  |   |                 |       |
|                  |                             |  |   |                 |       |
|                  |                             |  |   |                 |       |
|                  |                             |  |   |                 |       |
|                  |                             |  |   |                 |       |
|                  |                             |  |   |                 |       |
|                  |                             |  |   |                 |       |
|                  |                             |  |   |                 |       |
|                  |                             |  |   |                 |       |
|                  |                             |  |   |                 |       |
|                  |                             |  |   |                 |       |
|                  |                             |  |   |                 |       |
|                  |                             |  |   |                 |       |

| 2a Is the fo       | oundation directly or indire | ectly affiliated with | , or related to, one or mo | e tax-exempt | organizations                                      |
|--------------------|------------------------------|-----------------------|----------------------------|--------------|--|
| describe           | ed in section 501(c) (other  | r than section 501(   | (c)(3)) or in section 527? |              | 🗌 Yes 🔽 No   |
| <b>b</b> If "Yes," | ' complete the following s   | chedule               |                            |              |  |
|                    | (a) Name of organization     | on                    | (b) Type of organiza       | ition        | (c) Description of relationship                    |
|                    |                              |                       |                            |              |  |
|                    |                              |                       |                            |              |  |
|                    |                              |                       |                            |              |  |
|                    |                              |                       |                            |              |  |
|                    |                              | ·                     |                            |              |  |
| Uj                 |                              |                       |                            |              | npanying schedules and statements, and to the best |

of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign May the IRS discuss this 2019-03-02 return Here with the preparer shown Signature of officer or trustee Date Title (see instr )? 🗹 Yes 🗆 No

Print/Type preparer's name Preparer's Signature Date PTIN Check if self-P01345770 employed ▶ 🗌 Jeffrey D Haskell Paid **Preparer** Firm's name ▶ Foundation Source Firm's EIN ▶ **Use Only** Firm's address ▶ One Hollow Ln Ste 212

Phone no (800) 839-1754 Lake Success, NY 11042

Form **990-PF** (2018)

Recipient Purpose of grant or If recipient is an individual, Foundation 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 564 PARK AVENUE PRESERVATION N/A PC General & Unrestricted 2,000 **FOUNDATION** 564 PARK AVE

| NEW YORK, NY 10065  |     |    |                        |        |
|---|-----|----|------------------------|--------|
| ADIRONDACK MOUNTAIN CLUB INC<br>814 GOGGINS RD<br>LAKE GEORGE, NY 12845 | N/A | PC | General & Unrestricted | 1,000  |
| ALZHEIMER'S DISEASE AND RELATED<br>DISORDERS ASSOCIAT<br>PO BOX 96011   | N/A | PC | General & Unrestricted | 15,000 |

| LAKE GEORGE, NT 12045   |     |    |                        |           |
|---|-----|----|------------------------|-----------|
| ALZHEIMER'S DISEASE AND RELATED<br>DISORDERS ASSOCIAT<br>PO BOX 96011<br>WASHINGTON, DC 20090 | N/A | PC | General & Unrestricted | 15,000    |
| Total   |     |    | ▶ 3a                   | 1,158,000 |

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

| AMERICAN DIABETES ASSOCIATION<br>2451 CRYSTAL DR STE 900<br>ARLINGTON, VA 22202 | N/A | PC | General & Unrestricted | 15,000 |
|---|-----|----|------------------------|--------|
| AMERICAN FORESTS<br>1220 L ST NW STE 750  | N/A | PC | General & Unrestricted | 1,000  |

| 1220 L ST NW STE 750<br>WASHINGTON, DC 20005   | IN/A | PC | General & Onlestricted                             | 1,0 |
|--|------|----|--|-----|
| AMERICAN FOUNDATION FOR THE<br>COURTAULD INSTITUTE OF<br>55 E END AVE 3D<br>NEW YORK, NY 10028 | N/A  | PC | the libraries at The Courtauld<br>Institute of Art | 2,0 |

| WASHINGTON, DC 20005   |     |    |  |           |
|--|-----|----|--|-----------|
| AMERICAN FOUNDATION FOR THE<br>COURTAULD INSTITUTE OF<br>55 E END AVE 3D<br>NEW YORK, NY 10028 | N/A | PC | the libraries at The Courtauld<br>Institute of Art | 2,000     |
| Total  |     |    | ▶ 3a   | 1,158,000 |

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

Name and address (home or husiness)

| Name and address (nome or business)         | or substantial contributor | ·  |                        |       |
|---|----------------------------|----|------------------------|-------|
| a Paid during the year                      |                            |    |                        |       |
| AMERICAN RADIO RELAY LEAGUE INC 225 MAIN ST | N/A                        | PC | General & Unrestricted | 2,000 |

recipient

| NEWINGTON, CT 06111  |     |    |                        |       |
|--|-----|----|------------------------|-------|
| AMHERST COLLEGE TRUSTEES<br>PO BOX 5000<br>AMHERST, MA 01002 | N/A | PC | General & Unrestricted | 1,000 |
|  |     |    |                        |       |

| PO BOX 5000<br>AMHERST, MA 01002                            | ,   |    |                        | ,     |
|---|-----|----|------------------------|-------|
| APPALACHIAN MOUNTAIN CLUB<br>10 CITY SQ<br>BOSTON, MA 02129 | N/A | PC | General & Unrestricted | 1,000 |

|   | AMHERST, MA 01002   |     |    |                        |           |
|---|---|-----|----|------------------------|-----------|
| П | APPALACHIAN MOUNTAIN CLUB<br>10 CITY SQ<br>BOSTON, MA 02129 | N/A | PC | General & Unrestricted | 1,0       |
| ĺ | Total   |     |    | ▶ 3a                   | 1,158,000 |

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                                  |     |    |                        |       |
|---|-----|----|------------------------|-------|
| BERRY COLLEGE INCPO BOX 490129<br>MOUNT BERRY, GA 30149 | N/A | PC | General & Unrestricted | 7,000 |
| BOSTON TERRIER RESCUE OF NORTH                          | N/A | PC | General & Unrestricted | 500   |

| CAROLINA 5403 FOREST OAKS DR GREENSBORO, NC 27406                                | N/A | PC | General & Unrestricted | 500 |
|--|-----|----|------------------------|-----|
| BOSTON TERRIER RESCUE TEAM OF<br>THE CAROLINAS INC<br>256 EASTCHESTER DR STE 133 | N/A | PC | General & Unrestricted | 500 |

| GREENSBORO, NC 27406   |     |    |                        |     |
|--|-----|----|------------------------|-----|
| BOSTON TERRIER RESCUE TEAM OF<br>THE CAROLINAS INC<br>256 EASTCHESTER DR STE 133<br>HIGH POINT, NC 27262 | N/A | PC | General & Unrestricted | 500 |
| 1  |     |    |                        |     |

| BOSTON TERRIER RESCUE TEAM OF<br>THE CAROLINAS INC<br>256 EASTCHESTER DR STE 133<br>HIGH POINT, NC 27262 | N/A | PC | General & Unrestricted | 500 |
|--|-----|----|------------------------|-----|
|  |     | •  | •                      |     |

Total .

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

| BOYS CLUB OF NEW YORK INC<br>287 E 10TH ST<br>NEW YORK, NY 10009 | N/A | PC | General & Unrestricted | 1,000 |
|--|-----|----|------------------------|-------|
| BUCKLEY SCHOOL IN THE CITY OF NEW                                | N/A | PC | General & Unrestricted | 2,000 |

| BUCKLEY SCHOOL IN THE CITY OF NEW YORK | N/A | PC | General & Unrestricted | 2,000 |
|--|-----|----|------------------------|-------|
| 113 E 73RD ST<br>NEW YORK, NY 10021    |     |    |                        |       |
|  |     |    |                        |       |

| 113 E 73RD ST<br>NEW YORK, NY 10021                 |     |    |                        |       |
|---|-----|----|------------------------|-------|
| CENTRAL PARK CONSERVANCY INC<br>14 E 60TH ST 8TH FL | N/A | PC | General & Unrestricted | 1,000 |

| 11211 101(17,111 10021  |     |    |                        |       |
|---|-----|----|------------------------|-------|
| CENTRAL PARK CONSERVANCY INC<br>14 E 60TH ST 8TH FL<br>NEW YORK, NY 10022 | N/A | PC | General & Unrestricted | 1,000 |
|   |     |    |                        |       |

Total .

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   |     |    |                        |        |
|--|-----|----|------------------------|--------|
| CENTURION MINISTRIES<br>1000 HERRONTOWN RD FL 2 STE 8<br>PRINCETON, NJ 08540 | N/A | PC | General & Unrestricted | 800    |
| CINCINNATI COUNTRY DAY SCHOOL  | N/A | PC | General & Unrestricted | 10,000 |

| CINCINNATI COUNTRY DAY SCHOOL<br>6905 GIVEN RD<br>CINCINNATI, OH 45243 | N/A | PC | General & Unrestricted | 10,000 |
|--|-----|----|------------------------|--------|
| CINCINNATI NATURE CENTER<br>ASSOCIATION<br>4949 TEALTOWN RD            | N/A | PC | General & Unrestricted | 12,000 |

| 4949 TFALTOWN RD  | 4949 TEALTOWN RD<br>MILFORD, OH 45150 |     |    |                        |        |
|---|---------------------------------------|-----|----|------------------------|--------|
|   | CINCINNATI NATURE CENTER              | N/A | PC | General & Unrestricted | 12,000 |
| CINCINNATI NATURE CENTER N/A PC General & Unrestricted 12,000 | CINCINNATI, OH 45243                  |     |    |                        |        |

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 CINCINNATI OPERA ASSOCIATION N/A PC General & Unrestricted 10,000 1243 ELM ST MUSIC HALL

CINCINNATI, OH 45202

HENDERSONVLLE, NC 28793

Total . .

| CIVIL WAR PRESERVATION TRUST<br>1140 PROFESSIONAL COURT<br>HAGERSTOWN, MD 21740 | N/A | PC | General & Unrestricted               | 2,000 |
|---|-----|----|--------------------------------------|-------|
| COMMUNITY FOUNDATION OF<br>HENDERSON COUNTY INC<br>PO BOX 1108                  | N/A | PC | Camp Greystone The Great Day<br>Fund | 3,000 |

N/A

DAVIDSON COLLEGEPO BOX 7162

DAVIDCON NC 2002E

PO BOX 3086 OSHKOSH, WI 54903

Total . .

| DAVIDSON, NC 28035   |     |    |                        |       |
|--|-----|----|------------------------|-------|
| DOLLYWOOD FOUNDATION<br>111 DOLLYWOOD LN<br>PIGEON FORGE, TN 37863 | N/A | PC | General & Unrestricted | 1,000 |
| EAA AVIATION FOUNDATION INC  | N/A | PC | Young Eagles Program   | 5,000 |

PC

General & Unrestricted

▶ 3a

1.000

Recipient If recipient is an individual, Purpose of grant or Foundation 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 EPILEPSY FOUNDATION OF SOUTHEAST N/A PC General & Unrestricted 10,000 TENNESSEE 1 SISKIN PLZ CHATTANOOGA, TN 37403

| EPISCOPAL CHARITIES OF THE<br>DIOCESE OF NEW YORK<br>1047 AMSTERDAM AVE<br>NEW YORK, NY 10025 | N/A | PC | General & Unrestricted | 5,000  |
|---|-----|----|------------------------|--------|
| EPISCOPAL RELIEF AND DEVELOPMENT  | N/A | PC | General & Unrestricted | 15,800 |

| NEW YORK, NY 10025  |     |    |                        |        |
|---|-----|----|------------------------|--------|
| EPISCOPAL RELIEF AND DEVELOPMENT<br>PO BOX 7058<br>MERRIFIELD, VA 22116 | N/A | PC | General & Unrestricted | 15,800 |

1,158,000

| EPISCOPAL RELIEF AND DEVELOPMENT<br>PO BOX 7058 | N/A | PC | General & Unrestricted | 15,80 |
|---|-----|----|------------------------|-------|
| MERRIFIELD, VA 22116                            |     |    |                        |       |

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

a Daid during the year

Total .

| a Paid during the year   |     |    |                        |       |
|--|-----|----|------------------------|-------|
| FOOTHILLS CRAFT GUILD INC<br>PO BOX 52871<br>KNOXVILLE, TN 37950 | N/A | PC | General & Unrestricted | 2,000 |
| FOREST PARK FOREVER INC  | N/A | PC | General & Unrestricted | 2.000 |

| KNOXVILLE, IN 37930   |     |    |                        |       |
|---|-----|----|------------------------|-------|
| FOREST PARK FOREVER INC<br>5595 GRAND DR IN FOREST PARK<br>ST LOUIS, MO 63112 | N/A | PC | General & Unrestricted | 2,000 |
| FRANCES PERKINS CENTER170 MAIN ST   | N/A | PC | General & Unrestricted | 2,000 |

| 5595 GRAND DR IN FOREST PARK<br>ST LOUIS, MO 63112          |     |    |                        |       |
|---|-----|----|------------------------|-------|
| FRANCES PERKINS CENTER170 MAIN ST<br>DAMARISCOTTA, ME 04543 | N/A | PC | General & Unrestricted | 2,000 |

| FRANCES PERKINS CENTER170 MAIN ST<br>DAMARISCOTTA, ME 04543 | N/A | PC | General & Unrestricted | 2,000 |
|---|-----|----|------------------------|-------|
|   |     |    |                        |       |

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 FRIENDS OF ISLAND ACADEMY INC N/A PC General & Unrestricted 1,000 127 W 127TH ST STE 127 NEW YORK, NY 10027

| GASPARILLA ISLAND CONSERVATION<br>AND IMPROVEMENT ASS<br>PO BOX 446<br>BOCA GRANDE, FL 33921 | N/A | PC | General & Unrestricted | 1,000 |
|--|-----|----|------------------------|-------|
| GLOBAL AIDS INTERFAITH ALLIANCE<br>2171 FRANCISCO BLVD E STE I<br>SAN RAFAEL, CA 94901       | N/A | PC | General & Unrestricted | 800   |

Total .

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 a Paid during the year GREEN-WOOD HISTORIC FUND INC N/A PC General & Unrestricted 1,000 500 25TH ST

| BROOKLYN, NY 11232                               |     |    |  |        |
|--|-----|----|--|--------|
| GREENSPACES63 E MAIN ST<br>CHATTANOOGA, TN 37408 | N/A | PC | to support Green Spaces Chattanooga Green Prix, a student led designed and built electric powered car event for Chattanooga area elementary, middle, and high school students To purchase two Greenpower USA F24 electric powered car kits and to purchase equipment and supplies needed for the safe, efficient operation of the Chattanooga Green Prix event | 17,000 |
| GREYHOUND PETS OF AMERICA                        | N/A | PC | General & Unrestricted   | 5,000  |

3a

1,158,000

12104 BROADWOOD DR FARRAGUT, TN 37934

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

| HEALTH ADVOCATES FOR OLDER<br>PEOPLE INC<br>708 3RD AVE FL 6<br>NEW YORK, NY 10017 | N/A | PC | General & Unrestricted | 2,000  |
|--|-----|----|------------------------|--------|
| HELEN KELLER INTERNATIONAL   | N/A | PC | General & Unrestricted | 15.000 |

| HELEN KELLER INTERNATIONAL<br>ONE DAG HAMMARSKJOLD PLZ FL 2<br>NEW YORK, NY 10017 | N/A | PC | General & Unrestricted | 15,000 |
|---|-----|----|------------------------|--------|
| HONORAIR - KNOXVILLE INC<br>7536 TAGGART LN                                       | N/A | PC | General & Unrestricted | 7,000  |

| Total  |     |    | ▶ 3a                   | 1,158,000 |
|--|-----|----|------------------------|-----------|
| HONORAIR - KNOXVILLE INC<br>7536 TAGGART LN<br>KNOXVILLE, TN 37938 | N/A | PC | General & Unrestricted | 7,000     |
| NEW YORK, NY 10017   |     |    |                        |           |

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

| BRONX, NY 10471                      |     | 20 |                        |       |
|--------------------------------------|-----|----|------------------------|-------|
| HORACE MANN SCHOOL<br>231 W 246TH ST | N/A | PC | General & Unrestricted | 3,000 |
| a Paid during the year               |     |    |                        |       |

| HORSE HAVEN OF TENNESSEE INC<br>PO BOX 30393<br>KNOXVILLE, TN 37930 | N/A | PC | General & Unrestricted | 1,000  |
|---|-----|----|------------------------|--------|
| HOSPICE OF CINCINNATI<br>INCORPORATED                               | N/A | PC | General & Unrestricted | 10,000 |

| KNOXVILLE, IN 3/930  |     |    |                        |        |
|--|-----|----|------------------------|--------|
| HOSPICE OF CINCINNATI<br>INCORPORATED<br>625 EDEN PARK DR 7TH FL<br>CINCINNATI, OH 45202 | N/A | PC | General & Unrestricted | 10,000 |
|  |     |    |                        |        |

| HOSPICE OF CINCINNATI INCORPORATED | N/A | PC | General & Unrestricted | 10,000    |
|------------------------------------|-----|----|------------------------|-----------|
| 625 EDEN PARK DR 7TH FL            |     |    |                        |           |
| CINCINNATI, OH 45202               |     |    |                        |           |
| Total                              |     |    | ▶ 3a                   | 1,158,000 |

Recipient Purpose of grant or If recipient is an individual, Foundation 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 IJAMS NATURE CENTER INC N/A PC General & Unrestricted 12,000 2915 ISLAND HOME AVE KNOXVILLE, TN 37920

| INDIAN HILL HISTORICAL MUSEUM<br>ASSOCIATION<br>8100 GIVEN RD<br>CINCINNATI, OH 45243 | N/A | PC | General & Unrestricted | 5,000 |
|---|-----|----|------------------------|-------|
| INSTITUTE OF CLASSICAL<br>ARCHITECTURE AND ART INC                                    | N/A | PC | General & Unrestricted | 500   |

| INSTITUTE OF CLASSICAL ARCHITECTURE AND ART INC 20 W 44TH ST NEW YORK, NY 10036  N/A PC General & Unrestricted 500 | CINCINNATI, OH 45243                     |     |    |                        |     |
|--|--|-----|----|------------------------|-----|
|  | ARCHITECTURE AND ART INC<br>20 W 44TH ST | N/A | PC | General & Unrestricted | 500 |

Total .

Recipient Show any relationship to any foundation manager or substantial contributor

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

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

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

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

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

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

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

Recipient If recipient

NI/A

INTEDVADSITY CHDISTIAN

Total .

| FELLOWSHIP- USA PO BOX 7895 MADISON, WI 53707                              | IV/A | FC | General & Offiestricted  | 800     |
|--|------|----|--|---------|
| IOWA STATE UNIVERSITY FOUNDATION<br>2505 UNIVERSITY BLVD<br>AMES, IA 50010 | N/A  | PC | Charlotte S and Charles M Fullgraf Endowed Scholarship Fund for students majoring in Dietetics in the Department of Food Science and Human Nutrition | 100,000 |

DC

General & Unrestricted

800

| ·  |     | Dietetics in the Department of<br>Food Science and Human<br>Nutrition                         |        |
|--|-----|---|--------|
| IOWA STATE UNIVERSITY FOUNDATION<br>2505 UNIVERSITY BLVD<br>AMES, IA 50010 | N/A | Endowed Charlotte Stone<br>Fullgraf Equine Surgery<br>Resident's Research and Support<br>Fund | 80,000 |

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 IOWA STATE UNIVERSITY FOUNDATION N/A PC. To purchase the following 100,000 2505 UNIVERSITY BLVD equipment for the Iowa State AMES, IA 50010 University College of Veterinary Medicine Equine Surgery Section A Synthes Locking Compression Plate Set, an Overground Excercise Videoendoscopy Unit, and an Arthroscopy Fluid Pump and a Fluoroscopy Unit KEW-FOREST SCHOOL INC N/A PC General & Unrestricted 1,000 119-17 UNION TPKE FOREST HILLS, NY 11375 KEW-FOREST SCHOOL INC N/A PC The Kew-Forest Innovation Fund 5,000 119-17 UNION TPKE

1,158,000

FOREST HILLS, NY 11375

Total . .

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

| LOUDON COUNTY HUMANE SOCIETY<br>PO BOX 602<br>LENOIR CITY, TN 37771 | N/A | PC | General & Unrestricted | 2,000 |
|---|-----|----|------------------------|-------|
| LUCKY BREAK PET RESCUE  | N/A | PC | General & Unrestricted | 2,000 |

| LUCKY BREAK PET RESCUE<br>214 SCENIC RD<br>NORMANDY, TN 37360 | N/A | PC | General & Unrestricted                 |
|---|-----|----|--|
| MISSOURI BOTANICAL GARDEN BOARD<br>OF TRUSTEES                | N/A | PC | the rare books conservation department |

a Paid during the year

| NORMANDY, TN 37360  |     |    |  |       |
|---|-----|----|--|-------|
| MISSOURI BOTANICAL GARDEN BOARD<br>OF TRUSTEES<br>2345 TOWER GROVE AVE<br>SAINT LOUIS, MO 63110 | N/A | PC | the rare books conservation department | 2,000 |

| MISSOURI BOTANICAL GARDEN BOARD<br>OF TRUSTEES<br>2345 TOWER GROVE AVE<br>SAINT LOUIS, MO 63110 | N/A | PC | the rare books conservation department | 2,000     |
|---|-----|----|--|-----------|
| Total   |     |    | ▶ 3a                                   | 1,158,000 |

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

| <b>5</b> /  |     |           |                        |       |
|---|-----|-----------|------------------------|-------|
| MORRIS ANIMAL FOUNDATION<br>720 S COLORADO BLVD STE 174-A<br>DENVER, CO 80246 | N/A | PC        | General & Unrestricted | 1,000 |
| NACHVILLE BUBLIC LIBBARY  | N/A | CO III EI | Canaral & Unrestricted | F00   |

| NATIONAL APPOR DAY FOUNDATION                      | NI/A | DC.       | Canada O Hayaatii atad | 1 000 |
|--|------|-----------|------------------------|-------|
| FOUNDATION<br>615 CHURCH ST<br>NASHVILLE, TN 37219 |      |           |                        |       |
| NASHVILLE PUBLIC LIBRARY                           | N/A  | SO III FI | General & Unrestricted | 500   |
|  |      | ļ         |                        |       |

| 615 CHURCH ST<br>NASHVILLE, TN 37219                             |     |    |                        |       |
|--|-----|----|------------------------|-------|
| NATIONAL ARBOR DAY FOUNDATION<br>211 N 12TH<br>LINCOLN, NE 68508 | N/A | PC | General & Unrestricted | 1,000 |

1,158,000

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 a Paid during the year

| NATIONAL PARK FOUNDATION<br>1110 VERMONT AVE NW STE 200<br>WASHINGTON, DC 20005 | N/A | PC | General & Unrestricted | 3,000 |
|---|-----|----|------------------------|-------|
| NAZARETH HOUSING INC519 E 11TH ST   | N/A | PC | General & Unrestricted | 5,000 |

| NAZARETH HOUSING INC519 E 11TH ST<br>NEW YORK, NY 10009 | N/A | PC | General & Unrestricted | 5,000 |
|---|-----|----|------------------------|-------|
| NEAR EAST FOUNDATION<br>230 EUCLID AVE                  | N/A | PC | General & Unrestricted | 800   |

| NEAR EAST FOUNDATION<br>230 EUCLID AVE<br>NEW YORK, NY 13210 | N/A | PC | General & Unrestricted | 800       |
|--|-----|----|------------------------|-----------|
| Total  |     |    | ▶ 3a                   | 1,158,000 |

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

| NEIGHBORHOOD COALITION FOR<br>SHELTER INC<br>50 BROADWAY STE 1301<br>NEW YORK, NY 10004 | N/A   | PC   | General & Unrestricted | 30,000 |
|---|-------|------|------------------------|--------|
| NEIGHBORHOOD COALITION FOR  | I N/A | ו מר | to support the NextGen | 10.000 |

| NEW YORK, NY 10004  |     |    |   |        |
|---|-----|----|---|--------|
| NEIGHBORHOOD COALITION FOR<br>SHELTER INC<br>50 BROADWAY STE 1301<br>NEW YORK, NY 10004 | N/A | PC | to support the NextGen<br>Research and Practice Award in<br>2019 and 2020 | 10,000 |
| NEW YORK TIMES NEEDIEST CASES<br>FUND<br>620 8TH AVE                                    | N/A | PC | General & Unrestricted  | 800    |

1,158,000

| NEW YORK, NY 10004   |     |    | 2019 and 2020          |     |
|--|-----|----|------------------------|-----|
| NEW YORK TIMES NEEDIEST CASES<br>FUND<br>620 8TH AVE<br>NEW YORK, NY 10018 | N/A | PC | General & Unrestricted | 800 |
|  |     |    |                        |     |

Recipient If recipient is an individual, show any relationship to status of status of

recipient

1,158,000

any foundation manager

or substantial contributor

Name and address (home or business)

1 W 54TH ST NEW YORK, NY 10019

|  | or substantial contributor |    |                        |       |
|--|----------------------------|----|------------------------|-------|
| a Paid during the year   |                            |    |                        |       |
| NIGHTINGALE-BAMFORD SCHOOL<br>20 E 92ND ST<br>NEW YORK, NY 10128     | N/A                        | PC | General & Unrestricted | 1,000 |
| NURSE FAMILY PARTNERSHIP<br>1900 GRANT ST NO 400<br>DENVER, CO 80203 | N/A                        | PC | General & Unrestricted | 800   |
| ONE WEST 54TH STREET FOUNDATION                                      | N/A                        | PC | General & Unrestricted | 2,000 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

Name and address (home or business)

| Name and dadress (nome or business)                                 | or substantial contributor |    |                        |     |
|---|----------------------------|----|------------------------|-----|
| a Paid during the year  |                            |    |                        |     |
| OPEN TABLE OF NASHVILLE INC<br>PO BOX 110266<br>NASHVILLE, TN 37222 | N/A                        | PC | General & Unrestricted | 500 |
|   |                            |    |                        |     |

recipient

| ,  |     |    |                        |        |
|--|-----|----|------------------------|--------|
| OSBORNE ASSOCIATION INC<br>175 REMSEN ST STE 800<br>BROOKLYN, NY 11201 | N/A | PC | General & Unrestricted | 10,000 |
| OWL MOON RAPTOR CENTER INC   | N/A | PC | General & Unrestricted | 2,000  |

| 175 REMSEN ST STE 800<br>BROOKLYN, NY 11201                         | ,   |    |                        | ,     |
|---|-----|----|------------------------|-------|
| OWL MOON RAPTOR CENTER INC<br>20201 BUCKLODGE RD<br>BOYDS, MD 20841 | N/A | PC | General & Unrestricted | 2,000 |

| BROOKLYN, NY 11201  |     |    |                        |           |
|---|-----|----|------------------------|-----------|
| OWL MOON RAPTOR CENTER INC<br>20201 BUCKLODGE RD<br>BOYDS, MD 20841 | N/A | PC | General & Unrestricted | 2,00      |
| Total   |     |    | ▶ 3a                   | 1,158,000 |

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 PRESIDENT & TRUSTEES OF COLBY N/A PC. General & Unrestricted 1.000 COLLEGE 4120 MAYFLOWER HILL WATERVILLE, ME 04901

| READ ALLIANCE INC<br>80 MAIDEN LN 11TH FL<br>NEW YORK, NY 10038 | N/A | PC | General & Unrestricted | 5,000 |
|---|-----|----|------------------------|-------|
| RED DOG FARM ANIMAL RESCUE<br>NETWORK<br>5803 BUR MILL CLUB RD  | N/A | PC | General & Unrestricted | 1,000 |

| '  |     |    |                        |           |
|--|-----|----|------------------------|-----------|
| RED DOG FARM ANIMAL RESCUE<br>NETWORK<br>5803 BUR MILL CLUB RD<br>GREENSBORO, NC 27410 | N/A | PC | General & Unrestricted | 1,000     |
| Total  |     |    | ▶ 3a                   | 1,158,000 |

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

| Name and address (home or business) | show any relationship to<br>any foundation manager<br>or substantial contributor | status of<br>recipient | contribution |  |
|-------------------------------------|--|------------------------|--------------|--|
|                                     |  |                        |              |  |

| a Paid during the year |     |    |                        |       |
|------------------------|-----|----|------------------------|-------|
| REMOTE AREA MEDICAL    | N/A | PC | General & Unrestricted | 8,000 |

| ROCKFORD, TN 37853                             |     |    |                        |        |
|--|-----|----|------------------------|--------|
| RENSSELAER POLYTECHNIC INSTITUTE<br>110 8TH ST | N/A | PC | General & Unrestricted | 10,000 |

| Modelli olis, ili svoss  |     |    |                        |        |
|--|-----|----|------------------------|--------|
| RENSSELAER POLYTECHNIC INSTITUTE<br>110 8TH ST<br>TROY, NY 12180 | N/A | PC | General & Unrestricted | 10,000 |
| RESTORE NYC INC  | N/A | PC | General & Unrestricted | 20,000 |

| TROY, NY 12180   |     |    |                        |  |
|--|-----|----|------------------------|--|
| RESTORE NYC INC<br>20 W 46TH ST APT 2B<br>NEW YORK, NY 10036 | N/A | PC | General & Unrestricted | 20,000   |
|  |     |    |                        | The state of the s |

| RESTORE NYC INC<br>20 W 46TH ST APT 2B<br>NEW YORK, NY 10036 | N/A | PC | General & Unrestricted | 20,00     |
|--|-----|----|------------------------|-----------|
| Total  |     |    | ▶ 3a                   | 1,158,000 |

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                     |     |    |                        |       |
|--|-----|----|------------------------|-------|
| RIVERWOOD THERAPEUTIC RIDING<br>CENTER INC | N/A | PC | General & Unrestricted | 2,000 |

| TOBACCOVILLE, NC 27050  |     |    |                        |     |
|---|-----|----|------------------------|-----|
| RONALD MCDONALD HOUSE CHARITIES<br>OF NASHVILLE TN IN<br>2144 FAIRFAY AVE | N/A | PC | General & Unrestricted | 800 |

| OF NASHVILLE TN IN<br>2144 FAIRFAX AVE<br>NASHVILLE, TN 37212 |     |    |                        |     |
|---|-----|----|------------------------|-----|
| RONALD MCDONALD HOUSE CHARITIES                               | N/A | PC | General & Unrestricted | 800 |

| 2144 FAIRFAX AVE<br>NASHVILLE, TN 37212 |     |    |                        |     |
|---|-----|----|------------------------|-----|
| ROOM IN THE INN INCPO BOX 25309         | N/A | PC | General & Unrestricted | 500 |

| NASHVILLE, TN 37212             |     |    |                        |     |
|---------------------------------|-----|----|------------------------|-----|
| ROOM IN THE INN INCPO BOX 25309 | N/A | PC | General & Unrestricted | 500 |

1,158,000

|--|

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                         |     |    |                        |       |
|--|-----|----|------------------------|-------|
| SAMARITANS PURSEPO BOX 3000<br>BOONE, NC 28607 | N/A | PC | General & Unrestricted | 1,000 |
| SHANGRI LA THERAPEUTIC ACADEMY                 | N/A | PC | General & Unrestricted | 7,000 |

| SHANGRI LA THERAPEUTIC ACADEMY<br>OF RIDING INC<br>11800 HWY 11E<br>LENOIR CITY, TN 37772 | N/A | PC | General & Unrestricted | 7,000 |
|---|-----|----|------------------------|-------|
| SPENCE-CHAPIN SERVICES TO FAMILIES AND CHILDREN   | N/A | PC | General & Unrestricted | 1,000 |

| LENOIR CITY, TN 37772   |     |    |                        |       |
|---|-----|----|------------------------|-------|
| SPENCE-CHAPIN SERVICES TO<br>FAMILIES AND CHILDREN<br>410 E 92ND ST<br>NEW YORK, NY 10128 | N/A | PC | General & Unrestricted | 1,000 |

| LENOIR CITY, TN 37772   |     |    |                        |           |
|---|-----|----|------------------------|-----------|
| SPENCE-CHAPIN SERVICES TO<br>FAMILIES AND CHILDREN<br>410 E 92ND ST<br>NEW YORK, NY 10128 | N/A | PC | General & Unrestricted | 1,000     |
| Total   |     |    | ▶ 3a                   | 1,158,000 |

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

recipient

1,158,000

any foundation manager

or substantial contributor

Name and address (home or business)

|  | or substantial contributor |    |                        |        |
|--|----------------------------|----|------------------------|--------|
| a Paid during the year   |                            |    |                        |        |
| ST JAMES EPISCOPAL CHURCH<br>865 MADISON AVE<br>NEW YORK, NY 10021 | N/A                        | PC | General & Unrestricted | 35,000 |
| SYLVAN WINDS INC   | N/A                        | PC | General & Unrestricted | 1,000  |

| SYLVAN WINDS INC<br>444 CENTRAL PARK W APT 9H<br>NEW YORK, NY 10025 | N/A | PC | General & Unrestricted | 1,000  |
|---|-----|----|------------------------|--------|
| THE INDIAN HILL CHURCH  | N/A | PC | General & Unrestricted | 10,000 |

| NEW YORK, NY 10025  |     |    |                        |        |
|---|-----|----|------------------------|--------|
| THE INDIAN HILL CHURCH<br>6000 DRAKE RD<br>CINCINNATI, OH 45243 | N/A | PC | General & Unrestricted | 10,000 |

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

5,000

15,000

1,158,000

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

| 5400 RED BANK RD<br>CINCINNATI, OH 45227 | N/A | יב | General & Unrestricted |  |
|--|-----|----|------------------------|--|
| THE SEVEN HILLS SCHOOLS                  | N/A | PC | Build Connect Inspire  |  |

| HE SEVEN HILLS SCHOOLS<br>400 RED BANK RD<br>INCINNATI, OH 45227 | N/A | PC | Campaign  |  |
|--|-----|----|---|--|
| HE UNIVERSITY OF TENNESSEE DUNDATION INC                         | N/A |    | University of Tennessee Institute of Agriculture Advancing Equine |  |

| CINCINIVATI, OTT 45227  |     |   |       |
|---|-----|---|-------|
| THE UNIVERSITY OF TENNESSEE<br>FOUNDATION INC<br>1525 UNIVERSITY AVE<br>KNOXVILLE, TN 37921 | N/A | University of Tennessee Institute<br>of Agriculture Advancing Equine<br>Health Fund | 5,000 |
|   |     |   |       |

Recipient Purpose of grant or If recipient is an individual, Foundation 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 TRINITY COLLEGE300 SUMMIT ST N/A PC Jimmy Jones Scholarship Fund 10,000 HARTFORD, CT 06106

| TRUSTEES OF THE SMITH COLLEGE<br>33 ELM ST<br>NORTHAMPTON, MA 01063 | N/A | PC | The Smith Fund         | 5,000  |
|---|-----|----|------------------------|--------|
| TRUSTEES OF THE SMITH COLLEGE 33 ELM ST NORTHAMPTON MA 01063        | N/A | PC | SCMA Next Century Fund | 30,000 |

Total . .

1,158,000

▶ 3a

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

| 1   | II  |    |   |         |
|---|-----|----|---|---------|
| TRUSTEES OF THE SMITH COLLEGE<br>33 ELM ST<br>NORTHAMPTON, MA 01063 | N/A |    | the endowed Fullgraf Fund to<br>support the Special Collections<br>at Smith College | 125,000 |
| URBAN PROMISE MINISTRIES  | N/A | PC | General & Unrestricted  | 800     |

| URBAN PROMISE MINISTRIES<br>COMMUNITY DEVELOPMENT INC<br>PO BOX 1479<br>CAMDEN, NJ 08105 | N/A | PC | General & Unrestricted | 800    |
|--|-----|----|------------------------|--------|
| VANDERBILT UNIVERSITY  | N/A | PC | G & G Scholarship Fund | 10,000 |

| CAMDEN, NJ 08105  |     |    |                        |        |
|---|-----|----|------------------------|--------|
| VANDERBILT UNIVERSITY<br>PMB 407727 2301 VANDERBILT PL<br>NASHVILLE, TN 37240 | N/A | PC | G & G Scholarship Fund | 10,000 |
|   |     |    |                        |        |

1,158,000

| VANDERBILT UNIVERSITY<br>PMB 407727 2301 VANDERBILT PL<br>NASHVILLE, TN 37240 | N/A | PC | G & G Scholarship Fund | 10,000 |
|---|-----|----|------------------------|--------|
|   |     |    |                        |        |

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

| VANDERBILT UNIVERSITY<br>PMB 407727 2301 VANDERBILT PL<br>NASHVILLE, TN 37240 | N/A | PC | John S Beasley Scholarship<br>Fund | 10,000 |
|---|-----|----|------------------------------------|--------|
| VANDERBILT UNIVERSITY   | N/A | PC | Vanderbilt Law School Class of     | 10,000 |

| VANDERBILT UNIVERSITY<br>PMB 407727 2301 VANDERBILT PL<br>NASHVILLE, TN 37240 | N/A | PC        | Vanderbilt Law School Class of<br>1968 Scholarship Fund | 10,000 |
|---|-----|-----------|---|--------|
| VISITING NURSE SERVICE OF NEW<br>YORK<br>107 E 70TH ST 5TH FL                 | N/A | SO III FI | General & Unrestricted                                  | 800    |

| Total  |     |           | ▶ 3a                   | 1,158,000 |
|--|-----|-----------|------------------------|-----------|
| YORK<br>107 E 70TH ST 5TH FL<br>NEW YORK, NY 10021 |     |           |                        |           |
| VISITING NURSE SERVICE OF NEW                      | N/A | SO III FI | General & Unrestricted | 800       |
| NASHVILLE, IN 3/240                                |     |           |                        |           |

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 WASHINGTON UNIVERSITY N/A PC annual Charles W Fullgraf 5,000 CAMPUS BOX 1082 ONE BROOKINGS Scholarship in Arts and sciences DR fund STIQUIS MO 63130

| 51 20015, 140 05150  |     |    |  |         |
|--|-----|----|--|---------|
| WASHINGTON UNIVERSITY<br>CAMPUS BOX 1082 ONE BROOKINGS<br>DR<br>ST LOUIS, MO 63130 | N/A | PC | endowed Charles W Fullgraf<br>Scholarship in Arts and sciences<br>fund | 100,000 |
| WASHINGTON UNIVERSITY CAMPUS BOX 1082 ONE BROOKINGS DR STLOUIS MO 63130            | N/A | PC | the Fullgraf Fellowship in<br>Engineering Fund                         | 100,000 |

| ST LOUIS, MO 63130   |     |    | Tana   |           |
|--|-----|----|--|-----------|
| WASHINGTON UNIVERSITY<br>CAMPUS BOX 1082 ONE BROOKINGS<br>DR<br>ST LOUIS, MO 63130 | N/A | PC | the Fullgraf Fellowship in<br>Engineering Fund | 100,000   |
| Total  |     |    | ▶ 3a   | 1,158,000 |

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 a Paid during the year

| WASHINGTON UNIVERSITY CAMPUS BOX 1082 ONE BROOKINGS DR ST LOUIS, MO 63130          | N/A | PC | the Fullgraf Fellowship in<br>Engineering fund   | 20,000 |
|--|-----|----|--|--------|
| WASHINGTON UNIVERSITY<br>CAMPUS BOX 1082 ONE BROOKINGS<br>DR<br>ST LOUIS, MO 63130 | N/A | PC | to support the Fullgraf Professor<br>research team for the purchase<br>of equipment and supplies for<br>prototyping devices and travel<br>funds to present research at | 20,000 |

| DR<br>ST LOUIS, MO 63130  |     |    | of equipment and supplies for<br>prototyping devices and travel<br>funds to present research at<br>conferences and meetings |       |
|---|-----|----|---|-------|
| WASHINGTON UNIVERSITY CAMPUS BOX 1082 ONE BROOKINGS DR ST LOUIS, MO 63130 | N/A | PC | Washington University Libraries<br>Special Collections  | 2,000 |

|  |     |    | conferences and meetings                               | <u> </u>  |
|--|-----|----|--|-----------|
| WASHINGTON UNIVERSITY<br>CAMPUS BOX 1082 ONE BROOKINGS<br>DR<br>ST LOUIS, MO 63130 | N/A | PC | Washington University Libraries<br>Special Collections | 2,000     |
| Total  |     |    | ▶ 3a   | 1,158,000 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

| WILDLIFE CONSERVATION SOCIETY       | N/A                        | PC | New York Aguarium Project | 5.000 |
|-------------------------------------|----------------------------|----|---------------------------|-------|
| a Paid during the year              |                            |    |                           |       |
| Name and address (nome or business) | or substantial contributor |    |                           |       |

2300 SOUTHERN BLVD

Name and address (home or husiness)

BRONX. NY 10460 Total. 1,158,000 efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491073004179 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2018 Depreciation Schedule

## Name: The Fullgraf Foundation EIN: 30-6013098

| efile GRAPHIC print - DO NOT PROCESS         | As Filed Data - | DLN: 93491073004179 |  |  |  |  |
|--|-----------------|---------------------|--|--|--|--|
| TY 2018 Investments Corporate Stock Schedule |                 |                     |  |  |  |  |
|  |                 |                     |  |  |  |  |

Name: The Fullgraf Foundation

**EIN:** 30-6013098

| Name of Stock                  | End of Year Book<br>Value | End of Year Fair<br>Market Value |
|--------------------------------|---------------------------|----------------------------------|
| PROCTER GAMBLE CO              | 20,545,778                | 23,715,268                       |
| RETAIL PROPERTIES OF AMERICA A | 242,853                   | 138,142                          |
| SCHWAB INTERNATIONAL INDEX FUN | 210,000                   | 178,232                          |
| SCHWAB S P 500 INDEX FUND SELE | 3,606,487                 | 4,728,400                        |
| THE JM SMUCKER COMPANY         | 13,220                    | 22,625                           |

| efile GRAPHIC print - DO NOT PROCESS          | As Filed Data -                      |                          | DLN                    | : 93491073004179                            |  |
|---|--------------------------------------|--------------------------|------------------------|---|--|
| TY 2018 Other Expenses Schedule               |                                      |                          |                        |   |  |
| Name: The Fullgraf Foundation EIN: 30-6013098 |                                      |                          |                        |   |  |
| Other Expenses Schedule                       |                                      |                          |                        |   |  |
| Description                                   | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |  |
| Administrative Fees                           | 60,900                               |                          |                        | 60,900                                      |  |

| Other Expenses Schedule |                             |   |  |  |  |  |
|-------------------------|-----------------------------|---|--|--|--|--|
| Description             | Revenue and<br>Expenses per | N |  |  |  |  |

State or Local Filing Fees

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data  | -                        | DL                     | N: 93491073004179                           |  |
|--------------------------------------|----------------|--------------------------|------------------------|---|--|
| TY 2018 Taxes Schedule               |                |                          |                        |   |  |
|                                      |                |                          |                        |   |  |
| Name:                                | : The Fullgraf | Foundation               |                        |   |  |
| <b>EIN:</b> 30-6013098               |                |                          |                        |   |  |
| Category                             | Amount         | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |
| 990-PF Estimated Tax for 2018        | 14,200         |                          | i                      |   |  |
| 990-PF Excise Tax for 2017           | 1,365          |                          |                        |   |  |

| efile GRAPHIC print - DO  | NOT PROCESS As Filed Data  | -   |  | DLN: 93491073004179  |  |  |
|---|--|---|--|--|--|--|
| Schedule B  | Sched  | dule of Contributors  |  | OMB No 1545-0047   |  |  |
| (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service |  | to Form 990, 990-EZ, or 990-PF<br>gov/Form990 for the latest infor                                | mation   | 2018   |  |  |
| Name of the organizatio<br>The Fullgraf Foundation                                | 1  |   | Employer id  | dentification number   |  |  |
| Organization type (chec   | ( one)   |   | 30-6013098   |  |  |  |
|   | ,  |   |  |  |  |  |
| Filers of:  | Section:   |   |  |  |  |  |
| Form 990 or 990-EZ  | 501(c)( ) (enter number)   |   |  |  |  |  |
|   | 4947(a)(1) nonexempt ch  | arıtable trust <b>not</b> treated as a p  | orivate foundation   |  |  |  |
|   | ☐ 527 political organization   |   |  |  |  |  |
| Form 990-PF   | ✓ 501(c)(3) exempt private   | foundation  |  |  |  |  |
|   | 4947(a)(1) nonexempt ch  | 4947(a)(1) nonexempt charitable trust treated as a private foundation                             |  |  |  |  |
|   | 501(c)(3) taxable private f  | 501(c)(3) taxable private foundation  |  |  |  |  |
|   | ion filing Form 990, 990-EZ, or 990<br>property) from any one contributor  |   |  |  |  |  |
| Special Rules   |  |   |  |  |  |  |
| under sections 50 received from any   | n described in section 501(c)(3) fili<br>9(a)(1) and 170(b)(1)(A)(vi), that ch<br>one contributor, during the year, to<br>1h, or (ii) Form 990-EZ, line 1 Coi                                    | necked Schedule A (Form 990<br>otal contributions of the greater                                  | or 990-EZ), Part II, line 13,  | , 16a, or 16b, and that  |  |  |
| during the year, to   | n described in section 501(c)(7), (8 tal contributions of more than \$1,00 e prevention of cruelty to children of  | 00 exclusively for religious, cha   | arıtable, scientific, literary, d  |  |  |  |
| during the year, c<br>If this box is chec<br>purpose Don't co                     | n described in section 501(c)(7), (8 partributions exclusively for religious sed, enter here the total contribution implete any of the parts unless the 6 e, etc., contributions totaling \$5,00 | s, charitable, etc., purposes, buns that were received during the General Rule applies to this or | ut no such contributions tota<br>ne year for an <i>exclusively</i> re<br>rganization because it rece | aled more than \$1,000 eligious, charitable, etc, ived <i>nonexclusively</i> |  |  |
| 990-EZ, or 990-PF), but i   | that isn't covered by the General F<br>must answer "No" on Part IV, line<br>m 990PF, Part I, line 2, to certify th   | 2, of its Form 990, or check th   | ie box on line H of its  |  |  |  |
| For Paperwork Reduction Action Form 990, 990-EZ, or 990                           | t Notice, see the Instructions<br>PF   | Cat No 30613X   | Schedule B (Form 990   | 0, 990-EZ, or 990-PF) (2018)   |  |  |

Name of organization

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)