Form 990-PF

Department of the Treasury

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 www.irs.gov/Form990PF for instructions and the latest information

OMB No 1545-0052

E	nt ca	lendar year 2017 or tay year heginning			3/23 <b>, 2017</b>				12/31, 2017
		lendar year 2017 or tax year beginning of foundation		00	,, 2017	anu end		Employer identifi	· · · · · · · · · · · · · · · · · · ·
		PRIVATE FOUNDATION						82-262773	
_	_	er and street (or P O box number if mail is not delivered	to street ac	Idress)		Room/suit	e	3 Telephone numb	
·		,						- releptione name	
	FOU	FOUNDATION SOURCE 501 SILVERSIDE RD							9-1754
		town, state or province, country, and ZIP or foreign post			<del></del>			(000) 00	3 1,01
	•							If exemption applica	
	WIL	MINGTON, DE 19809-1377						pending, check here	
_		eck all that apply X Initial return	T	Initial return	of a former p	ublic cha	rity	) 1 Foreign organizat	nos chock horo
		Final return		Amended re				2 Foreign organiza	
		Address change		Name chang	е			85% test, check h	
Н	Che	ck type of organization X Section 501(	c)(3) exe	empt private f	oundation		╗.		
		Section 4947(a)(1) nonexempt charitable trust		ner taxable pr		ion	1	If private foundation under section 507(b	n status was terminated )(1)(A), check here
ī		market value of all assets at J Accou					,	·	ın a 60-month termination
			ther (spe						(1)(B), check here
	16)			l) must be on ca	sh basıs )				_
F	art	Analysis of Revenue and Expenses (The	(a) R	evenue and					(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	`éxp	enses per	(b) Net inve		(c)	Adjusted net income	for charitable purposes
_		column (a) (see instructions) )		books		-			(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)		500,000.					
	2	Check If the foundation is not required to attach Sch B							
	3	Interest on savings and temporary cash investments.		61.		61.			
	4	Dividends and interest from securities		76.		76.			
-	5a	Gross rents							
	b	Net rental income or (loss)							
ne	6a	Net gain or (loss) from sale of assets not on line 10						<del></del>	
evenue	В	Gross sales price for all assets on line 6a							
Rev	7	Capital gain net income (from Part IV, line 2) .		<del></del>		0.			
-	8	Net short-term capital gain							
	9	Income modifications				موسیبیرس <u>مس ر</u> د	- \	**	
	104	and allowances			11 "	1, 30		15-70)	
		Less Cost of goods sold .				·	_	103	
		Gross profit or (loss) (attach schedule)			10:	APR &	<del>, 0 2</del>	018   65     10   10   10   10   10   10   10	
	11	Other income (attach schedule)		500,137.		137.		1631	
_	12	Total. Add lines 1 through 11		0.	L UI ~ E	13/.		1 1	
Š	13	Compensation of officers, directors, trustees, etc		<u></u>		(1, 1,		9->	
JSe	14	Other employee salanes and wages							
be	15	Pension plans, employee benefits							
Ex		Legal fees (attach schedule)							
è		Accounting fees (attach schedule)		158.		158.			
ati		Other professional fees (attach schedule) . [1]		100.		100.			
str	17 18	Taxes (attach schedule) (see instructions)			_				
Ë	19	Depreciation (attach schedule) and depletion.							
Administrative Expe	20								
Ă		Travel, conferences, and meetings							
P	22	Printing and publications							
6	23	Other expenses (attach schedule) ATCH .2.		5,887.					5,887
ţi	24	Total operating and administrative expenses.		- <del></del>				<del></del>	.,
era	21 22 23 24 25	Add lines 13 through 23		6,045.		158.			5,887
ă	25	Contributions, gifts, grants paid		7,500.					7,500
	26	Total expenses and disbursements Add lines 24 and 25		13,545.		158.			13,387
_	27	Subtract line 26 from line 12:						<del></del>	
		Excess of revenue over expenses and disbursements		486,592.					
		Net investment income (if negative, enter -0-)				0.			
		Adjusted net income (if negative, enter -0-)						<del></del>	
	_	perwork Reduction Act Notice, see instructions.							Form 990-PF (2017)

gr. M

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year		Beginning of year	En	End of year		
Ра	Ш	Balance Sneets	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1 (	Cash - non-interest-bear	ing			
	2 8	Savings and temporary	cash investments		62,78	62,783
		Accounts receivable				
1	L	ess allowance for dou	btful accounts ▶			
١.	4 F	Pledges receivable				
	L	ess allowance for dou	btful accounts ▶			
	6 F	Receivables due from	officers, directors, trustees, and other	_		
1	d	lisqualified persons (at	tach schedule) (see instructions)	1		
			receivable (attach schedule)			
			btful accounts			
3			se			
<u> </u>	-		leferred charges			
2 1		• •	e government obligations (attach schedule)			
-   "			e stock (attach schedule) ATCH 3		333,173	336,209
			e bonds (attach schedule) ATCH 4		90,63	
1	1 li a L	nvestments - land, building and equipment basis ess accumulated deprecia	s, <b>&gt;</b>			
1.	(	attach schedule)				<del></del>
1;  1;			loans	_ <del></del>		
		nvestments - other (atta and, buildings, and	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	e	equipment basis ess accumulated deprecia	ation >			
١.	(;	attach schedule)	· ————			<del></del>
1:		Other assets (describe		····		
10			completed by all filers - see the	. [	406 50	400 225
+-			age 1, item I)	0.	486,592	2. 489,325
1	7 A	Accounts payable and a	accrued expenses			_
1	8 (	Grants payable				_
1	9 C	Deferred revenue				<b>-</b>
Liabilities	0 L	oans from officers, directo	ors, trustees, and other disqualified persons			
2			otes payable (attach schedule)			
၂ 2	2 (	Other liabilities (describe	e▶)			
2:	3 T	otal liabilities (add line	es 17 through 22)	0.		0.
	F	oundations that follow	w SFAS 117, check here , ▶ 📖 │			
alances	а	and complete lines 24	through 26, and lines 30 and 31.			
ᇎ	4 L	Jnrestricted				
	5 T	Temporarily restricted .				
밁	6 F	Permanently restricted .				
Net Assets or Fund B	F	oundations that do no	ot follow SFAS 117, check here ▶ 🔀			İ
		ind complete lines 27				
<u> </u>	7 (	Capital stock, trust prin	cipal, or current funds			
2 G		Paid-in or capital surplus, o	r land, bldg , and equipment fund			7
S		Retained earnings, accumi	ulated income, endowment, or other funds		486,59	2.
<b>S</b>  3		<del>-</del> ·	d balances (see instructions)	0.	486,59	2.
<b>2</b> 3			net assets/fund balances (see			$\neg$
	i	nstructions)		0.	486,59	2.
Рa			nges in Net Assets or Fund Bala	nces		,
			palances at beginning of year - Part		nust agree with	
			ed on prior year's return)			0
		•	, line 27a			
						3
						486,592
		eases not included in		• • • • • • • • • • • • • •		5
			palances at end of year (line 4 minus	line 5) - Part II, column //		
•	. vial	THE COURSE OF THE LA	raianices at enu or year (sille 4 littillus	······································	,, mic ou   T	, , 100,332

Form 990-PF (2017)

(a) List and d	s and Losses for Tax on Invescribe the kind(s) of property sold (for brick warehouse; or common stock, 200	example, real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1 a				_	
b			<del> </del>		
<u>c</u>		<del></del>			
<u>d</u>			+		
<u>e</u>		(a) Cost or other book	+	1	>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	ļ	(h) Gain or (lo: ((e) plus (f) mini	
a b					
С					
d					
е					
Complete only for assets	showing gain in column (h) and owned	by the foundation on 12/31/69		Gains (Col (h) ga	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less to Losses (from co	
а					
b				<del>-</del>	
С					
d			-		
е	<u> </u>	<u> </u>			
Capital gain net incom	e or (net capital loss)	jain, also enter in Part I, line 7			
Not about town comital	ζ ,	loss), enter -0- in Part I, line 7	) <u>2</u>		
	gain or (loss) as defined in sections Part I, line 8, column (c) See in		)		
•		, ,	}  ,		
	Under Section 4940(e) for Re		Income		
	r the section 4942 tax on the distri sn't qualify under section 4940(e)		base perio	d?	Yes N
	amount in each column for each ye		kıng anv e	ntries	
(a)	(b)	(c)	]	(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted avalence distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
2016					
2015					
2014					
2013					
2012					
Total of line 1, column	(d)		. 2		
Average distribution ra	atio for the 5-year base period - divi	de the total on line 2 by 5 0, or by			
the number of years th	e foundation has been in existence	e if less than 5 years	. 3		
Enter the net value of	noncharitable-use assets for 2017	from Part X, line 5	. 4		
Multiply line 4 by line	3		. 5		
Enter 1% of net invest	ment income (1% of Part I, line 27b)	)	. 6		
7 Add lines 5 and 6,			. 7	<del></del>	
8 Enter qualifying distrib If line 8 is equal to or Part VI instructions	utions from Part XII, line 4 r greater than line 7, check the bo	x in Part VI, line 1b, and complet	8 that par	rt using a 1% ta	ax rate See

RLB PRIVATE FOUNDATION

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ction	5)	
1a	Exempt operating foundations described in section 4940(d)(2), check here				
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0.	
	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 $\mathcal J$ Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)				
3	Add lines 1 and 2			0.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			0.	
6	Credits/Payments				
а	2017 estimated tax payments and 2016 overpayment credited to 2017   6a				
b	Exempt foreign organizations - tax withheld at source				
c	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld				
7	Total credits and payments Add lines 6a through 6d			0.	
8	Enter any penalty for underpayment of estimated tax. Check here. If Form 2220 is attached				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ Refunded ▶ 11				
Par	t VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No	
	participate or intervene in any political campaign?	1a		_X_	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	{ {			
	instructions for the definition	16		X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities	]			
	Did the foundation file Form 1120-POL for this year?	1c		X	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ► \$ (2) On foundation managers ► \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers > \$			١.,	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u> </u>	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u>X</u>	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X	
	If "Yes," attach the statement required by General Instruction T	] ]		,	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or	1 1			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	1 - 1	v	ł	
	conflict with the state law remain in the governing instrument?	6_	$-\frac{x}{x}$	<del> </del>	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7		<del> </del>	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions DE,			ļ	
		[		ĺ	
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	86	Х	1	
۵	(or designate) of each state as required by General Instruction $G^2$ If "No," attach explanation		<del>- ``</del> -	<del> </del>	
9	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes,"			]	1
	complete Part XIV	ا و ا		x	l
40				<del>                                     </del>	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . ATCH. 5	10	Х		
				<del></del>	

Form	990-PF (2017) RLB PRIVATE FOUNDATION 82-2627	736	F	age <b>5</b>
Pa	t VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
•	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		Х
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	ł	Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			<b></b> -
14	The books are in care of ► FOUNDATION SOURCE Telephone no ► 800-839-	-175	1	
	Located at ▶501 SILVERSIDE ROAD, SUITE 123 WILMINGTON, DE ZIP+4 ▶ 19809-13	377		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			TT
15	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
10	over a bank, securities, or other financial account in a foreign country?	16		X
		$\overline{}$	<u> </u>	
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
Da	the foreign country ▶ t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	Ь		
rai		Γ	Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		163	140
та	During the year, did the foundation (either directly or indirectly)	1		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	l	}	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		}	
	and parameter parameters and the second seco			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No		}	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	ļ		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	ł		
	the benefit or use of a disqualified person)? Yes X No	ł		
	(6) Agree to pay money or property to a government official? (Exception Check "No" if the	ļ		
	foundation agreed to make a grant to or to employ the official for a period after	ł		
	termination of government service, if terminating within 90 days), Yes X No	ł		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	<u></u>	ļ,
	Organizations relying on a current notice regarding disaster assistance, check here	1		
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	<u> </u>	<u> </u>	
	were not corrected before the first day of the tax year beginning in 2017?	1c	ļ	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	1		
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and	1		
	6e, Part XIII) for tax year(s) beginning before 2017? Yes X No	1		
	If "Yes," list the years		1	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	}	1	1
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	<b>}</b> _	<b>├</b>	ļ
	all years listed, answer "No" and attach statement - see instructions )	2b	ļ	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	1	1	
	• · · · · · · · · · · · · · · · · · · ·	ł	1	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	}		
	at any time during the year? Yes X No	Ì		
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or	}	1	
	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	L	<u> </u>	L
	foundation had excess business holdings in 2017 )	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		X

Par	t VII-B	Statements Regarding Activities	for Which Form	4720 May Be Req	uired (continued)	_		
5a	During the	e year, did the foundation pay or incur any amo	unt to		•		Yes	No
	(1) Carry	on propaganda, or otherwise attempt to influe	nce legislation (section	n 4945(e))?	Yes X No			
	(2) Influe	nce the outcome of any specific public ele	ction (see section 4	955), or to carry on				
	directly or indirectly, any voter registration drive?							
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No							
	(4) Provide a grant to an organization other than a charitable, etc., organization described in							
	section 4945(d)(4)(A)? See instructions Yes X No							
		le for any purpose other than religious, ch						
		ses, or for the prevention of cruelty to children						
ь		swer is "Yes" to 5a(1)-(5), did any of the				]		ŀ
~	Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions.							
	_	ions relying on a current notice regarding disas	*				+	_
_	-	• •						
С		swer is "Yes" to question 5a(4), does the		•				
		t maintained expenditure responsibility for the c	•	• • • • • • • • • • • • • • • • • • • •	Tes NO		j	
•		ittach the statement required by Regulations se				ľ		
6a		oundation, during the year, receive any fun	· · · · · · · · · · · · · · · · · · ·				1	
		onal benefit contract?					Ì	v
Ь		undation, during the year, pay premiums, dire	ctly or indirectly, on a	personal benefit contra	ct,	6b	₩	X
		6b, file Form 8870						
7a h		te during the tax year, was the foundation a pa				1		
b		Information About Officers, Director				lovees		
		and Contractors						
_1	List all of	ficers, directors, trustees, foundation m		(c) Compensation	instructions.			
		(a) Name and address	(b) Title, and average hours per week	(If not paid,	employee benefit plans	(e) Expen	ise acco	
			devoted to position	enter -0-)	and deferred compensation			
ATC	4 6		i	0.	0.1			0.
						·		
		···						
	Compens	ation of five highest-paid employees	(other than thos	e included on line	1 - see instruction	ons). If r	one.	enter
	"NONE."							
<b>1</b> -5		ddana of anab amulawa - and man than 850 000	(b) Title, and average	(2) Campanaghan	(d) Contributions to employee benefit	(e) Exper	se acco	unt,
(a)	Name and a	iddress of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred compensation	other a	llowance	es
			-		- Componigues,			
	NONE							
_						-		
	_							
							_	
		·						
		<del></del>	-					
					}			
 Total	number o	of other employees paid over \$50,000.						
<u> u</u> i						Form 99	0-PF	(2017)

Part VIII Information About Officers, Dire

3 Five	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
NONE	<u></u>	
otal num	ber of others receiving over \$50,000 for professional services	<del>_</del>
Part IX-A	Summary of Direct Charitable Activities	
	undation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of one and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 N/A		
2		
3		
		<del></del>
4		
		-
Part IX-E	Summary of Program-Related Investments (see instructions)	<del></del>
	the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONI		-
2		
All other	program-related investments. See instructions	
3 NON	B	

Form 990-PF (2017)

Pai	rt X Minimum Investment Return (All domestic foundations must complete this part. Foresee instructions)	eign founda	itions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		
а	Average monthly fair market value of securities	1a	112,219.
b	Average of monthly cash balances		69,513.
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	181,732.
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	181,732.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	2 <u>,</u> 726.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	179,006.
6	Minimum investment return. Enter 5% of line 5	6	3,212.
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part )	ndations	
1	Minimum investment return from Part X, line 6	1	3,212.
2 a	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	]	
	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	3,212.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	5	3,212.
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	3,212.
_		· · · · · · · · · · · · · · · · · · ·	<del></del>
Pa	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	13,387.
	Program-related investments - total from Part IX-B	1b	
2			
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
	Suitability test (prior IRS approval required)	3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		13,387.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
•	Enter 1% of Part I, line 27b See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		13,387.
٠	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when c		
	qualifies for the section 4940(e) reduction of tax in those years	a.salating V	

. Page **9** 

Part XIII Undistributed Income (see instri	uctions)			
4 D 4 1 4 1 1 2 2 2 4 6 2 2 2 7 6 2 7 7 7 7 7 7 7 7 7 7 7 7 7	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,				3,212.
line 7				3,010.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 onlyb Total for pnor years 20 15 ,20 14 ,20 13				
3 Excess distributions carryover, if any, to 2017			<del></del>	
a From 2012				
b From 2013				
c From 2014		1		
d From 2015				
e From 2016				
f Total of lines 3a through e				
4 Qualifying distributions for 2017 from Part XII,				
line 4 ▶ \$13,387.				
a Applied to 2016, but not more than line 2a		-		ļ
b Applied to undistributed income of prior years				
(Election required - see instructions)				
c Treated as distributions out of corpus (Election				
required - see instructions)				3,212.
d Applied to 2017 distributable amount	10,175.		***************************************	3,212.
e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2017	10,175.			
(If an amount appears in column (d), the same		·····		
amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	10,175.			
b Prior years' undistributed income Subtract				
line 4b from line 2b				
c Enter the amount of prior years' undistributed				
income for which a notice of deficiency has been issued, or on which the section 4942(a)		-		
tax has been previously assessed				
d Subtract line 6c from line 6b Taxable				
amount - see instructions e Undistributed income for 2016 Subtract line				
4a from line 2a Taxable amount - see				
instructions				
f Undistributed income for 2017 Subtract lines				
4d and 5 from line 1 This amount must be distributed in 2018				
7 Amounts treated as distributions out of corpus				
to satisfy requirements imposed by section				
170(b)(1)(F) or 4942(g)(3) (Election may be				
required - see instructions)				
8 Excess distributions carryover from 2012 not				
applied on line 5 or line 7 (see instructions)			·····	
9 Excess distributions carryover to 2018.	10,175.			
Subtract lines 7 and 8 from line 6a	10,175.			
10 Analysis of line 9				
a Excess from 2013				
b Excess from 2014 c Excess from 2015				
d Excess from 2016				
e Excess from 2017 10,175.				
0 Endodo Hom Ed 17 1 1 1	L	L		- 000 DE 1001E

82-2627736

Pa	rt XIV Private Op	erating Foundations	(see instructions a	nd Part VII-A, questi	on 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter that	t it is a private opera	atıng	
	foundation, and the ruling	-				
Ь	Check box to indicate v	whether the foundation	is a private operating	foundation described in	section 4942(	(3) or 4942(J)(5)
2 a	Enter the lesser of the ad-	Tax year	=	Prior 3 years	1	(e) Total
- 4	justed net income from Part	(a) 2017	(b) 2016	(c) 2015	(d) 2014 /	(1,711111111111111111111111111111111111
	I or the minimum investment return from Part X for each				,	
	year listed					
b	85% of line 2a					
С	Qualifying distributions from Part				/	
	XII, line 4 for each year listed .		· · · · · · · · · · · · · · · · · · ·		/	
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made					
	directly for active conduct of exempt activities Subtract line					
	2d from line 2c			/		
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets			/		
	(2) Value of assets qualifying under section		/	ĺ		
	4942(j)(3)(B)(i)		/			
b	"Endowment" alternative test-					
	enter 2/3 of minimum invest- ment return shown in Part X,					
	line 6 for each year listed					
C	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents,					
	payments on securities loans (section 512(a)(5)),		/			
	or royalties)		1			
	(2) Support from general public and 5 or more	,				
	exempt organizations as	,				
	provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup- port from an exempt organization	<i>f</i>				
	(4) Gross investment income	9 /				
Рa	rt XV Supplemer	ntary Information (	Complete this part	only if the founda	tion had \$5,000 o	r more in assets at
		uring the year - see	<del></del>			
	Information Regardin					
а	List any managers of					
	before the close of any	tax year (but only if the	iey nave contributed is	note than \$5,000) (S	ee section 507 (d)(2) )	
	ATTACHME					
þ	List any managers of					ly large portion of the
	ownership of a partner	iship or other entity) of	which the foundation	i nas a 10% or greater	interest	
	/-					
_	N/A Information Regardin	- Cantaibution Cant	Ciff I and Cabalant	in etc. December		
2						
	Check here ► X if t	he foundation only i	makes contributions	to preselected char	itable organizations	and does not accept
	complete items 2a, b,			ants, etc., to individua	is or organizations u	inder other conditions,
					aliantiana abailid ba ad	deserad
а	The name, address, a	na telephone number	or email address of tr	ne person to whom app	plications should be ad	aressea
	The form in which app	lications should be sui	omitted and information	on and materials they	should include	
_	a when upp					
c	Any submission deadle	nes				
		<u>-</u>	<u> </u>			
d	Any restrictions or li factors.	mitations on awards	, such as by geogra	aphical areas, charita	able fields, kinds of	institutions, or other

Part XV Supplementary Information (continued)

Page **11** 

Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Ainount
a Paid during the year			-	
ATCH 8				
				!
		i		
	ļ.			
Total			▶ 3a	7,500.
b Approved for future payment				
		ļ		
				]
	1			
	<u> </u>			
Total			▶ 3b	

Part XV	-A Analysis of Income-Prod	ucing Acti	ivities .			
	s amounts unless otherwise indicated	Unrela	ated business income	Excluded by	y section 512, 513, or 514	(e)
	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d)	Related or exempt function income (See instructions)
•						(OCC INSTRUCTIONS)
				İ		
						<u></u>
f						· · · · · ·
	and contracts from government agencies			<del> </del>		
	rship dues and assessments			<del> </del>		
	on savings and temporary cash investments			14	61.	· · · · · · · · · · · · · · · · · · ·
	ds and interest from securities			14	76.	******
	tal income or (loss) from real estate					
	t-financed property					
	debt-financed property					
	al income or (loss) from personal property					
	nvestment income					
	(loss) from sales of assets other than inventory					
	ome or (loss) from special events					
	profit or (loss) from sales of inventory					
	evenue a					
				İ		
				İ		
е						
	I Add columns (b), (d), and (e)				137.	
	dd line 12, columns (b), (d), and (e)					137.
(See works	heet in line 13 instructions to verify calc	ulations)				
Part XVI	-B Relationship of Activitie	s to the A	ccomplishment of Ex	cempt Pur	poses	
Line No.	Explain below how each activit	v for which	n income is reported i	n column (	e) of Part XVI-A contrib	uted importantly to the
▼	accomplishment of the foundation					
	·	<u> </u>			, ' '	
			<del></del>			<del></del>
				<u> </u>		
					<del> </del>	
			<del></del>			
					<del> </del>	
						<del> </del>
				<del></del>		
			<del></del>		<u> </u>	

Form 990				TE FOUNDATION			82-262			ge <b>13</b>
Part X	VII	Information R Exempt Organ		nsfers to and Transac	tions an	d Relationships	With None	harit	able	
1 Di	d the	organization direct	ly or indirectly ei	ngage in any of the follow	ing with a	ny other organization	on described		Yes	No
			than section 5	01(c)(3) organizations) of	or in sec	tion 527, relating	to political			
	_	ations?						]		
a Tr	ansfer	rs from the reportin	g foundation to a	noncharitable exempt org	anization o	of				
								1a(1)		X
								1a(2)		X
		ansactions								-; '
				pt organization				1b(1)		X
				le exempt organization				1b(2)		X
		· · · · · · · · · · · · · · · · · · ·	=	ssets				1b(3) 1b(4)		X
		-								X
		_		or fundraising solicitations						X
				, other assets, or paid emp						Х
				" complete the following					fair m	arke
				es given by the reporting						
				ment, show in column (d						
(a) Line	no	(b) Amount involved	(c) Name of no	ncharitable exempt organization	(d) De	escription of transfers, tra	nsactions, and sha	ring arra	ngeme	nts
		N/A			N/A					
	-									
	-		<del> </del>							
	-					<del></del>				
	+	<del></del>								
	$\dashv$			<del></del>	+					
	_		<del></del>			<del></del>	_ <del></del> _			
	_		<del></del>		<del> </del>					
						<del></del>				
							<u> </u>			
							-			
d€	escribe	ed in section 501(c) complete the follo	(other than sect		527?		l		es X	] No
		(a) Name of organizatio	n	(b) Type of organization	1	(c) Des	cription of relation	snip		
		<del></del>				<del></del>				
		<del></del>	<del></del>							
				d this return, including accompanying			est of my knowled	ge and	belief, it	ıs true
	correct,	and complete Declaration of	f preparer (other than tax	payer) is based on all information of wh	ich preparer ha	as any knowledge				
Sign		Journ _	•	\$( \)( (1 \	SE	CRETARY	May the IR	S discu: eparer		
Here	Signa	ature of officer or trustee		Date	Title		See instruction		Yes	No
	└─ ¬	Print/Type preparer's na	ame	Preparer's signature		Date	Check If	PTIN		
Paid		JEFFREY D HAS		JEFFREY D HASKEI	L	03/15/2018	1	P013	4577	70

Form 990-PF (2017)

800-839-1754

Firm's EIN ▶ 510398347

Phone no

11042

Preparer

Firm's name FOUNDATION SOURCE

LAKE SUCCESS,

NY

Use Only Firm's address ▶ ONE HOLLOW LN, STE 212

### 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

DID DDILLAME SOLDER	T.T.O.Y		Employer identification number
RLB PRIVATE FOUNDA	TION		82-2627736
Organization type (check o	ne)		
Filers of:	Section:	/	f
Form 990 or 990-EZ	501(c)( ) (enter number) organization	f.	
	4947(a)(1) nonexempt charitable trust not treated a	is a private fou	ndation
	527 political organization		
Form 990-PF	X 501(c)(3) exempt private foundation	<i>(</i>	
	4947(a)(1) nonexempt charitable trust treated as a	private foundat	ion
	501(c)(3) taxable private foundation		
Check if your organization	s covered by the General Rule or a Special Rule.		
Note: Only a section 501(c) instructions	n(7), (8), or (10) organization can check boxes for both the Gener	ral Rule and a S	Special Rule See
General Rule			
X For an organizati	on filing Form 990, 990-EZ, or 990-PF that received, during the	vear contribu	tions totaling \$5,000
	y or property) from any one contributor. Complete Parts I and i		
Special Bules			
Special Rules	f		
regulations under 13, 16a, or 16b,	on described in section 501(c)(3) filing Form 990 or 990-EZ that sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule and that received from any one contributor, during the year, total of the agricunt on (i) Form 990, Part VIII, line 1h, or (ii) Form 990.	e A (Form 990 d al contributions	or 990-EZ), Part II, line of the greater of (1)
contributor, durir	on described in section 501(c)(7), (8), or (10) filing Form 990 or g the year, total contributions of more than \$1,000 exclusively funds of purposes, or for the prevention of cruelty to children or an	or religious, ch	aritable, scientific,
contributor, durin contributions tota during the year fo General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 or good the year, contributions exclusively for religious, charitable, etc. lied more than \$1,000. If this box is checked, enter here the total or an exclusively religious, charitable, etc., purpose. Don't complibities to this organization because it received nonexclusively religion more during the year.	c, purposes, but al contributions lete any of the poors, charitable	at no such s that were received coarts unless the s, etc, contributions
Caution: An organization th	r more during the year	doesn't file Sche	edule B (Form 990,

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)

### 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

	82-2627736							
Organization type (check one)								
Filers of:	Section:							
Form 990 or 990-EZ	501(c)( ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private for	indation						
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private founda	tion						
	501(c)(3) taxable private foundation							
	context to the context of the c							
	iling Form 990, 990-EZ, or 990-PF that received, during the year, contributed property) from any one contributor. Complete Parts I and II. See instructions	<u> </u>						
regulations under sec 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 that received from any one contributor, during the year, total contributions the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1	or 990-EZ), Part II, line s of the greater of (1)						
contributor, during th	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rise year, total contributions of more than \$1,000 <i>exclusively</i> for religious, chall purposes, or for the prevention of cruelty to children or animals. Comple	narıtable, scientific,						
contributor, during th	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that ree year, contributions exclusively for religious, charitable, etc., purposes, but more than \$1,000. If this box is checked, enter here the total contribution	ut no such						

Name of organization RLB PRIVATE FOUNDATION

Employer identification number 82-2627736

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	KIM, DAVID 6 HORSESHOE LANE GREAT NECK, NY 11020	\$ 500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization RLB PRIVATE FOUNDATION

Employer identification number 82-2627736

Part II	Noncash Property	(see instructions)	. Use duplicate copies	of Part II if additional	space is needed
Part II	Noncash Property	(see instructions)	. Use duplicate copies	of Part II if additional	i space is need

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		Ĭ.	1

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 4 Name of organization RLB PRIVATE FOUNDATION Employer identification number 82-2627736 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 Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

(e) Transfer of gift

(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

RLB PRIVATE FOUNDATION

- OTHER PROFESSIONAL FEES PART I FORM 990PF,

REVENUE

AND EXPENSES PER BOOKS

NET INVESTMENT INCOME

INVESTMENT MANAGEMENT SERVICES

DESCRIPTION

TOTALS

158.

158.

158.

158.

82-2627736

ATTACHMENT

ATTACHMENT

82-2627736

FORM 990PE,

OTHER EXPENSES

ı

PART

ADMINISTRATIVE FEES
ADMINISTRATIVE SET-UP FEE
DELAWARE INCORPORATION FEES
IRS APPLICATION FEES DESCRIPTION

4,400. 500. 600. 387. EXPENSES PER BOOKS

REVENUE AND 5,887.

TOTALS

PURPOSES 387. CHARITABLE

4,400.500.

5,887.

ATTACHMENT

## FORM 990PF, PART II - CORPORATE STOCK

ENDING <u>FMV</u>	19,440.	4,74	6,81	3,90	1,49	5,52	5,25	9,20	8,89	1,77	9,21	4,73	2,36	5,22	1,37	1,04	0,61	4,58	336,209.
ENDING BOOK VALUE	19,224.	3,87	6,75	3,24	1,23	5,29	5,1	9,25	8,87	1,83	8,93	4,75	2,00	5,70	1,19	0,89	0,53		333,171.
DESCRIPTION	AT&T, INC	BOEING CO	CAPITAL ONE FINANCIAL CO NON-C	CBRE CLARION GLOBAL REAL ESTAT	CISCO SYSTEMS INC	GOLDMAN SACHS BDC INC	GUGGENHEIM S&P EQUAL WEIGHT ET	ISHARE SP SMALL CAP 600 INDEX	ISHARES 0 5 YEAR HIGH YIELD CO	KBW REGIONAL BANKING ETF	PROSHARES S&P 500 DIVIDEND ARI	SPDR DOW JONES INDUSTRIAL AVER	SPDR GOLD SHARES	VANGUARD SF REIT ETF	VANGUARD VALUE ETF	WESTERN ASSET HIGH INCOME FUND	WISDOMTREE MIDCAP DIVIDEND F	WISDOMTREE SC DIV	TOTALS

RLB PRIVATE FOUNDATION

# FORM 990PF, PART II - CORPORATE BONDS

ENDING <u>FMV</u>	26,625. 30,933. 32,775.	90,333.
ENDING BOOK VALUE	26,700. 30,938. 33,000.	90,638.
DESCRIPTION	CITIGROUP INC PERP-B NT - 5.90 GOLDMAN SACHS - 5.700% - 05/10 PRUDENTIAL FINANCIAL - 5.875%	TOTALS

FORM 990PF, PART VII-A, LINE 10 - SUBSTANTIAL CONTRIBUTORS

RLB PRIVATE FOUNDATION

### NAME AND ADDRESS

KIM, DAVID 6 HORSESHOE LANE GREAT NECK, NY 11020 KIM, TRACY JAE WON 6 HORSESHOE LANE GREAT NECK, NY 11020

ATTACHMENT 5

RLB PRIVATE FOUNDATION	2017 FORM 990-PF			82-2627736
FORM 990PF, PART VIII - LIST OF OFFICERS, DI	ERS, DIRECTORS, AND TRUSTEES		ATTACHMENT	IMENT 6
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DAVID KIM FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	DIR / SEC / TREAS 1.00	.0	.0	·
TRACY JAE WON LEE FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	PRES / DIR 1.00	·	Ö	.0
	GRAND TOTALS	0.	0	0.

ATTACHMENT 7

### FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

DAVID KIM TRACY JAE WON LEE

S PAID DURING THE YEAR ATTACHMENT 8	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR  AND  FOUNDATION STATUS OF RECIPIENT  PURPOSE OF GRANT OR CONTRIBUTION  AMOUNT	N/A GENERAL & UNRESTRICTED 1,000.	N/A THE ENERGEIA PARINERSHIP PROGRAM 6,500.
NATRIBUTIONS PAID DURING THE YEAR	RELATIONSHIP TO SUBSTANTIAL CONT AND <u>FOUNDATION STATUS OF RECIPIE</u>	N/A PC	N/A PC
FORM 990RF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR	RECIPIENT NAME AND ADDRESS	CRIME VICTIMS CENTER INC 100 COMAC ST RONKONKOMA, NY 11779	MOLLOY COLLEGE 1000 HEMPSTEAD AVE

82-2627736

2017 FORM 990-PF

RLB PRIVATE FOUNDATION

TOTAL CONTRIBUTIONS PAID

7,500