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DLN: 93491311008368

2017

OMB No 1545-0052

Return of Private Foundation

Department of the Treasury

Form 990-PF

Internal Revenue Service

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

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

Open to Public Inspection

or	caler	ndar year 2017, or tax year beginning 01-01-20)17 , ar	nd ending 12-31-	2017			
		indation I FOUNDATION		A Employer id	entification numbe	r		
		DBERT KUHN		33-0783933				
		street (or P O box number if mail is not delivered to street address)	Room/suite	B Telephone nu	mber (see instructior	 ns)		
/ 4	23 EUCI	LID ST UNIT B		(818) 519-7586	(818) 519-7586			
		, state or province, country, and ZIP or foreign postal code ICA, CA 90402		C If exemption	application is pendin	g, check here		
G Ch	neck al	l that apply 🔲 Initial return 🔲 Initial return of a	former public charity	D 1. Foreign or	ganızatıons, check he	ere . \square		
		☐ Final return ☐ Amended return			ganizations meeting			
		\square Address change \square Name change			k here and attach cor	· -		
I Ch	eck ty	pe of organization $lacksquare$ Section 501(c)(3) exempt private	foundation		ındatıon status was t n 507(b)(1)(A), chec			
	Section	4947(a)(1) nonexempt charitable trust Other taxabl	e private foundation					
		(et value of all assets at end	☑ Cash ☐ Accru		ation is in a 60-month			
		rom Part II, col (c), \$ 12,902,990	be on cash basis)	under section	n 507(b)(1)(B), chec	k nere		
Pa	rt I	Analysis of Revenue and Expenses (The total				(d) Disbursements		
		of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per	(b) Net investment income	(c) Adjusted net	for charitable purposes		
		equal the amounts in column (a) (see instructions))	books	income	income	(cash basis only)		
	1	Contributions, gifts, grants, etc , received (attach schedule)	873,329					
	2	Check Dif the foundation is not required to attach						
	3	Sch B Interest on savings and temporary cash investments	28,223	28,223	28,223			
Revenue	4	Dividends and interest from securities	260,562		260,562			
	5a	Gross rents	,		·			
	b	Net rental income or (loss)						
	6a	Net gain or (loss) from sale of assets not on line 10	682,936					
	b	Gross sales price for all assets on line 6a						
eve		3,454,121						
<u>د</u> ا	7	Capital gain net income (from Part IV, line 2)		682,936				
	8	Net short-term capital gain			27,194			
	9	Income modifications						
	10a b	Gross sales less returns and allowances Less Cost of goods sold]					
	С	Gross profit or (loss) (attach schedule)	<u> </u>					
	11	Other income (attach schedule)	28,411	28,411	28,411			
	12	Total. Add lines 1 through 11	1,873,461	1,000,132	344,390			
	13	Compensation of officers, directors, trustees, etc	1,873,401		344,330	0		
	14	Other employee salaries and wages				-		
'n	15	Pension plans, employee benefits						
Se	16a	Legal fees (attach schedule)	234	117	117	117		
E E	b	Accounting fees (attach schedule)	70,718	35,359	35,359	35,359		
EX	_	Other professional fees (attach schedule)	86,348		·			
Мe	17	Interest		,	,			
Operating and Administrative Expenses	18	Taxes (attach schedule) (see instructions)	5,630	5,630	5,630	0		
<u> </u>	19	Depreciation (attach schedule) and depletion	· ·	·				
Ē	20	Occupancy						
Ac	21	Travel, conferences, and meetings						
E E	22	Printing and publications						
Ď.	23	Other expenses (attach schedule)	1,583,647	773	773	1,582,874		
atı	24	Total operating and administrative expenses.						
že		Add lines 13 through 23	1,746,577	128,227	128,227	1,618,350		
5	25	Contributions, gifts, grants paid	27,500			27,500		
	26	Total expenses and disbursements. Add lines 24 and 25	4 774 677	420.227	420.227	1.645.050		
	27	Subtract line 26 from line 12	1,774,077	128,227	128,227	1,645,850		
	27 a	Excess of revenue over expenses and	99,384					
		disbursements	25,50					
	b	Net investment income (if negative, enter -0-)		871,905				
	С	Adjusted net income(If negative, enter -0-)		<u> </u>	216,163	<u> </u>		
or	raper	work Reduction Act Notice, see instructions.		Cat No 11289	(For	m 990-PF (2017)		

2,241,063

10,097,412

11,606,331

-1,508,919

10,097,412

10,097,412

2,316,779

10,196,796

11,606,331

-1,409,535

10,196,796 10,196,796

2

3 4

5

6

10,097,412

10,196,796

10,196,796 Form **990-PF** (2017)

99,384

658,358 8,136,504 1,132,169

2,604,505

12,902,990

	3	Accounts receivable			- 1
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)	677,325	% J	654,367
	ь	Investments—corporate stock (attach schedule)	5,741,363	9 5,	663,529
	С	Investments—corporate bonds (attach schedule)	1,066,207	1,0	042,612
	11	Investments—land, buildings, and equipment basis ▶			

Less accumulated depreciation (attach schedule) ▶ Investments—mortgage loans

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

Accounts payable and accrued expenses

Foundations that follow SFAS 117, check here ▶

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

Foundations that do not follow SFAS 117, check here

Capital stock, trust principal, or current funds

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

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

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

Analysis of Changes in Net Assets or Fund Balances

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

Less accumulated depreciation (attach schedule) ▶ 187,538

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Investments—other (attach schedule)

instructions Also, see page 1, item I)

Other assets (describe > _

Grants payable.

Other liabilities (describe ▶_

Deferred revenue .

Unrestricted

Temporarily restricted

Permanently restricted .

and complete lines 27 through 31.

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

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) > _

Enter amount from Part I, line 27a

Land, buildings, and equipment basis

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

Hell Tr	apitai Gailis t	and L	sses for tax off thee:	CITIC	ent income					
(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co) (b) How acquire P—Purchase D—Donation								(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
1 a PUBLICLY TRADED SECURITIES SHORT-TERM P									2017-12-31	
b PUBLICLY TRADED SECURITIES SHORT-TERM P									2017-12-31	
c PUBLICLY TRADED SECURITIES LONG-TERM P									2017-12-31	
	Y TRADED SECU					 P			2017-12-31	
	GAIN DISTRIBU		LONG TERM			P			2017-12-31	
E CAFITAL	GAIN DISTRIBO	TION	(4)							
Gros	(e) s sales price		(f) Depreciation allowed (or allowable)		Cost or d	g) other basis ense of sale		(h) Gain or (loss) (e) plus (f) minus (g)		
а	62	1,822	,			59	4,438		27,384	
b		1,714				4	1,904		-190	
c		7,980					0,835		417,145	
		8,921					4,008		234,913	
d							4,000			
е		3,684							3,684	
Complet	e only for assets	showir	ig gain in column (h) and o	wnec	d by the foundation o	on 12/31/69			I)	
FMV	(i) as of 12/31/69		(j) Adjusted basis as of 12/31/69		Excess	k) of col(ı) (յ), ıf any		col (k), but not	h) gain minus less than -0-) or om col (h))	
а									27,384	
b									-190	
С									417,145	
d									234,913	
e									3,684	
3 Net sho If gain,	2 682,936									
Part V 0	ualification I	Inder	Section 4940(e) for F	edu	iced Tax on Net	Investme	at Inc	ome		
			oundations subject to the s							
	(d)(2) applies, le								es 🗸 No	
[f "Yes," the fou	ındatıon does no	t qualif	n 4942 tax on the distribut y under section 4940(e) D	o not	t complete this part	<u>'</u>			es 🛂 No	
	'''''	nount in	each column for each year	, see	e instructions before	making any	entries			
Base period y	a) ears Calendar ar beginning in)	Adjı	(b) isted qualifying distributions	N	(c) et value of noncharitabl	e-use assets		(d) Distribution rat (col (b) divided by c		
20	16		1,186,97	5		11,810,703			0 100500	
20	15		1,822,69	1		13,364,154			0 136387	
20	14		1,757,97	5		15,910,031			0 110495	
20	13		1,287,57	-		13,313,884			0 096709	
2012 1,218,734 12,213,269								0 099788		
2 Total of	line 1, column (d	٠ ١		-			2		0 543879	
	, ,	•	5-year base period—divide				-		0 3 13073	
number o	of years the foun	dation	has been in existence if les ible-use assets for 2017 fro	tha	n 5 years		3 4		0 108776 12,453,818	
5 Multiply I	ine 4 by line 3						5		1,354,677	
	•	ent inco	me (1% of Part I, line 27b)				6		8,719	
7 Add lines						• • • •	7		1,363,396	
							8			
	s equal to or gre		m Part XII, line 4 , an line 7, check the box in			plete that pa		g a 1% tax rate Se	1,645,850 e the Part VI	
mistractic	1113									

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

7b

Form 990-PF (2017)					Page 7
Part VIII Information About C	Office	ers, Directors, Trust	ees, Foundation Ma	ınagers, Highly Paid Er	
1 List all officers, directors, trustee	e fo	undation managers ar	d their compensation	(see instructions)	
(a) Name and address		Title, and average hours per week) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	Expense account, (e) other allowances
See Additional Data Table	(,,	y devoted to position	-0-7	compensation	
2 Compensation of five highest-pa	id em	ployees (other than th	nose included on line	l—see instructions). If no	ne, enter "NONE."
(a) Name and address of each employee pa more than \$50,000	ııd	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE					
Total number of other employees paid ov	er \$50),000			0
3 Five highest-paid independent co					
(a) Name and address of each person	n paid	more than \$50,000	(b) Typ	e of service	(c) Compensation
Total number of others receiving over \$50 Part IX-A Summary of Direct 0					0
ist the foundation's four largest direct charitable organizations and other beneficiaries served, con	activit ference	ies during the tax year Inclues convened, research paper	ude relevant statıstıcal ınforn s produced, etc	nation such as the number of	Expenses
1 DIRECT PROJECT SUPPORT - "CLOSER EDUCATIONAL AND SCIENTIFIC PROJI KNOWLEDGE DISCOURSE IN THE UNI AND A MAJOR ASSOCIATED WEBSITE DEBATE LATEST DISCOVERIES AND T LAWRENCE KUHN HOSTS A SERIES OI WORLD'S MOST ESTEEMED EXPERTS ADDRESS THE FUNDAMENTAL ISSUES	ECT TI TED S CTT HEIR : SPO THAT	HAT IS IMPROVING THE TATES, PRIMARILY THR BRINGS TOGETHER LEAI IMPACT ON THE HUMAN NTANEOUS AND INTIMA' COMBINE LEADING-EDG	QUALITY OF SCIENCE AL DUGH A NATIONAL PUBL DING SCIENTISTS, SCHO CONDITION SERIES CR TE CONVERSATIONS WI	ND HIGH-LEVEL IC TELEVISION SERIES DLARS AND ARTISTS TO EATOR ROBERT TH SOME OF THE	1,582,874
2					
3					
4					
Part IX-B Summary of Program			·		
Describe the two largest program-related inve	stmen	ts made by the foundation d	uring the tax year on lines 1	and 2	Amount
All other program-related investments	See	nstructions			
Fotal. Add lines 1 through 3 .			<u> </u>		0

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

income Enter 1% of Part I. line 27b (see instructions).

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

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

1b

2

3a 3h

4

5

1.645.850

Form **990-PF** (2017)

8.719 1,637,131 a From 2012. **b** From 2013. c From 2014. . . . d From 2015. e From 2016.

XII, line 4 ▶ \$

indicated below:

3 Excess distributions carryover, if any, to 2017

f Total of lines 3a through e. 4 Qualifying distributions for 2017 from Part

same amount must be shown in column (a))

a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions). **d** Applied to 2017 distributable amount. e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

6 Enter the net total of each column as

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. . c Excess from 2015. . . . d Excess from 2016. . . e Excess from 2017. . .

Subtract lines 7 and 8 from line 6a

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

Form **990-PF** (2017)

Page 9

OIII	III 990-F1 (2017)								
R	art XIII U	ndistrib	uted Ir	come	see inst	ructions)		
							(a) Corpus		
1	Distributable a	mount for	2017 fro	m Part	XI, line 7				
2	Undistributed i	ncome, if a	ny, as o	f the e	nd of 2017				
а	Enter amount	for 2016 o	nly						
b	Total for prior	years 2	.0,	20	_ , 20				

(b)

Years prior to 2016

(c)

2016

Form 990-PF (2017)				Page 11
Part XV Supplementary Informa	tion (continued)			
3 Grants and Contributions Paid Du	ring the Year or Approve	ed for Future	Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year FOUNDATION FOR SPINAL RESTORATION 2811 WILSHIRE BLVD STE 850 SANTA MONICA, CA 90403		PC	GENERAL SUPPORT	10,000
KOCE-TV FOUNDATION 10100 SANTA MONICA BLVD NO 1070 LOS ANGELES, CA 90067		PC	GENERAL SUPPORT	17,500
Total			▶ 3a	27,500
b Approved for future payment		 1		27,300
a Approved for future payment				
Total			▶ 3b	0
				Form 990-PF (2017)

m 990-Pi art XVI	· · · · ·	Activities				Page 1
er gross	amounts unless otherwise indicated		siness income	Excluded by section		(e) Related or exemp function income
	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(See instructions
d						
		-				
	nd contracts from government agencies	-				
	ship dues and assessments					
Interes	t on savings and temporary cash					
	nents			14	28,223	
	al income or (loss) from real estate			14	260,562	
	inanced property					
b Not de	bt-financed property					
Net rer	ntal income or (loss) from personal property					
	vestment income	<u> </u>				
	r (loss) from sales of assets other than			18	682,936	
	me or (loss) from special events				002,500	
	rofit or (loss) from sales of inventory					
Other re						
	LANEOUS	-		01	28,411	
е						
Subtota	l Add columns (b), (d), and (e)			0	1,000,132	
(See wo	rksheet in line 13 instructions to verify calcul	lations)		13	B	1,000,13
art XVI		e Accomplish	ment of Exem	npt Purposes		
ne No. ▼	Explain below how each activity for which the accomplishment of the foundation's exinstructions)					
	,					
						rm 990-PF (20

orm 9	90-PF	(201	7)										Pa	ge 13
Par	: XVI		Information Re Exempt Organia		ransi	fers To a	and Transa	ctio	ns and I	Relatio	nships With Noncha	ritable		
			zation directly or inc e (other than section								n described in section 50 organizations?	1	Yes	No
a Tra	nsfers	s from	the reporting found	dation to a r	oncha	ırıtable exe	empt organiz	atıon	of					
(1) Cas	h										1a(1)		No
(2) Oth	er ass	ets									1a(2)		No
b Ot	ner tra	ansact	ions											
(1) Sale	es of a	issets to a nonchari	table exemp	t orga	nızatıon.						1b(1)		No
•			of assets from a n									1b(2)		No
•			facilities, equipmen	-								1b(3)	 	No
-			ement arrangemen					•				1b(4)	 	No
•			loan guarantees.									1b(5)	 	No
•			ce of services or me	·		_						1b(6)		No
	_		lities, equipment, m								· · · · · · · · · · · · · · · · · · ·	1c		No
											d less than fair market vans, or services received	ilue		
(a) Lin	e No	(b)	Amount involved	(c) Name of	noncha	arıtable exe	mpt organizatio	n	(d) Des	cription of	ransfers, transactions, and s	narıng arra	ngemer	its
												-		
de	scribed	d ın se compl	on directly or indirection 501(c) of the lete the following so Name of organization	Code (other		section 50		n sect	ion 527?			Yes	✓	No
	Un	ider pe	enalties of periury.	I declare tha	t I ha	l ve examın	ed this return	n. ıncl	udina acc	l companyii	ng schedules and statem	ents, and	to the	best
Sign	of wh	my kn		, it is true, c							than taxpayer) is based o	on all info	rmatioi	n of
Here		****	**				2018-11-07	,		****	reti	n the prepa		
		Signa	ature of officer or tr	rustee	T		Date		, , ,	itle		e instr)? [√ Yes	□ No
		P=	int/Type preparer's	name	Dron	arer's Sign	ature		l		DTIN			

Paid

Print/Type preparer's name Preparer's Signature Date Check if self-P00371084 employed ightharpoonupTEMO A ARJANI 2018-11-06 **Preparer** Firm's name ► TEMO ARJANI LLP Firm's EIN ▶95-4149172 **Use Only** Firm's address ▶ 301 EAST COLORADO BLVD 426 Phone no (626) 578-1978 PASADENA, CA 91101

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, Contributions to (e) other allowances hours per week not paid, enter (b) devoted to position -0-) employee benefit plans and deferred compensation DR ROBERT KUHN PRESIDENT 25 00 723 EUCLID ST UNIT B SANTA MONICA, CA 90402 DORA KUHN VICE PRESIDENT 1 00 723 EUCLID ST UNIT B SANTA MONICA, CA 90402

AARON KUHN	VICE PRESIDENT	0	0	0
245 WEST 107TH STREET APT 4B NEW YORK, NY 10024	1 00			
ADAM KUHN	CFO	0	0	0
722 FUCLID CT UNIT D	1 00			

NEW YORK, NY 10024				
ADAM KUHN	CFO	0	0	C
723 EUCLID ST UNIT B	1 00			

ADAM KUHN	CFO	0	0	0
723 EUCLID ST UNIT B SANTA MONICA, CA 90402	1 00			

723 EUCLID ST UNIT B SANTA MONICA, CA 90402	1 00		
DANTELLA KIIHN	CECRETARY		

SANTA MONICA, CA 90402				
DANIELLA KUHN	SECRETARY	0	C	

1 00

723 EUCLID ST UNIT B SANTA MONICA, CA 90402

efile GRAPHIC print - DO NOT PROC TY 2017 Accounting Fees		ata -	<u> </u>	LN: 93491311008368	
3					
Na	ame: THE KUH	N FOUNDATION			
C/O DR ROBERT KUHN					
	EIN: 33-07839	933			
Accounting Fees Schedule					
Category	Amount	Net Investment	Adjusted Net	Disbursements	

Income Income for Charitable **Purposes**

35,359

35,359

35,359

70,718

TEMO ARJANI LLP

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Data -		DLN: 93491311008368			
TV 2017 Investments Comparate Bands Cabadula							
TY 2017 Investments Corporate Bonds Schedule							
	Name: 7	THE KUHN FOUND	DATION				
	(C/O DR ROBERT K	(UHN				

1,132,169

1,042,612

Name of Bond		End of Year Book	End of Year Fair
Investments Corporate Bonds Schedule			
EIN: 33-	0/83933		

MORGANSTANLEY SMITHBARNEY

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491311008368					
TY 2017 Investments Corporate Stock Schedule							
Name:	THE KLIHN FOLINDATIO)N					

617,579

679,909

C/O DR ROBERT KUHN

MORGANSTANLEY SMITHBARNEY (MUTUAL FUNDS)

EIN: 33-0783933 Name of Stock **End of Year Book End of Year Fair** Value Market Value MORGANSTANLEY SMITHBARNEY 4,983,620 7,518,925

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491311008368			
TY 2017 Investments Government Obligations Schedule						
Name:	THE KUHN FO	UNDATION				
	C/O DR ROBERT KUHN					
EIN:	33-0783933					
US Government Securities - End of Year Book Value:		654,367				
US Government Securities - End of Year Fair Market Value:		658,358				
State & Local Government Securities - End of Year Book Value:		0				
State & Local Government Securities - End of Year Fair Market Value:		0				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491311008368			
TY 2017 Investments - Other Schedule						
No		TION				
Name:	THE KUHN FOUNDA	AT ION				
	C/O DR ROBERT KL	JHN				
ETN:	33-0783033					

EIN: 33-0/83933					
nvestments Other Schedule 2					
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value		
MORGANSTANLEY SMITHBARNEY (ALTERNATIVE INVESTMENTS)	AT COST	2,304,404	2,592,130		
SEALANTIS LTD	AT COST	12,375	12,375		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLN	N: 93491311008368
TY 2017 Legal Fees Schedule	•			<u> </u>
Name	: THE KUHN F	OUNDATION		
I	C/O DR ROB	ERT KUHN		
4	•			
EIN	: 33-0783933			
EIN	l: 33-0783933			1
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	93491311008368		
TY 2017 Other Expenses Sche	dule			_		
<u>.</u> .	THE 12 HAVE BOLD	NDATION				
Name:	THE KUHN FOUNDATION					
	C/O DR ROBERT KUHN					
EIN:	EIN: 33-0783933					
Other Expenses Schedule						
Description	Revenue and Expenses per	Net Investment Income	Adjusted Net Income	Disbursements for Charitable		

Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CLOSER TO TRUTH	1,582,874	0	0	1,582,874

ALTERNATIVE INVESTMENT EXPENSES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491311008368
TY 2017 Other Income Schedul	e	

Name: THE KUHN FOUNDATION

C/O DR ROBERT KUHN

EIN: 33-0783933

Other Income Schedule				
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income	
MISCELLANEOUS	28 411	28 4 1 1	28 411	

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DL	N: 93491311008368	
TY 2017 Other Professional Fees Schedule					
Name: THE KUHN FOUNDATION					
	C/O DR ROB	BERT KUHN			
EIN: 33-0783933					
Category	Amount	Net Investment	Adjusted Net	Disbursements	

EIN: 33-0/83933				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

86,348

86,348

86,348

MANAGEMENT FEES

efile GRAPHIC print - DO NOT	PROCESS	As Filed Data	-	DLI	N: 93491311008368
TY 2017 Taxes Schedule					
	Name:	THE KUHN F	OUNDATION		
		C/O DR ROB	ERT KUHN		
	EIN:	33-0783933			
Category	A	Mount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

5,630

5,630

5,630

FOREIGN TAXES

efile GRAPHIC print - DO N	OT PROCESS	As Filed Data -				DLN: 93491311008368
Schedule B		Schedu	ule of Contributo	ors		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Information a	bout Schedule B (F	o Form 990, 990-EZ, or 990 Form 990, 990-EZ, or 990-F wwww.urs.gov/form990		ons is at	2017
Name of the organization THE KUHN FOUNDATION					Employer id	lentification number
C/O DR ROBERT KUHN Organization type (check o	ine)				33-0783933	
Organization type (check o	nie)					
Filers of:	Section:					
Form 990 or 990-EZ						
	☐ 4947(a)(1	I) nonexempt char	ritable trust not treated a	as a private founda	tion	
	☐ 527 politi	cal organization				
Form 990-PF	✓ 501(c)(3)	exempt private fo	undation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	☐ 501(c)(3)	taxable private fo	undation			
			PF that received, during complete Parts I and II S			
Special Rules						
under sections 509(a	a)(1) and 170(b) ne contributor, d	(1)(A)(vı), that che urıng the year, tota	g Form 990 or 990-EZ th cked Schedule A (Form al contributions of the gro plete Parts I and II	990 or 990-EZ), P	art II, line 13,	16a, or 16b, and that
during the year, total	contributions of	more than \$1,000	or (10) filing Form 990 of the control of the contr	s, charitable, scien		
during the year, cont If this box is checked purpose Don't comp	ributions <i>exclus</i> d, enter here the plete any of the p	ively for religious, total contributions parts unless the G o	or (10) filing Form 990 or charitable, etc., purpose is that were received duri eneral Rule applies to the or more during the year	s, but no such con ng the year for an nis organization be	tributions tota exclusively re cause it recei	aled more than \$1,000 digious, charitable, etc.,
Caution. An organization the 990-EZ, or 990-PF), but it m Form 990-EZ or on its Form 990-EZ, or 990-PF)	ust answer "No	on Part IV, line 2	, of its Form 990, or che	ck the box on line	H of its	
For Paperwork Reduction Act Notes Form 990, 990-EZ, or 990-PF	otice, see the Insti	ructions	Cat No 30613X	Schedu	ile B (Form 990	, 990-EZ, or 990-PF) (2017)

Name of organization Employer identification number THE KUHN FOUNDATION 33-0783933 C/O DR ROBERT KUHN Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (a) (d) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 FOUNDATIONAL QUESTIONS INSTITUTE (FQXI) Person **Payroll** PO BOX 3655 \$87,797 Noncash DECATUR, GA 30031 (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution JEFFREY EPSTEIN FOUNDATION Person **Payroll** C/O RICHARD KAHN KBRK ASSOCIATES 57 \$ 150,000 Noncash NEW YORK, NY 10022 (Complete Part II for noncash contributions) (b) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution ORIENTAL NEWS CORPORATION Person **Payroll** 298 WEIHAI ROAD \$ 183,454 Noncash SHANGHAI, CHINA CH (Complete Part II for noncash contributions) (a) (b) (c) (d) Type of contribution No. Total contributions Name, address, and ZIP + 4 TEMPLETON RELIGION TRUST Person Payroll PO BOX N-7776 TEMPLETON BUILDING \$ 214,703 Noncash LYFORD CAY, BAHAMAS BF (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution AARP Person Payroll 601 E STREET NW \$ 42,100 Noncash WASHINGTON, DC20049 (Complete Part II for noncash contributions) (a) (c) (d) (b) No. Total contributions Type of contribution Name, address, and ZIP + 4 JOHN TEMPLETON FOUNDATION Person **Payroll** 300 CONSHOHOCKEN STATE ROAD SUITE 5 \$ 195,275 Noncash WEST CONSHOHOCKEN, PA 19428 (Complete Part II for noncash contributions)

Schedule B (Form §	990, 990-EZ, or 990-PF) (2017)		Page 4
Name of organizat THE KUHN FOUNDAT C/O DR ROBERT KUH	TION		Employer identification number 33-0783933
Part III Exclusion than \$1, organizathe year	vely religious, charitable, etc., contributio 000 for the year from any one contributor	r. Complete columns (a) throu of exclusively religious, charit ctions.) ► \$	d in section 501(c)(7), (8), or (10) that total more
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	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
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	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
	Transferee's name, address, and	(e) Transfer of gift	: Relationship of transferor to transferee
		211 7	telationismp of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(a) Turnefer offr	
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)