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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements. OMB No 1545-0052

Department of the Treasury Internal Revenue Service

For calendar year 2011 or tax year beginning , and ending Name of foundation A Employer identification number SHICKMAN FAMILY FOUNDATION 23-2902143 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number C/O ISDANER & CO 3 BALA PLAZA STE 501 W 215-563-6222 City or town, state, and ZIP code C if exemption application is pending, check here BALA CYNWYD, PA 19004 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, 2, check here and attach computation X Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust _____ Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: X Cash Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 524,090 . (Part I, column (d) must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income income Contributions, gifts, grants, etc., received 50,000. N/Aif the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 10,154 10,154 STATEMENT 4 Dividends and interest from securities 5a Gross rents 2 b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 SCAMMEVENE b Gross sales price for all assets on line 6a 0 7 Capital gain net income (from Part IV, line 2) 8. Net short-term capital gain Income modifications 10a Gross sales less returns and allowances RECEIVED b Less Cost of goods sold <u>8</u> c Gross profit or (loss) 1549 11 Other income 2012 60.154 Total Add lines 1 through 11 10 Compensation of officers, directors, trustees, etc OGDEN, U 14 Other employee salaries and wages 15 Pension plans, employee benefits Expenses 16a Legal fees STMT 2 2,323 **b** Accounting fees 4,645. 2,322. c Other professional fees and Administrative 17 Interest STMT 3 1,381 0 18 Taxes 0. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications Operating 23 Other expenses STMT 4 210. 105 105. Total operating and administrative expenses Add lines 13 through 23 6,236 2,428 2,427. 53,000. 25 Contributions, gifts, grants paid 53,000. 26 Total expenses and disbursements. 59,236 2,428 Add lines 24 and 25 <u>55,427.</u> Subtract line 26 from line 12: 918. a Excess of revenue over expenses and disbursements 7.726 b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-) LHA For Paperwork Reduction Act Notice, see instructions.

123511 12-02-11

(a) List and des	and Losses for Tax on cribe the kind(s) of property sold (e varehouse; or common stock, 200 s	.g., real estate,	t income] ` P - Pi	v acquired urchase onation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a							
b NO	ONE					_	
<u>c</u>							
			-				
<u>e</u>		1		<u> </u>			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain or (lo (e) plus (f) min	
<u>a</u>							
<u>b</u>					<u> </u>		
d .		 				•	
e							
	ing gain in column (h) and owned b	y the foundation	on 12/31/69			(I) Gains (Col. (h) g	ain minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (1) col. (1), if any			ol. (k), but not less to Losses (from co	than -0-) or
a							•
b							
C		<u> </u>					
d							
е				_			
2 Capital gain net income or (net o	$\{ f \in \mathbb{R} \mid f \in \mathbb{R} \}$ and $\{ f \in \mathbb{R} \mid f \in \mathbb{R} \}$	ter in Part I, line -0- in Part I, line	7 7	} 2			
	oss) as defined in sections 1222(5) a	and (6):					
If gain, also enter in Part I, line 8					ľ		
If (loss), enter -0- in Part I, line 8	3 Jnder Section 4940(e) fo	r Reduced	Tay on Net	Inves	tment In	come	
f "Yes," the foundation does not qua	this part blank. ction 4942 tax on the distributable a <u>alify under section 4940(e). Do not c</u> each column for each year; see ins	complete this pa	rt.				Yes X No
(a) Base period years Calendar year (or tax year beginn	(b) Adjusted qualifying d	istributions	Net value of nor	(c) ncharitab	le-use asset	S (col. (b)	(d) tribution ratio divided by col. (c))
2010		89,906.		5	38,21		.167046
2009		49,903.			98,38		.100130
2008		51,536.		5	69,14	8.	.090549
2007		50,286.		5	68,70	6.	.088422
2006		<u>53,805.</u>		5	06,62	2.	.106203
2 Total of line 1, column (d)						2	.552350
3 Average distribution ratio for the the foundation has been in exist	5-year base period - divide the tota ence if less than 5 years	il on line 2 by 5,	or by the number	of years		3	.110470
4 Enter the net value of noncharita	ble-use assets for 2011 from Part X	K, line 5				4	563,715.
5 Multiply line 4 by line 3						5	62,274.
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)					6	
7 Add lines 5 and 6						7	62,351.
B Enter qualifying distributions fro						8	55,427.
If line 8 is equal to or greater tha See the Part VI instructions.	n line 7, check the box in Part VI, lin	ne 1b, and comp	lete that part using	g a 1% ta	ıx rate.		

	n 990-PF (2011) SHICKMAN FAMILY FOUNDATION art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4		2902 - see i			Page 4
	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.		1			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
ı	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1			1	55.
	of Part I, line 27b					
(All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			~		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3			1	55.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			1	55.
6	Credits/Payments:					
á	2011 estimated tax payments and 2010 overpayment credited to 2011					1
t	Exempt foreign organizations - tax withheld at source 6b		~			
	Tax paid with application for extension of time to file (Form 8868)		~			
(Backup withholding erroneously withheld 6d 6			. .]
7		7				<u>0.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			.1	55.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11		11				
	art VII-A Statements Regarding Activities				V	
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın			Yes	
	any political campaign?			1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	a or				
	distributed by the foundation in connection with the activities.			4 -		
	Did the foundation file Form 1120-POL for this year?			1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$\(\) \(\)			,		
٠ ،	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					-
٠	managers. > \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	i	
_	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, o	-				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.		İ			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					~ 1
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law	İ			
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
	If "Yes," complete Part II, col. (c), and Part XV.					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					İ
	PA _					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					_
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for caler	ıdar				
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV		_	9		<u>X</u> _
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses S!	<u>TMT</u>	7	10	X	

Form 990-PF (2011) SHICKMAN FAMILY FOUNDATION	23-	2902143 Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, ent	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	-	
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	1	▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant stat number of organizations and other beneficiaries served, conferences convened, research papers pro		Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year o	n lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3)	0.
		Form 990-PF (2011)

Part X • Minimum Investment Return (All domestic foundations must complete	ete this part. Foreign foundations, se	e instructions.)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purpo	oses:	
a Average monthly fair market value of securities	1a	481,379
b Average of monthly cash balances	1b	481,379. 90,920.
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	572,299.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	.0
3 Subtract line 2 from line 1d	3	572,299.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructi		8,584.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line	· — —	563,715.
6 Minimum investment return. Enter 5% of line 5	6	28,186
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) priva	ate operating foundations and certain	
foreign organizations check here and do not complete this part.)	•	
1 Minimum investment return from Part X, line 6	1	28,186.
2a Tax on investment income for 2011 from Part VI, line 5	155.	
b Income tax for 2011. (This does not include the tax from Part VI.)	* ·	
c Add lines 2a and 2b	2c	155.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	28,031.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	28,031.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	28,031.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	55,427.
b Program-related investments - total from Part IX-B	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purp	· · · · · · · · · · · · · · · · · · ·	
3 Amounts set aside for specific charitable projects that satisfy the:		
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	· · · · · · · · · · · · · · · · · · ·
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line		55,427.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		33, 447,
income. Enter 1% of Part I, line 27b	5	n
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	55,427.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating		
4940(e) reduction of tax in those years.	.gcaror and roundation qualifies for th	0 000H0H

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,				-
line 7				28,031.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	<u> </u>
b Total for prior years:				
3 Excess distributions carryover, if any, to 2011:		0.		
1				
a From 2006 29,364.				
b From 2007 23,779. c From 2008 23,507.				
d From 2009 25,178.		~		
e From 2010 63, 183.				
	165,011.			
f Total of lines 3a through e	105,011.			
4 Qualifying distributions for 2011 from Part XII, line 4: ►\$ 55, 427.	<u>,</u>	ev 6.ve		·
	<i>ر</i> د	~*************************************		,
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		^
c Treated as distributions out of corpus	0.	- **		** **. · .
(Election required - see instructions)	U.	*	* ***	- "
d Applied to 2011 distributable amount	27 206	v		28,031.
e Remaining amount distributed out of corpus	27,396.	>	*	
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.	* * * * * * * * * * * * * * * * * * * *		0.
6 Enter the net total of each column as	· - · · ·			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	192,407.	-		· • \
b Prior years' undistributed income. Subtract	252/10/1			
line 4b from line 2b		0.		
c Enter the amount of prior years'			······································	
undistributed income for which a notice of deficiency has been issued, or on which	· ·	0.	,	
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2010. Subtract line				-
4a from line 2a. Taxable amount - see instr.			0.	-
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				0.
7 Amounts treated as distributions out of		*	~~	~
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	29,364.			
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	163,043.			
10 Analysis of line 9:				
a Excess from 2007 23,779.				1
b Excess from 2008 23,507.				
c Excess from 2009 25,178.				
d Excess from 2010 63, 183.			İ	!
e Excess from 2011 27,396.				

	V FAMILY FO				02143 Page 1
Part XIV Private Operating Fo		_	 	N/A	
1 a If the foundation has received a ruling or			İ		
foundation, and the ruling is effective for			▶ └		
b Check box to indicate whether the foundate		ng foundation described		4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for					
each year listed	_				
b 85% of line 2a				-	
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
, ,					
for active conduct of exempt activities.				:	
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the			 		
alternative test relied upon:			1		
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)	···				
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					!
investment income (interest,					
dividends, rents, payments on			2	-	
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt				-	
organizations as provided in					
section 4942(j)(3)(B)(iii)		-	-		
(3) Largest amount of support from					
an exempt organization					·
Part XV Supplementary Infor	mation (Cample	de Abie nort only	if the foundation	had \$5 000 ar m	oro in occeto
at any time during the			ii tiie ioundation	nau \$5,000 or in	ore in assets
		140110113.)			
1 Information Regarding Foundation	-				
a List any managers of the foundation who			itributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed me	ore man 40,000). (See s	section 307 (d)(2).)			
NONE			-		
 List any managers of the foundation who other entity) of which the foundation has 			ı (or an equally large portio	n of the ownership of a p	artnership or
NONE	5				
		Oshalanskin sta F	- <u></u>		· .=
2 Information Regarding Contribution Check here ► X if the foundation or	ly makes contributions	to preselected charitable	e organizations and does n		
the foundation makes gifts, grants, etc. (···	יוויטופוס וופוווס במ, ט, ט, מוונ	ı u.
a The name, address, and telephone numb	er of the person to who	m applications should b	e addressed:		
b The form in which applications should be	submitted and informa	tion and materials they	should include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards,	, such as by geographic	al areas, charitable field	s, kinds of institutions, or o	ther factors:	
					Form 990-PF (2011)

Form 990-PF (2011) SHICKMAN FAMILY FOUNDATION
Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid dunng the year				.,
AMERICAN FR.OF ISRAEL MUSEUM		PUBLIC	OPERATIONS	
500 FIFTH AVE.				
NEW YORK, NY 10110				5,000
FIFTH AVENUE SYNAGOGUE		PUBLIC	HUMANITARIAN	
5 EAST 62ND ST				
NEW YORK, NY 10021				2,000
FISHER HOUSE FOUNDATION		PUBLIC	HUMANITARIAN	
111 ROCKVILLE PK				
ROCKVILLE, MD 20850				10,000
GAVI GLOBAL ALLIANCE VACCINES &		PUBLIC	HUMANITARIAN	
IMMUNIZATIONS		CODDIC	HOMMITAKTAN	
1776 "I" ST,NW,#600	-			
WASHINGTON, DC 20006				10,000
HEBREW HOME FOR THE AGED		PUBLIC	HUMANITARIAN	
5901 PALISADES AVE		COBBIC	HOPANITAKIAN	
RIVERDALE NY 10471				5,000
	NTINUATION SHEE	ET(S)	▶ 3a	53 000
b Approved for future payment				•
NONE				
NONE				
· · · · · · · · · · · · · · · · · · ·				
Total		-	▶ 3b	

nter gross amounts unless otherwise indicated.	Unrelated t	usiness income		ed by section 512, 513, or 514	(e)
•	(a)	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
a					
b					
c					
d					
е					
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	10.154.	- · · -
5 Net rental income or (loss) from real estate:				10,154.	44.00 () () () () () () () () () (
a Debt-financed property					
b Not debt-financed property			i		
6 Net rental income or (loss) from personal				,	
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					·
than inventory					
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b -					
C					
d					
е					
2 Subtotal. Add columns (b), (d), and (e)		. (0.	10,154.	
3 Total. Add line 12, columns (b), (d), and (e)				13	10,154
See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Accom	plishment of	Exempt	Purposes	
Line No. Explain below how each activity for which incon	ne is reported in c	olumn (e) of Part XV	/I-A contribu	ted importantly to the accom	plishment of
the foundation's exempt purposes (other than b	y providing funds	for such purposes)		-	

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
	

Form 990-PF		MAN FAMILY FOUR		23-290			age 13
Part XVII	☐ Information Re Exempt Organ		and Transactions a	and Relationships With Noncha	ritable	е	
1 Did the c		rectly engage in any of the followi	ng with any other organization	on described in section 501(c) of		Yes	No
		c)(3) organizations) or in section 5	· · · · · · · · · · · · · · · · · · ·	` ,			
a Transfer	s from the reporting found	lation to a noncharitable exempt o	rganization of:		^.		
(1) Casi	h				1a(1)		X
(2) Othe	er assets				1a(2)		X
b Other tra							
	es of assets to a noncharita				1b(1)		X
• •		oncharitable exempt organization			1b(2)	L	Х
, ,	tal of facilities, equipment,				1b(3)		X
• •	nbursement arrangements	3			1b(4)		X
. ,	ns or loan guarantees				1b(5)		X
		embership or fundraising solicitation			1b(6)		X
		ailing lists, other assets, or paid en		ways show the fair market value of the goods,	1c_	L.	X
				ie in any transaction or sharing arrangement, s		ets,	
		other assets, or services received		o in any transaction of sharing arrangement, c	11017 111		
(a) Line no	(b) Amount involved	(c) Name of noncharitable		(d) Description of transfers, transactions, and	sharing an	rangeme	nts
		N/A					
	 						
-							
		<u> </u>					
-			· · ·				
-		<u> </u>	 			-	
							
		\ <u></u>					
	· · ·						
					_		
ın sectior	n 501(c) of the Code (other	tly affiliated with, or related to, one r than section 501(c)(3)) or in sec		zations described	Yes	X] No
b if "Yes," c	complete the following sch		(h) Type of organization	(a) December of relational			
	(a) Name of org	janizatiVII	(b) Type of organization	(c) Description of relations	пþ		
	N/A	•	 				
				statements, and to the best of my knowledge atton of which preparer has any knowledge	the IRS o	iscuss t	his
Sign 👠	Z	Property Declaration of preparer (other tha		retu	rn with the	e prepare	er
Here	Danama.	>. raye	15-15-12	VICE PRESIDENT	X Yes		No
Sig	nature of officer or trustee		Date	Title			
	Print/Type preparer's na	ame Preparer's s	ignature	Date Check if PTIN			
Paid	I DENI DEC		, Pan 1	self- employed			
Preparer	LEENA RITC		2 ruco		265		
Use Only	Firm's name ► ISD	ANER & CO, LLC		Firm's EIN ► 23 – 64	ŦTOZ	0 3	
300 Only		REE BALA PLAZA	SIITTE 501 WE	STP			
	1		9004	Phone no. 61066	842	20	
					m 990		2011)
				, 0.		٠,-	/

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to status of Amount any foundation manager Name and address (home or business) recipient or substantial contributor JSSA - NETTIE & MURRAY KAYE FUND PUBLIC HUMANITARIAN 6123 MONTROSE RD ROCKVILLE MD 20852 2,000. KARDON INSTITUTE, PUBLIC HANDICAPPED 10700 KNIGHTS RD PHILA. PA 19114 5,000. PATH PUBLIC GLOBAL HEALTH PO BOX 900922 SEATTLE, WA 98109 10,000. CHEVRA HATZALAH UPPER EAST SIDE PUBLIC HUMANITARIAN 1340 EAST 9TH STREET BROOKLYN, NY 11230 4,000. Total from continuation sheets 21,000.

Schedule B (Form 990, 990-EZ,

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2011

Name of the organization Employer identification number SHICKMAN FAMILY FOUNDATION 23-2902143 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

SHICKMAN	FAMTT.V	FOUNDATION
DITTCVITUTA	LWITTII	LOCKDATION

23-2902143

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LILA SHICKMAN 575 PARK AVENUE NEW YORK, NY 10021	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	-	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

	3 (Form 990, 990-EZ, or 990-PF) (2011)		Page
Name of org	anization		Employer identification number
SHICK	MAN FAMILY FOUNDATION		23-2902143
Part II	Noncash Property (see instructions) Use duplicate copies of Pa	art II if additional space is needed	d
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions	i late received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions	l late received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions	
-		<u></u> \$,	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions	Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions	l Data received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions	Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of orga	anization			Employer identification number			
SHICKM	AN FAMILY FOUNDATION			23-2902143			
Part III	Exclusively religious, charitable, etc., individually year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc., Use duplicate copies of Part III if additional	contributions of \$1,000 or less for	c)(7), (8), or (10) organizations completing Part III, enter or the year. (Enter this information onc	ons that total more than \$1,000 for the			
(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	1 ZIP + 4	Relationship of tra	insferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
	, (e) Transfer of gift						
	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
-	(e) Transfer of gift						
	Transferee's name, address, and		Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
		(e) Transfer of gi	ft				
	Transferee's name, address, and			nsferor to transferee			
-							

FORM 990-PF DIVIDENT	DS AND	INTER	EST FROM	4 SECU	RITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A) AMOUNT	
TOCQUEVILLE	•	-	10,154.	•	0.	10,15	4.
TOTAL TO FM 990-PF, PART I,	LN 4		10,154.		0.	10,15	4.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET IN MENT IN	/EST-	(C) ADJUSTED NET INCOM		
ACCOUNTING	,	4,645.		2,323.		2,32	2.
TO FORM 990-PF, PG 1, LN 16B		4,645.		2,323.		2,32	2.
FORM 990-PF		TAX	ES	₹ .=		STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET IN MENT IN	EST-	(C) ADJUSTED NET INCOM		
EXCISE TAX		1,381.		0.			0.
TO FORM 990-PF, PG 1, LN 18	:	1,381.		0.			0.
FORM 990-PF	O'	THER E	XPENSES			STATEMENT	4
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM	(D) CHARITAB E PURPOSE	
POSTMASTER WIRE TRANSFER		200.		100.		10	0. 5.
TO FORM 990-PF, PG 1, LN 23		210.		105.		10	5.
							

FORM 990-PF	CORPORATE STOCK		STATEMENT 5
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
93 SHS. ASHLAND INC	•	1,638.	5,316.
2,500 SHS. CINCINNATI BELI	INC	19,507.	7,575.
1,000 SHS. CONVERGYS CORP		14,425.	12,770.
500 SHS. CORN PRODUCTS INT		17,052.	26,295.
4,677 SHS. ILLINOIS TOOL W		229,997.	218,463.
600 SHS. INFORMATICA CORPO	RATION	4,745.	22,158.
488 SHS. MERCK & CO, INC.		10,966.	18,398.
1,000 SHS. OLIN CORP 500 SHS. SPRINT NEXTEL COR	מי	17,018. 11,539.	19,650. 1,170.
5,209 SHS. TELLABS INC.	A.F	242,375.	21,044.
2,280 SHS. TEXAS INSTRUMEN	ITS INC.	68,354.	66,371.
500 SHS. VEECO INSTRUMENTS		9,627.	10,400.
2,000 SHS. WESTELL TECHNOL		11,860.	4,440.
TOTAL TO FORM 990-PF, PART	II, LINE 10B	659,103.	434,050.
FORM 990-PF	OTHER INVESTMENTS		STATEMENT 6
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MONEY MARKET FUNDS	COST	74,232.	74,232.
TOTAL TO FORM 990-PF, PART	· · II. LINE 13	74,232.	74,232.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT

NAME OF CONTRIBUTOR

ADDRESS

LILA SHICKMAN