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Form **990-PF**

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.

OMB No 1545-0052

Department of the Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. For calendar year 2013 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 PEGG & PEGG 1430 BROADWAY 1105A 610-687-6767 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here NEW YORK, NY 10018 Initial return of a former public charity G Check all that apply: Initial return D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% check here and attach computation Address change Name change Check type of organization: Section 501(c)(3) exempt private foundation 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 F 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 919, 326. (Part I, column (d) must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (a) Revenue and expenses per books (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) income income 150,000 Contributions, gifts, grants, etc., received N/A Check if the foundation is not required to attach Sch B Interest on savings and temporary cash investments 10,644 10.644 Dividends and interest from securities STATEMENT 5a Gross rents SCANNED AUG b Net rental income or (loss) <226,861 STATEMENT 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 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 b Less Cost of goods sold c Gross profit or (loss) 11 Other income <66,217 401 12 Total. Add lines 1 through 11 0. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a regarrees 3,953 791 STMT 3 3,162 c Other professional fees Interest 3 1 2014 STMT 4 400 0. 0. Taxes 19 Deprectation and depletion 20 Goodpaney N 21 Travel, conferences, and meetings 22 Printing and publications 446 O 446. STMT 5 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 4,799 791 3,608. 79,000 79,000 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 83,799 791 82,608 Add lines 24 and 25 27 Subtract line 26 from line 12: <150,016. 2 Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

c Adjusted net income (if negative, enter -0-)

22,610

N/A

23-2902143 Form 990-PF (2013) SHICKMAN FAMILY FOUNDATION Beginning of year Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only End of year (a) Book Value (b) Book Value (c) Fair Market Value 2,849. 15,654 2,849. 1 Cash - non-interest-bearing 140,547. 245,788. 245,788. 2 Savings and temporary cash investments 3 Accounts receivable ► 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 7 Other notes and loans receivable Less: allowance for doubtful accounts I Inventories for sale or use Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations 659,103. 416,651. b Investments - corporate stock STMT 6 c investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 815,304. 665,288 instructions. Also, see page 1, item 1) 17 Accounts payable and accrued expenses 18 Grants payable Deferred revenue 19 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. or Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted $\triangleright \overline{\mathbf{x}}$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 0. 0 28 Paid-in or capital surplus, or land, bldg., and equipment fund 815,304. 665,288 Retained earnings, accumulated income, endowment, or other funds É 30 Total net assets or fund balances 815,304. 665,288 815,304 665,288 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 815,304. 2 Enter amount from Part I, line 27a <150,016.> 3 Other increases not included in line 2 (itemize) Add lines 1, 2, and 3 665,288. Decreases not included in line 2 (itemize) 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 665,288

Form **990-PF** (2013)

8

82,608.

See the Part VI instructions.

Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

			<u> </u>			Page 4
	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	740 -	- See II	istru	Cuoi	15)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	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 here 🕒 🗶 and enter 1%	_1_			2	<u> 26.</u>
	of Part I, line 27b		. **	•		j
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				1	i
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				<u>0.</u>
3	Add lines 1 and 2	3			2	<u> 26.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	_5			2	26.
	Credits/Payments:		. •	£**	;	- [
	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 44.	. *				-
b	Exempt foreign organizations - tax withheld at source	. *		5	, .	- 1
C	Tax paid with application for extension of time to file (Form 8868)	_				
	Backup withholding erroneously withheld 6d			*******	·	
7	Total credits and payments. Add lines 6a through 6d	_7_				<u>44.</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			<u> </u>	<u>82.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be: Credited to 2014 estimated tax ▶ Refunded ▶	11				
	art.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 participate or intervene	n			Yes	
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the 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	d or		٠.	~	,
	distributed by the foundation in connection with the activities.				- 2- 8	
C	Did the foundation file Form 1120-POL for this year?		ļ	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			` •		- 4
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$ 0.			, ~		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			-	, ,	· ,
	managers. > \$0 .		:			ال ا
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities.				, `	٠ ا
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, o				a -	1
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		. , _	4a		X
t	of f"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.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			•	-	
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law		,		,
_	remain in the governing instrument?			6	X	\vdash
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	X	
_				, ,	,	1
88	a Enter the states to which the foundation reports or with which it is registered (see instructions)			, ;		
	PA					
t	o If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			_	·	نـــ
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 cale	iuar				- ·
4^	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV	nrem	, ,,	9	- -	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses S'	<u>rmt</u>	Į.	10	X	L

had not been removed from jeopardy before the first day of the tax year beginning in 2013?

Form 990-PF (2013) SHICKMAN FAMILY FOUNDATI Part VII-B Statements Regarding Activities for Which F			23-29021	43 Page 6
Part VII-B Statements Regarding Activities for Which F 5a During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section (2) Influence the outcome of any specific public election (see section 4955); or any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?	Form 4720 May Be F 1 4945(e))? r to carry on, directly or indirectly ? n described in section	ectly, Ye Ye Ye Ye Ye Ye Ye		- Fage 6
 b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und section 53.4945 or in a current notice regarding disaster assistance (see instru Organizations relying on a current notice regarding disaster assistance check h c If the answer is "Yes" to question 5a(4), does the foundation claim exemption frexpenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945 6a Did the foundation, during the year, receive any funds, directly or indirectly, to provide the section of the	ctions)? ere rom the tax because it mainta N 5-5(d).	ined I/A Ye	▶ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	5b
a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a p If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax s b If "Yes," did the foundation receive any proceeds or have any net income attributed tax in the party VIII Information About Officers, Directors, Trustor Paid Employees, and Contractors	Ye	s X No	6b X	
1 List all officers, directors, trustees, foundation managers and their				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
LILA SHICKMAN 575 PARK AVENUE NEW YORK, NY 10021	PRESIDENT & T	REASURER 0.	0.	0.
HOWARD KAYE 119 DEEPDALE ROAD WAYNE, PA 19087	VICE PRESIDEN	0.	TOR 0.	0.
BARBARA KAYE 119 DEEPDALE ROAD WAYNE, PA 19087	VICE PRESIDEN	T & DIREC	TOR 0.	0.
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none	enter "NONE "		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000				0

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Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	lation Managers, Highly		
3 Five highest-paid independent contractors for professional services. If none, ent	ter "NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Comp	ensation
NONE			
Total number of others receiving over \$50,000 for professional services		•	
Part IX-A Summary of Direct Charitable Activities			
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 pr	tistical information such as the roduced, etc.	Expenses	
1 NONE			
			•
2			0.
	<u> </u>		
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 of	on lines 1 and 2	Amount	
1 NONE	in mes 1 and 2.	Amount	
			_
2			0.
All other program-related investments. See instructions.			
3 NONE			
			_

Total. Add lines 1 through 3

Р	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, se	nstructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	591,681.
b	Average of monthly cash balances	1b	172,630.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	764,311.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	764,311.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	11,465.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	752,846.
6	Minimum investment return. Enter 5% of line 5	6	37,642.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	37,642.
2a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	226.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	37,416.
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	37,416.
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	37,416.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	Same of	00.600
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	82,608. 0.
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., purposes	2	
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 4	4	82,608.
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	5	226.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	82,382.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for th	e section

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

•		(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from	m Part XI,			, , , b	
line 7		<u> </u>		· , , , , , , , , , , , , , , , , , , ,	37,416.
2 Undistributed income, if any, as of the e	end of 2013		:		, , , , , , , , , , , , , , , , , , , ,
a Enter amount for 2012 only				0.	
b Total for prior years:			0.	, , , , , ,	
3 Excess distributions carryover, if a	 anv. to 2013:	, , , , ,	,	```	
•	3,507.	A 3.5 1.5 1.5 1.	, , , ,		
	5,178.		*		
	3,183.	, , , , , , , , , , , , , , , , , , , ,			
	7,396.				
	1,760.	. , , , , , , , , , , , , , , , , , , ,		* ' *	, , , , , , , , , , , , , , , , , , ,
f Total of lines 3a through e		161,024.		· a · . · · · · · · · · · · · · · · · ·	
4 Qualifying distributions for 2013 fr	rom	* * *			
· ·	2,608.	, a *			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
a Applied to 2012, but not more tha				0.	o to the second of the second
b Applied to undistributed income o		1			
years (Election required - see insti	-		0.	k v.	
c Treated as distributions out of cor	· ·				ر بر
(Election required - see instruction	-	0.			, , , , , , , , , , , , , , , , , , ,
d Applied to 2013 distributable amo	•	* 3, 2 ,			37,416.
e Remaining amount distributed out		45,192.		, , , , , , , , , , , , , , , , , , ,	
5 Excess distributions carryover applied to	o 2013	0.		S 19 2	0.
(If an amount appears in column (d), the must be shown in column (a))	same amount			, ; ,	
6 Enter the net total of each column	n as		* * * * * * * * * * * * * * * * * * * *		, , ,
indicated below:	40			* * * * * * * * * * * * * * * * * * * *	,
& Corpus Add lines 3f, 4c, and 4e Subtra	act line 5	206,216.			
b Prior years' undistributed income.	. Subtract	` , , ,		, , ,	, , , , , , , , , , , , , , , , , , , ,
line 4b from line 2b		,	0.		, * .
c Enter the amount of prior years'					y
undistributed income for which a				· •	.*
deficiency has been issued, or on the section 4942(a) tax has been i		· · · · · · · · · · · · · · · · · ·		* ** **	ستیشاگ پی سا
assessed	,,,,,,,		0.		
d Subtract line 6c from line 6b. Taxa	able	*		, .	-
amount - see instructions			0.		
e Undistributed income for 2012. Si	ubtract line		* -		
4a from line 2a. Taxable amount -	see instr.	,	, , ,	0.	* /
f Undistributed income for 2013. Se			,		
lines 4d and 5 from line 1. This an	nount must		7	, ,	
be distributed in 2014		<u> </u>		<u></u>	0.
7 Amounts treated as distributions of			~ 4	-	!
corpus to satisfy requirements im			•		
section 170(b)(1)(F) or 4942(g)(3		0.		-	-
8 Excess distributions carryover fro	m 2008				
not applied on line 5 or line 7		23,507.	<u> </u>		
9 Excess distributions carryover to		400 -00	•		
Subtract lines 7 and 8 from line 6a	a	182,709.		-	
10 Analysis of line 9:					
	5,178.	, ,		,	
	3,183.	·		*	
	17,396.	· · · · · · · · · · · · · · · · · · ·			
	1,760.	· · · · · · · · · · · · · · · · · · ·	~	***	
e Excess from 2013 4	5,192.	l	L	L	•

	N FAMILY FO			23-29	902143 Page 10
Part XIV Private Operating F	oundations (see in	nstructions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter tha	at it is a private operating			. –
foundation, and the ruling is effective fo	r 2013, enter the date of	f the ruling	▶		
b Check box to indicate whether the found	lation is a private operat	ing foundation described	in section	4942(j)(3) or 4	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(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			<u> </u>		
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	<u>-</u> -				<u> </u>
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets			ļ		
(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 securities loans (section					
512(a)(5)), or royalties)	İ				
(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					
(4) Gross investment income	<u> </u>				
Part XV Supplementary Info			if the foundation	on had \$5,000 or m	ore in assets
at any time during t	<u>-</u>	tructions.)			
1 Information Regarding Foundation					_
a List any managers of the foundation wh year (but only if they have contributed r			tributions received by t	he foundation before the cl	ose of any tax
LILA SHICKMAN					
b List any managers of the foundation whether entity) of which the foundation has			(or an equally large po	rtion of the ownership of a	partnership or
NONE					
2 Information Regarding Contribut		• • • • •	-		
Check here X if the foundation of the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	ber or e-mail address of	f the person to whom app	lications should be add	ressed:	
b The form in which applications should	be submitted and inform	ation and materials they s	hould include:		
c Any submission deadlines:					 .
d Any restrictions or limitations on award	s, such as by geographi	cal areas, charitable fields	, kinds of institutions. o	or other factors:	
,	, , ,	In a large of the control of th	, 2		
	 				

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to **Amount** status of any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year PUBLIC AMERICAN FRIENDS OF THE ISRAEL MUSEUM N/A EDUCATION AND OUTREACH PROGRAMS 500 FIFTH AVE STE 2540 NEW YORK NY 10110 5 000 CHEVRA HATZALAH UPPER EAST SIDE N/A PUBLIC AMBULANCE & RESCUE 1340 EAST 9TH STREET BROOKLYN, NY 11230 5,000. FIFTH AVENUE SYNAGOGUE N/A PUBLIC RELIGIOUS EDUCATION 5 EAST 62ND STREET NEW YORK, NY 10065 2,000. PUBLIC SPONSOR A WOUNDED N/A FISHER HOUSE FOUNDATION INC 111 ROCKVILLE PIKE STE 420 VETERAN'S FAMILY ROCKVILLE, MD 20850 15 000 GAVI-GLOBAL ALLIANCE FOR VACCINES & N/A PUBLIC VACCINE DEVELOPMENT IMMUNIZATION 1776 I STREET NW STE 600 WASHINGTON DC 20006 15,000 SEE CONTINUATION SHEET(S) ▶ 3a Total 79 000. **b** Approved for future payment NONE **▶** 3b Total

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	(a) Business	(b)	(C) Exclu- sion	(d)	(e) Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a	_		$\downarrow \downarrow \downarrow$		~
b			4		
c	_	waste -	\perp		
d					
e	_				
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash			T		
investments					
4 Dividends and interest from securities			14	10,644.	
5 Net rental income or (loss) from real estate;					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income			1 1	· · · · · ·	
8 Gain or (loss) from sales of assets other	-		1		-
than inventory			18	<226,861.	
			+ + 4	\ZZ0,001.	
9 Net income or (loss) from special events			++		
Other revenue:			+		
1 Other revenue:					
<u> </u>	_		+ +		
b	1		+ +		
<u> </u>			+		
d	-			· · · · · · · · · · · · · · · · · · ·	
e			+	016 015	
2 Subtotal. Add columns (b), (d), and (e)		0	•	<216,217.	0 .
3 Total. Add line 12, columns (b), (d), and (e)				13	<216,217.
See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities		omplishment of E	xempt	Purposes	
Line No. Explain below how each activity for which in the foundation's exempt purposes (other the			A contrib	uted importantly to the accor	nplishment of
			•		
				<u>-</u>	
23621				<u>-</u> :	Form 990-PF (2013

	XVII Information Re Exempt Organ		nsfers To a	and Transactions	and Relationsh	ips With Nonch			i <u>ue 13</u>
1 Di	the organization directly or indi		v of the followin	n with any other organizati	on described in section	n 501(c) of	- I	Yes	No
	e Code (other than section 501(c					11 00 1(0) 01		1	
	ansfers from the reporting found						1.	,	
) Cash			,			1a(1)	1	X
•	Other assets						1a(2)		X
•	her transactions:								
(1	Sales of assets to a noncharita	ble exempt organiz	ation				1b(1)		X
(2	Purchases of assets from a no	ncharitable exempt	organization				1b(2)		X
(3	Rental of facilities, equipment,	or other assets					1b(3)		X
(4	Reimbursement arrangements	1					1b(4)		X
(5	Loans or loan guarantees						1b(5)	<u> </u>	Х
(6	Performance of services or me	embership or fundra	aising solicitatio	ns			1b(6)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees						1c	<u> </u>	X	
	the answer to any of the above is		-		•			sets,	
	services given by the reporting f			ed less than fair market val	ue in any transaction o	or sharing arrangement	, show in		
	lumn (d) the value of the goods,			 					
(a) Line	no (b) Amount involved	(c) Name		exempt organization	(d) Description of	of transfers, transactions, ar	nd sharing a	Tangeme	ints
			N/A						
						 			
		 							
									
		+							
		-							
		ļ			 				
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					-				
		_							
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							•		
ın	the foundation directly or indirect section 501(c) of the Code (othe 'Yes," complete the following sch	er than section 501(ledule.		on 527?	· ,		Yes	X] No
	(a) Name of or	ganization		(b) Type of organization	(0) Description of relation	nship		
	N/A								
	 				 				
									
	Under penalties of perjury, I declare	that I have examined t	this return includin	g accompanying schedules and	d statements and to the b	est of my knowledge			
Sign Here	and belief, it is true, correct, and ∞	mplete Declaration of			mation of which preparer h	nas any knowledge	May the IRS eturn with the shown below X Yes	ne prepar v (see ins	er
	Print/Type preparer's n		Preparer's s			Check If PTII	V		
	Transcrypt proparer 3 ft	uo	1, 1000010133	igricatur u		self- employed	•		
Paid	MARK B KAU	TEMAN	ZOND	B. Kaulins	14/2/14	, ,	01349	722	
Prep	THATELE IN TUIL		LLP	1 0	1	Firm's EIN ► 13-			

Phone no. 212-532-4287

Use Only

Firm's address ► 1430 BROADWAY SUITE 1105A NEW YORK, NY 10018

Part XV Supplementary Information	N FAMILY FOUND		23-290	
3 Grants and Contributions Paid During the Y				* ***
Recipient	If recipient is an individual.	Foundation	Durance of great or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
HEBREW HOME FOR THE AGED AT RIVERDALE	N/A	PUBLIC	PROVIDES OLDER ADULTS	
5901 PALISADE AVE			WITH EXCEPTIONAL CARE,	
RIVERDALE, NY 10471			PRESERVES AND ENHANCES	
		 	INDEPENDENCE AND	10,000
JSSA-NETTIE AND MURRAY KAYE FUND	N/A	PUBLIC	JEWISH SOCIAL SERVICES	
6123 MONTROSE ROAD				
ROCKVILLE, MD 20852		<u></u>		2,000
PATH	N/A	PUBLIC	MALARIA VACCINE	
PO BOX 900922 SEATTLE WA 98109			INITIATIVE	15,000
YELLOW RIBBON FUND	N/A	PUBLIC	SUPPORT FOR WOUNDED	
4905 DEL RAY AVENUE STE 500			VETERANS AND THEIR	
BETHESDA, MD 20814	 	 	FAMILIES	10,000
		<u> </u>		
			ļ	
		1		
	<u> </u>	<u> </u>	<u> </u>	
Total from continuation sheets		<u> </u>		37,000

SHICKMAN FAMILY FOUNDATION	<u>23-2902143</u>
SHICKMAN FAMILY FOUNDATION Part XV Supplementary Information	
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution	
NAME OF RECIPIENT - HEBREW HOME FOR THE AGED AT RIVERDALE	<u>. </u>
PROVIDES OLDER ADULTS WITH EXCEPTIONAL CARE, PRESERVES AN	ID ENHANCES
INDEPENDENCE AND DIGNITY.	
	· · · · · · · · · · · · · · · · · · ·
	,

Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Name of the organization

Employer identification number

	SHICKMAN FAMILY FOUNDATION	23-2902143
Organization type (check	cone):	
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	ı
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
• •	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe	ecial Rule. See instructions.
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or mor mplete Parts I and II.	e (in money or property) from any one
Special Rules		
509(a)(1) and 17	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	-
total contributio	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one one of more than \$1,000 for use exclusively for religious, charitable, scientific, literary of cruelty to children or animals. Complete Parts I, II, and III.	
contributions fo If this box is che purpose. Do not	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one ir use exclusively for religious, chantable, etc., purposes, but these contributions did ecked, enter here the total contributions that were received during the year for an ext complete any of the parts unless the General Rule applies to this organization becable, etc., contributions of \$5,000 or more during the year	I not total to more than \$1,000. **Rolusively religious, charitable, etc.,
but it must answer "No"	n that is not covered by the General Rule and/or the Special Rules does not file Sch on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or o eet 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) (2013)

Name of organization

Employer identification number

SHICKMAN FAMILY FOUNDATION

23-2902143

Part I	Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	LILA SHICKMAN 575 PARK AVENUE NEW YORK, NY 10021	\$150,000.	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				
		*	Person Payroli Payroli Poncash Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		s	Person Payroll Oncash Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		5	Person Payroll Oncash (Complete Part II for noncash contributions)				
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Oncash Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		s	Person Payroll Noncash (Complete Part II for noncash contributions)				

Name of organization

Employer identification number

SHICKMAN FAMILY FOUNDATION

23-2902143

Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed.	
(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
		_ _ _ \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) **Employer identification number** Name of organization SHICKMAN FAMILY FOUNDATION

Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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)

\$\\$\\$\$ Use duplicate copies of Part III if additional space is needed. (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 (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (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 Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (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

		V.					
			ANNER QUIRED	DA ACQU	TE	DATE SO	LD
P		PUR	CHASED	11/1	3/00	07/11/	13
(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E)	c.		(F)	;
77.		0.		0.		2,74	6.
			ANNER QUIRED	DA ACQU		DATE SO	LD
-		PUR	CHASED	VARI	ous	07/12/	13
(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E)	c.		(F) OR LOSS	}
0.		0.		0.			6.
						DATE SC	LD
-		PUR	CHASED	11/0	5/90	12/04/	13
(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE			(F) OR LOSS	;
242,375.		0.		0.		<229,61	 .3.>
							
FROM PART IV							0.
	COST OR OTHER BASIS (C) COST OR OTHER BASIS	COST OR EXPENSE OTHER BASIS (C) COST OR COST OR OTHER BASIS (D) EXPENSE SALE	COST OR EXPENSE OF SALE O. O. MACO PURC (C) COST OR EXPENSE OF SALE (D) EXPENSE OF SALE	COST OR EXPENSE OF DEPRESOR O. O. MANNER ACQUIRED PURCHASED (C) (D) (E) COST OR EXPENSE OF OTHER BASIS SALE DEPRESOR	COST OR EXPENSE OF OTHER BASIS O. O. O. MANNER DA ACQUIRED ACQU PURCHASED 11/0 (C) COST OR COST OR OTHER BASIS SALE DEPREC.	COST OR EXPENSE OF OTHER BASIS O. O. MANNER DATE ACQUIRED ACQUIRED PURCHASED 11/05/90 (C) COST OR EXPENSE OF OTHER BASIS SALE DEPREC. GAIN	COST OR EXPENSE OF OTHER BASIS O. O. O. MANNER DATE ACQUIRED DATE SO PURCHASED 11/05/90 12/04/ (C) (D) (E) (F) COST OR EXPENSE OF OTHER BASIS SALE DEPREC. GAIN OR LOSS

FORM 990-PF DIVIDENT	S AND INTER	EST FROM SECUR	ITIES ST	PATEMENT 2	
GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
PERSHING LLC 10,644	I.	0. 10,644.	10,644.		
TO PART I, LINE 4 10,644	1.	10,644.	10,644.		
FORM 990-PF	ACCOUNTI	NG FEES	Si	PATEMENT 3	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTANT	3,953.	791.		3,162.	
TO FORM 990-PF, PG 1, LN 16B	3,953.	791.		3,162.	
FORM 990-PF	TAX	ES	Si	PATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
990 PF TAX	400.	0.		0.	
TO FORM 990-PF, PG 1, LN 18	400.	0.		0.	
FORM 990-PF	OTHER EXPENSES		STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
BANK CHARGE P.O. BOX RENTAL WIRE FEE	180. 256. 10.	0. 0. 0.		180. 256. 10.	
TO FORM 990-PF, PG 1, LN 23	446.	0.		446.	

FORM 990-PF	CORPORATE STOCK	·	STATEMENT	6
DESCRIPTION		BOOK VALUE	FAIR MARKET	r
93 SH ASHLAND INC		1,638.	9,02	25.
2500 SH CINCINNATI BELL I	NC	19,507.	8,90	
1000 SH CONVERGYS CORP		14,425.	21,0	
4677 SH ILLINOIS TOOL WOR	KS INC	229,997.	393,24	
600 SH INFORMATICA CORP		4,745.	24,90	
500 SH INGREDION INC		17,052.	34,23	
488 SH MERCK & CO INC		10,966.	24,42	
1000 SH OLIN CORP	TNG	17,018.	28,8	
2280 SH TEXAS INSTRUMENTS		68,354.	-	
500 SH VEECO INSTRUMENTS 2000 SH WESTELL TECHNOLOG		9,627. 11,860.	16,4! 8,10	
130 SH SPRINT CORP	TES	11,462.	1,39	
TOTAL TO FORM 990-PF, PAR	T II, LINE 10B	416,651.	670,68	39.
FORM 990-PF LIS	T OF SUBSTANTIAL CONTRIE PART VII-A, LINE 10	UTORS	STATEMENT	7
NAME OF CONTRIBUTOR	ADDRESS			
LILA SHICKMAN	575 PARK AVEN NEW YORK, NY	_		