

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED DEC 2 1 2016

EXTENDED TO NOVEMBER 16, 20 Return of Private Foundation Form **990-PF**

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 separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052 Open to Public Inspection

Depa	rtmen	t of the Treasury		social security numbers on				LU 14				
_		venue Service		m 990-PF and its separate instructions is at www.irs.gov/form990pf. , and ending				Open to Public Inspection				
		foundation	Degining		, and e	nomy	A Employer identification	number				
						20-7552474						
						Room/suite	B Telephone number					
	20 STEARNS CT					413-586-61	26					
-		own, state or province, cou THAMPTON, MA		ostal code			C If exemption application is pe	ending, check here				
		all that apply:	Initial return	Initial return of a fo	rmer nublic (harity	D 1 Foreign organizations	check here				
•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Final return	Amended return	mor public t	Jiluity	D 1 Toronga organizations	, oncon nore				
			Address change	Name change			2 Foreign organizations med check here and attach col	eting the 85% test,				
H (heck		X Section 501(c)(3) ex	-			E If private foundation stat					
	_	ction 4947(a)(1) nonexem	· · · · · · · · · · · · · · · · · · ·	Other taxable private founda	ation		under section 507(b)(1)					
1 Fa	ır ma	arket value of all assets at e			Accr	rual	F If the foundation is in a 6	•				
(fr	om l	Part II, col (c), line 16)		her (specify)			under section 507(b)(1)					
_	\$_			mn (d) must be on cash l	basis.)							
Pa	<u>irt l</u>	Analysis of Revenue and (The total of amounts in columnecessarily equal the amount	d Expenses mns (b), (c), and (d) may not ts in column (a))	(a) Revenue and expenses per books		ovestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)				
	1	Contributions, gifts, grant	s, etc., received	80,681.			N/A					
	2		n is not required to attach Sch. B									
	3	Interest on savings and tempo cash investments	orary	4,546.		4,546.		STATEMENT 1				
	4	Dividends and interest fro	m securities	11,078.	1	1,078.		STATEMENT 2				
	5a	Gross rents										
	b	Net rental income or (loss)										
O	6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 39,352. 7 Capital gain net income (from Part IV, line 2)			13,680.				STATEMENT 3				
nue												
Revenue					1	4,344.						
ш	8	Net short-term capital gair	n				<u></u>					
<u>}</u>	9 10a	Income modifications Gross sales less returns and allowances										
		Less Cost of goods sold			-							
		Gross profit or (loss)										
	11	Other income		109,198.		0.		STATEMENT 4				
	12	Total. Add lines 1 through	h 11	219,183.	2	9,968.						
	13	Compensation of officers, dire	ectors, trustees, etc	0.		0.		0.				
	14	Other employee salaries a	ind wages									
Ø	15	Pension plans, employee	benefits									
JSe	ı	Legal fees	=			=						
ber	ı	Accounting fees	STMT 5	540.		540.	RECEIV					
ũ	l	Other professional fees	STMT 6	500.		500.		0.				
ıtive	17	Interest	COMO 7	217.		217.	DEC 1 2 /	110 7 0.				
Operating and Administrative Expenses	18	Taxes	STMT 7	<u> </u>		<u> </u>	CONTRACTOR AND	11b 7 0.				
ij	19 20	Depreciation and depletion Occupancy	11		-		2 - Charles and Language and the same in	- 2				
Ådπ	21	Travel, conferences, and r	meetings				1	· · · · · · · · · · · · · · · · · · ·				
þ	22	Printing and publications	mostings			· · · · · · · · · · · · · · · · · · ·						
g	23	Other expenses	STMT 8	2,419.		0.		354.				
atin	24	Total operating and adm				_						
ber		expenses Add lines 13 th		3,676.		1,257.		354.				
Ō	25	Contributions, gifts, grant	ts paid	136,250.				136,250.				
	26	Total expenses and disb	ursements.									
		Add lines 24 and 25		139,926.		<u>1,257.</u>		136,604.				
	27	Subtract line 26 from line	12:									
	l	Excess of revenue over expens		79,257.	_							
	l	Net investment income (2	8,711.						
4225	C 01	Adjusted net income (if ne					N/A	- 000 55				
4235 11-2	1-14	LHA For Paperwork Re	eduction Act Notice, see	instructions.				Form 990-PF (2014)				

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)

2 Enter amount from Part I, line 27a
3 Other increases not included in line 2 (itemize) ► NET UNREALIZED GAIN ON INVESTMENTS
4 Add lines 1, 2, and 3
5 Decreases not included in line 2 (itemize) ►

5 Occesses 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

1 1, 033, 477.
2 79, 257.
3 22, 277.
4 1, 135, 011.

Part I	/ Capital Gains	and Losse	s for Tax on In	vestment	Income						 	
	(a) List and desci 2-story brick wa	ribe the kind(s) irehouse; or coi	of property sold (e.g. nmon stock, 200 shs	., real estate, s. MLC Co.)		(b) F	low ac - Purc - Dona	quired hase ation	(c) Date (mo., d	acquired lay, yr.)	(d) Date sold (mo., day, yr.)	
1a 250	000 FHLB .25	% 1/16/	15					P	05/0	8/13	10/28/14	_
b CAl	GAIN DISTR	IBUTION	S			ļ		P				
						 						
<u>d</u>						<u> </u>						
<u>e</u>		40.5				1,					<u> </u>	
(e) Gross sales price		ciation allowed illowable)		t or other basis expense of sale					ain or (loss s (f) minus	(g)	
<u>a</u>	25,018.				25,00	8.					10	
<u> </u>	14,334.										14,334	•
		<u> </u>				-+						
_d						- +						
Comr	lete only for assets showin	ia asin in colum	un (h) and owned by	the foundation	on 12/31/69	-+			N Coupe (C	'ol (b) gain		
Oomp	nete only for assets showin				cess of col. (1)					Col. (h) gain not less tha		
(i) F	.M.V. as of 12/31/69		usted basis 12/31/69		col. (j), if any	İ			Losses	(from col. ((h))	
		<u> </u>									10	_
 b											14,334	
C	-					_					14/334	÷
<u>d</u>												
e												_
			C If gain, also onter	ın Dart I lina	7	7						_
2 Capital	gain net income or (net ca	pital loss)	If gain, also enter If (loss), enter -0-	- in Part I, line	7	}	2	_			14,344	
3 Net sh	ort-term capital gain or (los	e) as defined in										
	, also enter in Part I, line 8,		30000013 1222(3) 411	iu (0).								
), enter -0- in Part I, line 8						3			<u> N/A</u>	<u> </u>	
Part V	Qualification U	nder Secti	on 4940(e) for	Reduced	Tax on Net	Inve	estn	nent Inc	come_			
(For optio	nal use by domestic private	foundations su	ibject to the section 4	1940(a) tax on	net investment ir	rcome	.)					
If caction	4940(d)(2) applies, leave th	nie nart blank										
ii scollon	TOTO(U)(Z) applies, leave ti	no part blank.										
	oundation liable for the sect					riod?					Yes X No)
	e foundation does not qual											
1 Enter	the appropriate amount in (each column to		nstructions bef	ore making any e		·				(d)	
	Base period years	Λ,	(b) djusted qualifying dis	tributions	Net value of no	(C)	ıtahla_	uca accato	.	Distril	(d) oution ratio	
Calend	ar year (or tax year beginnii	ng in)	<u> </u>		Net value of the	niciiai				(col. (b) div	vided by col. (c))	
	2013			7,558.			<u> </u>	5,740	`		.16443	
	2012			9,750.				$\frac{9,232}{2000}$.19338	
	2011			8,574.				2,08			.07672	
	2010 2009			6,968. 6,970.				$\frac{7,466}{2,602}$			2.85506 1.03879	
	2009			0,3/00			_+_+	4,004	 		1.030/3	ㅗ
2 Total	of line 1, column (d)								2		4.32840	3
	ge distribution ratio for the !	5-voor baco nor	ind - divide the total (on line 2 by 5	or by the number	of vo	arc				4.54040	ے
	indation has been in exister			on line 2 uy J,	or by the number	OI ye	ais		3		.86568	1
tile lot	indation has been in exister	iloc ii icss tilaii	o years						"		.00300	-
4 Enter t	the net value of noncharitab	Na-usa assats f	or 2014 from Part Y	lina 5					4	ļ	1,091,586	
4 LIIIGI	THE HEL VAIGE OF HOHEHAMAD	ne use assets n	or 2014 Hommatta,	iiiie J					 -		1,001,000	•
5 Multin	ly line 4 by line 3								5		944,965	
o wan	ly inito i by inito b									 	311,303	·
6 Enter	1% of net investment incon	ne (1% of Part I	line 27h)						6		287	, _
S EURO	Grande anyour monte mouth	(. / O O I a a t)	, = 10 /									·
7 Add lu	nes 5 and 6								1 7		945,252) _
									<u>'</u>			•
8 Enter	qualifying distributions fron	n Part XII line 4	.						8	-	136,604	
	8 is equal to or greater than			th and comp	lete that nart year	າດ ລ 10	% tov	rate		<u> </u>	200,001	•
	e Part VI instructions.				ioto tilat part usii	·ya i	,u IdX					

	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or		75524			Page 4
		1340	- See III:	Struc	CUO	19)
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)	1.	ł		_	74
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1	 			<u>74.</u>
	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).		}			^
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	 			$\frac{0.}{74.}$
	Add lines 1 and 2	3	 			
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				$\frac{0.}{74.}$
	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5_	 			<u>/4.</u>
	Credits/Payments:					
	2014 estimated tax payments and 2013 overpayment credited to 2014 6a	┥	1			
	Exempt foreign organizations - tax withheld at source Tax paid with application for extension of time to file (Form 8868) 6c 200	-]			
	· · · · · · · · · · · · · · · · · · ·	4				
	Backup withholding erroneously withheld 6d	┨ .	1		2	00
	Total credits and payments. Add lines 6a through 6d	7				00.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			- 2	$\frac{1.}{75.}$
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	 			15.
	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 2015 estimated tax ► Refunded ► rt VII-A Statements Regarding Activities	11	L			
					Vac	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interver	e m	}-		163	
	any political campaign?	2/3	\ -	1a		X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition		+	1b		_^_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	nea or	Į	}	:	1
	distributed by the foundation in connection with the activities					37
	Did the foundation file Form 1120-POL for this year?		-	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		1			Į
	(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0	<u>•</u>	}	1		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		1	ł		
_	managers. ▶ \$ 0.		}			
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			(1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	OI				x
4.	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		}-	3 4a	X	
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		-	4a 4b	X	
	If "Yes," has it filed a tax return on Form 990-T for this year? Westhern a liquidation termination, discolution, or substantial contraction during the year?		}-		_^_	X
0	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		}	5		<u> </u>
e	If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		-	{		
0	By language in the governing instrument, or		ļ	ł)
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state. 	to low	ļ			Ì
		ile iaw	[ا ء		v
-	remain in the governing instrument? Pid the foundation have at least \$5,000 in accepts at any time diving the year? If "Yes " complete Part II, and Yes and Part II.	4/	}-	7	<u>x</u>	X
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 2	V	-	-	Δ_	
٥.	Fator the states to which the foundation reports or with which it is registered (see instructions)		[ĺ		[
σa	Enter the states to which the foundation reports or with which it is registered (see instructions)			1		1
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		 -]			,
0				8b	Х	
^	of each state as required by General Instruction G? If "No," attach explanation	landar	}	טט		
9		liciiudi	j	9		y
10	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV		-	10		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		Form		-PF	(2014)
			, 01111		- •	(· · · /

'ı	990-PF (2014) THE ZOE FOUNDATION 20-7552	2474		Page 5
_	ert VII-A Statements Regarding Activities (continued)			ugo o
_	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
•	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
_	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► SILAS KOFF Telephone no. ► 413-58	36-6	126	
	Located at ≥ 20 STEARNS CT, NORTHAMPTON, MA ZIP+4 ≥0			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the			
	foreign country	<u> </u>		
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1 1		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1 1		ł
	a disqualified person?	1		ł
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			}
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			}
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	}		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	}		{
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)	}		}
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		}	}
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1 <u>b</u>	 	
	Organizations relying on a current notice regarding disaster assistance check here))
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected]	
	before the first day of the tax year beginning in 2014?	1c	ļ. —.	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	}	ļ	}
	defined in section 4942(j)(3) or 4942(j)(5)):)	}	}
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning)	})
	before 2014?])	
	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,	1		ļ
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		ļ	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	1	[
	statement - see instructions.) N/A	<u>2b</u>		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		1	
_	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1	1	
38				-
	during the year? X Yes No	Ì		
E	o If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	1		[
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	۸.		v
	Form 4720, to determine if the foundation had excess business holdings in 2014)	_3b_	1 .) X

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

had not been removed from jeopardy before the first day of the tax year beginning in 2014?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Ferm 990-PF (2014) THE ZOE FOUNDATION Part VII-B Statements Regarding Activities for Which I	Form 4720 May Ro E		20-75524	74	F	Page 6
	Offit 4720 Way De F	nequired (continu	dea)	$\overline{}$	1	
5a During the year did the foundation pay or incur any amount to:	n 4045(n\\Q		s X No			
 Carry on propaganda, or otherwise attempt to influence legislation (section) Influence the outcome of any specific public election (see section 4955); or 		S LAL NO		İ		
	i to carry on, unechy or mulic		s X No			
any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes		s X No				
(4) Provide a grant to an individual for travel, study, or other similar purposes		1 10	3 (22) 110			
4945(d)(4)(A)? (see instructions)	ii described iii section	□ v _o	s X No			
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or f			1		
the prevention of cruelty to children or animals?	or caucational purposes, or i		s X No		ļ	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit	der the exceptions described i					
section 53.4945 or in a current notice regarding disaster assistance (see instru		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A	5b		
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 fi		ined				
expenditure responsibility for the grant?		Ī/A □ Yε	s No			
If "Yes," attach the statement required by Regulations section 53.494						
6a Did the foundation, during the year, receive any funds, directly or indirectly, to						
a personal benefit contract?	F, F	Ye	s X No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b		X
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	shelter transaction?	☐ Ye	s X No			
b If "Yes," did the foundation receive any proceeds or have any net income attribu		N/A	7b			
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	inagers, Highly	/			
1 List all officers, directors, trustees, foundation managers and their	compensation.					
(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	acı	e) Exp count, allowar	ense other nces
SILAS W. KOPF	TRUSTEE					
20 STEARNS CT						
NORTHAMPTON, MA 01060	0.00	0.	0.			0.
LINDA M. KOPF	GRANT COMMITT					
20 STEARNS CT						
NORTHAMPTON, MA 01060	0.00	0.	0.			0.
SASHA KOPF	GRANT COMMITT	EE				
20 STEARNS CT				ĺ		
NORTHAMPTON, MA 01060	0.00	0.	0.			0.
		<u> </u>				
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	1 .	-) Evp	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	ac	e) Exp count, allowa	, other
NONE						
				<u> </u>		
				1		
				<u> </u>		
	_					
				 		
	_					
		<u> </u>		<u> </u>		0
Total number of other employees paid over \$50,000			▶ 1			()

Form 990-PF (2014) THE ZOE FOUNDATION	20-	-7552474 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion Managers, Highly	-
3 Five highest-paid independent contractors for professional services. If none, enter	"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		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produced.	cal information such as the ced, etc.	Expenses
1 N/A		
2		+
3		1
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on li	nes 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		1
		_
Total. Add lines 1 through 3	<u> </u>	0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndation	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	882,304.
b	Average of monthly cash balances	1b	58,589.
C	Fair market value of all other assets	1c	167,316.
d	Total (add lines 1a, b, and c)	1d	1,108,209.
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	1,108,209.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	16,623.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,091,586.
6	Minimum investment return. Enter 5% of line 5	6	54,579.
Р	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.)	d certai	n
1	Minimum investment return from Part X, line 6	1	54,579.
2a	Tax on investment income for 2014 from Part VI, line 5 Income tax for 2014. (This does not include the tax from Part VI.) 2a 574. 2b 21,521.		
b	Income tax for 2014. (This does not include the tax from Part VI.) 2b 21,521.		
C	Add lines 2a and 2b	2c	22,095.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	32,484.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	32,484.
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	32,484.
<u>P</u>	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	, , , , , , , , , , , , , , , , , , , ,	1a	136,604.
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:		
а	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	136,604.
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	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	136,604.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies	for the section

Form **990-PF** (2014)

Part-XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI.	00.600	Tours prior to 2010		
line 7				32,484.
2 Undistributed income, if any, as of the end of 2014			-	
a Enter amount for 2013 only			0.	
b Total for prior years:				_
,,		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009 109,161.				
b From 2010 107,000.				
c From 2011 18,600.				
d From 2012 88,788.				
e From 2013 90,164.	412 712			
f Total of lines 3a through e	413,713.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ►\$ 136,604.			0.	
a Applied to 2013, but not more than line 2a			U.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions) c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount	0.			32,484.
e Remaining amount distributed out of corpus	104,120.			52,101.
5 Excess distributions carryover applied to 2014	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	517,833.		İ	
b Prior years' undistributed income. Subtract	•			
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 the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				^
be distributed in 2015				0.
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)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	109,161.			
9 Excess distributions carryover to 2015	205/2021			
Subtract lines 7 and 8 from line 6a	408,672.			
10 Analysis of line 9:				
a Excess from 2010				
b Excess from 2011 18,600.				
c Excess from 2012 88,788.				
d Excess from 2013 90,164.				
e Excess from 2014 104,120.				
423581 11-24-14				Form 990-PF (2014)

	FOUNDATION			20) - 7552474 Page 10
Part XIV Private Operating Fo	oundations (see in	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling or	determination letter tha	t it is a private operating			
foundation, and the ruling is effective for	•	•	▶		
b Check box to indicate whether the found		ng foundation described i		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(5) 2012	Prior 3 years	(4) 2011	(a) Tatal
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(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 Complete 3a, b, or c for the alternative test relied upon: 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 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					
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	on had \$5,000	or more in assets
at any time during t	ne year-see inst	ructions.)			
Information Regarding Foundation a List any managers of the foundation who year (but only if they have contributed m.) NONE	o have contributed more		ributions received by t	he foundation before	the close of any tax
NONE b List any managers of the foundation who other entity) of which the foundation has			or an equally large po	rtion of the ownershi	p of a partnership or
NONE	g sie				
2 Information Regarding Contributi			-	o not accept was all	tod requests for fined-
Check here if the foundation o the foundation makes gifts, grants, etc. ((see instructions) to indi	viduals or organizations u	nder other conditions	, complete items 2a,	•
a The name, address, and telephone number	ber or e-mail address of	the person to whom appli	cations should be add	ressed:	
SEE STATEMENT 13					
b The form in which applications should b	e submitted and informa	ation and materials they sh	nould include;		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographic	cal areas, charitable fields,	kinds of institutions,	or other factors.	·

423601 11-24-14

Form **990-PF** (2014)

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to Foundation any foundation manager or substantial contributor Amount status of contribution Name and address (home or business) recipient a Paid during the year NONE THE WILLISTON NORTHAMPTON SCHOOL 501 (C)(3) PROGRAM SERVICES 19 PAYSON AVE EASTHAMPTON MA 01027 3,500. NONE 501 (C)(3) PROGRAM SERVICES NORTHAMPTON SURVIVAL CENTER 265 PROSPECT STREET 30,000. NORTHAMPTON, MA 01060 501 (C)(3) TAPESTRY HEALTH NONE PROGRAM SUPPORT 296 NONOTUCK ST 2ND FLOOR 5,000. FLORENCE, MA 01062 WARREN COUNTY HISTORICAL SOCIETY NONE 501 (C)(3) PROGRAM SUPPORT 210 4TH AVE WARREN, PA 16365 1,250. DAKIN ANIMAL SHELTER NONE 501 (C)(3) PROGRAM SUPPORT 163 MONTAGUE ROAD LEVERETT MA 01054 7,500. SEE CONTINUATION SHEET(S) ▶ 3a 136 250. Total b Approved for future payment NONE Total **▶**_ 3b

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated	business income		d by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a	ļ				
b					
C					
d	<u> </u>		\vdash		
e	<u> </u>				
f	 				
g Fees and contracts from government agencies	<u> </u>		-		
2 Membership dues and assessments			-		
3 Interest on savings and temporary cash	1			4 546	
investments			14 14	4,546. 11,078.	
4 Dividends and interest from securities	ļ		14	11,078.	
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	<u> </u>		 		
8 Gain or (loss) from sales of assets other			4	12 600	
than inventory	 		14	13,680.	
9 Net income or (loss) from special events	}				
10 Gross profit or (loss) from sales of inventory			-		
I1 Other revenue:			1 1		
a K-1 KOPF FAMILY	531110	109,198.	 		
b PARTNERSHIP	521110	109,196.	 		
c			 	-	
d			 		
E	 	109,198.	 	29,304.	0.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)	L	109,190.	<u> </u>		138,502.
(See worksheet in line 13 instructions to verify calculations.)				13 <u>—</u>	130,302.
					
Part XVI-B Relationship of Activities t	o the Accor	mplishment of Ex	empt	Purposes	
Line No. Explain below how each activity for which inco	me is reported in	column (e) of Part XVI-A	contribut	ted importantly to the accomp	olishment of
the foundation's exempt purposes (other than				,	
N/A					
					-

Part XVII	Information Regarding Transfers To Exempt Organizations	and Transactions a	ind Relationships With Nonch	aritable)	
1 Did the or	ganization directly or indirectly engage in any of the following	ing with any other organizatio	on described in section 501(c) of		Yes	No
	other than section 501(c)(3) organizations) or in section 5		• •	1 1		
a Transfers	from the reporting foundation to a noncharitable exempt o	organization of:		1		
(1) Cash				1a(1)		X
(2) Other				1a(2)		X
b Other tran				1		37
• •	of assets to a noncharitable exempt organization			1b(1)		_ <u>A</u> _
• •	ases of assets from a noncharitable exempt organization I of facilities, equipment, or other assets			1b(2) 1b(3)		X
- •	oursement arrangements			1b(4)		X
- •	s or loan guarantees			1b(5)		X X X X X
	rmance of services or membership or fundraising solicitat	ions		1b(6)		X
	facilities, equipment, mailing lists, other assets, or paid e			1c		<u>X</u> _
	ver to any of the above is "Yes," complete the following sch				ets,	
	s given by the reporting foundation. If the foundation recei		ie in any transaction or sharing arrangement	, show in		
) the value of the goods, other assets, or services received (b) Amount involved (c) Name of noncharitab		(d) Description of transfers, transactions, ar	d sharing ar		
4) Line 110	N/A	no oxompt organization	(b) Description of transfers, transactions, and	id sharing ar	argeme	
						
			 	 -		
			+			
				·		
	ndation directly or indirectly affiliated with, or related to, on		zations described			
	501(c) of the Code (other than section 501(c)(3)) or in section 501(c)(3)	ction 527?		Yes	LX] No
b If "Yes," co	omplete the following schedule. (a) Name of organization	(b) Type of organization	(c) Description of relation	nehin		
	N/A	(b) Type of organization	(c) Bescription of relation	ПЗПР		
	M/M	 				
		 				
and h	penalties of perjury, I declare that I have examined this return, includelief, it is true periorect, and complete Declaration of preparer (other the		action of which proporer has any knowledge	May the IRS	discuss	this
Sign Here	20/1 KM	1.4.1.4.4.4	 	eturn with the	(see ins	er etr)?
1 🛌	Deliver of officer or trustee	211/16/16	PRESIDENT	X Yes		J No
J Sigi	lature of officer or trustee Print/Type preparer's name	Date /	Title Check if PTI	NI .		
	Trime type preparer s name	orginature	self- employed			
Paid	LAURA K. BAROOSHIAN Dem	Kain	1	00284	431	
Preparer	Firm's name DICICCO, GULMAN &					
Use Only						
	Firm's address ▶ 150 PRESIDENTIAL	WAY, SUITE 5	10			
	WOBURN, MA 01801		Phone no. 781-	<u>937-5</u>		
				Form 99 0	0-PF	(2014)

THE ZOE FOUNDATION

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation Purpose of grant or show any relationship to any foundation manager or substantial contributor status of contribution Amount Name and address (home or business) recipient CRAFT EMERGENCY RELIEF ORGANIZATION NONE 501 (C)(3) PROGRAM SUPPORT P.O. BOX 838 MONTPELIER, VT 05601 10,000. THE FOOD BANK OF WESTERN MA NONE 501 (C)(3) PROGRAM SUPPORT 95 NORTH HATFIELD RD HATFIELD MA 01101 15,000. NONE 501 (C)(3) OPEN PANTRY OF SPRINGFIELD PROGRAM SUPPORT 287 STATE STREET SPRINGFIELD MA 01101 10,000. NATIONAL PRIORITIES PROJECT NONE 501 (C)(3) PROGRAM SERVICES 243 KING ST., STE 109 NORTHAMPTON, MA 01060 10,000. THE HOSPICE OF THE FISHER HOUSE NONE 501 (C)(3) PROGRAM SERVICES 1165 N PLEASANT ST AMHERST, MA 01002 3,000. NORTHAMPTON ACADEMY OF MUSIC NONE ÞC PROGRAM SERVICES 274 MAIN STREET NORTHAMPTON, MA 01060 10,000. PASCOMMUCK CONSERVATION TRUST NONE ÞС PROGRAM SERVICES P.O. BOX 806 EASTHAMPTON, MA 01027 6,500. O'CONNOR ANIMAL ADOPTION CENTER NONE ÞС PROGRAM SUPPORT 627 COTTAGE ST SPRINGFIELD, MA 01104 7,500. MANNA SOUP KITCHEN NONE ÞС PROGRAM SUPPORT MAIN ST NORTHAMPTON, MA 01060 10,000. NORTHAMPTON COMMUNITY MUSIC CENTER NONE ÞC PROGRAM SUPPORT 139 SOUTH ST NORTHAMPTON, MA 04060 5,000. Total from continuation sheets 89_000

Part XV Supplementary Information				T
3 Grants and Contributions Paid During the Ye	If recipient is an individual	T		-
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
RACHAEL'S TABLE	NONE	PC	PROGRAM SUPPORT	
1160 DICKINSON ST				0.000
SPRINGFIELD, MA 01108				2,000.
		_		
				-
	_			
		 		
Total from continuation sheets	<u></u>	-J		-

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

2014

Name of the organization

Employer identification number

	THE ZOE FOUNDATION	20-7552474
Organization type (chec	k 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	
	501(c)(3) taxable private foundation	
, .	on 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 Specia	I Rule See instructions
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tota any one contributor. Complete Parts I and II. See instructions for determining a contribu	<u> </u>
Special Rules		
sections 509(a)(any one contrib	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supp (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1 outor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the arr EZ, line 1 Complete Parts I and II	16a, or 16b, and that received from
year, total contr	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or e of cruelty to children or animals Complete Parts I, II, and III	•
year, contribution is checked, ento purpose Do no	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received froms exclusively for religious, charitable, etc., purposes, but no such contributions totale er here the total contributions that were received during the year for an exclusively religit complete any of the parts unless the General Rule applies to this organization becausable, etc., contributions totaling \$5,000 or more during the year	d more than \$1,000 If this box ious, charitable, etc,
but it must answer "No"	n that is not covered by the General Rule and/or the Special Rules does not file Schedi on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on it leet 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) (2014)

_Name of organization

Employer identification number

THE ZOE FOUNDATION

20-7552474

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	ESTATE OF JANE W KOPF 20 STANWIX ST STE 650 PITTSBURGH, PA 15222-4801	\$80,681.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

THE ZOE FOUNDATION

20-7552474

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if 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
		 \$	

lame of orga	nization		Employer identification number
<u>Part III</u>	E FOUNDATION Exclusively religious, charitable, etc., continued the year from any one contributor. Complete completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if additional	columns (a) through (e) and the follow s, charitable, etc , contributions of \$1,000 or	20-7552474 in section 501(c)(7), (8), or (10) that total more than \$1,000 for ving line entry. For organizations less for the year (Enter this info once) \$\Bigsir \frac{20-7552474}{\text{sol}}\$
(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, ar	nd 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	
-	Transferee's name, address, ar	nd 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	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from			
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, ar	nd ZIP + 4	Relationship of transferor to transferee
-			

FORM 990-PF INTERE	ST ON SAVIN	GS AND TEMPOR	ARY CASH IN	NVESTMENTS	STATEMENT 1
SOURCE		(A) REVENUE PER BOOK		(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOME
BOSTON TRUST AND IN FROM K1	IVESTMENT	3,6	16. 30.	3,616. 930.	
TOTAL TO PART I, LI	NE 3	4,5	46.	4,546.	
FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECU	RITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST MENT INCOM	
BOSTON TRUST AND INVESTMENT	11,078.	0.	11,078	. 11,078	
TO PART I, LINE 4	11,078.	0.	11,078	. 11,078	•

FORM 990-PF G.	AIN OR (LOSS)	FROM SALE	OF	ASSETS	STA	rement 3
(A) DESCRIPTION OF PROPERTY				MANNER ACQUIRED	DATE ACQUIRED	DATE SOLE
25000 FHLB .25% 1/16/15	_			PURCHASED	05/08/13	10/28/14
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPREC	. GAIN	(F) OR LOSS
25,018.	25,008.		0.		0.	10.
(A) DESCRIPTION OF PROPERTY CAP GAIN DISTRIBUTIONS	_			MANNER ACQUIRED ————————————————————————————————————	DATE ACQUIRED	DATE SOLE
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPREC	. GAIN	(F) OR LOSS
14,334.	0.		0.		0.	14,334.
(A) DESCRIPTION OF PROPERTY	_			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLI
FROM K-1				PURCHASED	VARIOUS	VARIOUS
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPREC	. GAIN	(F) OR LOSS
0.	664.		0.	•	0.	<664.
NET GAIN OR LOSS FROM S.	ALE OF ASSETS					13,680.
CAPITAL GAINS DIVIDENDS	FROM PART IV					0.
TOTAL TO FORM 990-PF, P.	ልጽጥ T T.TNE 6 Δ					13,680.

FORM 990-PF	OTHER :	INCOME	_	STATEMENT	4
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
K-1 KOPF FAMILY PARTNERSHIP		109,198.	0.		
TOTAL TO FORM 990-PF, PART I,	LINE 11 =	109,198.	0.		
FORM 990-PF	ACCOUNT	ING FEES		STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS		(C) ADJUSTED NET INCOME	CHARITAB	
INVESTMENT TAX LETTER K-1 DEDUCTION	100 440				0.
TO FORM 990-PF, PG 1, LN 16B	540	540	•	(0.
FORM 990-PF C	THER PROFES	SSIONAL FEES		STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS		(C) ADJUSTED NET INCOME		
MANAGEMENT FEES	500	. 500	•		0.
TO FORM 990-PF, PG 1, LN 16C	500	500	•		0.
FORM 990-PF	TAX	KES		STATEMENT	<u> </u>
FORM 990-PF DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED	(D) CHARITAB	LE
	(A) EXPENSES	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAB PURPOSE	

DESCRIPTION PER BOOKS MENT INCOME NET INCOME PURPOSES FROM K1 2,419. 0. 354 TO FORM 990-PF, PG 1, LN 23 2,419. 0. 354 FORM 990-PF U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS STATEMENT DESCRIPTION U.S. OTHER GOV'T	FORM 990-PF	OTHER E	XPENSES		STATEMENT 8
TO FORM 990-PF, PG 1, LN 23	DESCRIPTION	EXPENSES	NET INVE	ST- ADJUSTE	D CHARITABLE
FORM 990-PF U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS STATEMENT U.S. OTHER GOV'T GOV'T BOOK VALUE MUTUAL FUNDS TOTAL U.S. GOVERNMENT OBLIGATIONS TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS TOTAL TO FORM 990-PF, PART II, LINE 10A DESCRIPTION CORPORATE STOCK TOTAL TO FORM 990-PF, PART II, LINE 10B DESCRIPTION BOOK VALUE FAIR MARKET VALUE CORPORATE STOCK 380,413. 380,413. 380,413. FORM 990-PF CORPORATE BONDS STATEMENT 1 DESCRIPTION BOOK VALUE FAIR MARKET VALUE DESCRIPTION BOOK VALUE FAIR MARKET VALUE DESCRIPTION DESCRIPTION BOOK VALUE FAIR MARKET VALUE TOTAL TO FORM 990-PF, PART II, LINE 10B DESCRIPTION BOOK VALUE TOTAL TO FORM 990-PF, PART II, LINE 10B DESCRIPTION BOOK VALUE FAIR MARKET VALUE TOTAL TO FORM 990-PF CORPORATE BONDS TATEMENT 10 TOTAL TO FORM 990-PF CORPORATE BONDS TATEMENT 10 TOTAL TO FORM 990-PF CORPORATE BONDS TATEMENT 10 TOTAL TO FORM 990-PF CORPORATE BONDS TATEMENT 10 TOTAL TO FORM 990-PF CORPORATE BONDS TOTAL TO FORM 990-PF CORPORATE BONDS TOTAL TO FORM 990-PF CORPORATE BONDS TOTAL TO FORM 990-PF CORPORATE BONDS TOTAL TO FORM 990-PF CORPORATE BONDS	FROM K1	2,419.		0.	354.
U.S. OTHER GOV'T BOOK VALUE FAIR MARKET VALUE	TO FORM 990-PF, PG 1, LN 23	2,419.		0.	354.
DESCRIPTION GOV'T GOV'T BOOK VALUE VALUE MUTUAL FUNDS X 230,483. 230,483. 230,483. TOTAL U.S. GOVERNMENT OBLIGATIONS 230,483. 230,483. 230,483. 230,483. TOTAL TO FORM 990-PF, PART II, LINE 10A 230,483. 230,483. 230,483. FORM 990-PF CORPORATE STOCK STATEMENT I FAIR MARKET VALUE CORPORATE STOCK 380,413. 380,413. 380,413. TOTAL TO FORM 990-PF, PART II, LINE 10B 380,413. 380,413. 380,413. FORM 990-PF CORPORATE BONDS STATEMENT I 1 DESCRIPTION BOOK VALUE FAIR MARKET VALUE CORPORATE BONDS 274,072. 274,072.	FORM 990-PF U.S. AND S	STATE/CITY GO	OVERNMENT	OBLIGATIONS	STATEMENT 9
TOTAL U.S. GOVERNMENT OBLIGATIONS TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS 230,483. 230,483 TOTAL TO FORM 990-PF, PART II, LINE 10A 230,483. 230,483 FORM 990-PF CORPORATE STOCK STATEMENT 1 DESCRIPTION BOOK VALUE VALUE CORPORATE STOCK 380,413. 380,413 TOTAL TO FORM 990-PF, PART II, LINE 10B 380,413. 380,413 FORM 990-PF CORPORATE BONDS STATEMENT 1 DESCRIPTION BOOK VALUE VALUE CORPORATE BONDS 274,072. 274,072	DESCRIPTION			BOOK VALUE	
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS 230,483. 230,483 TOTAL TO FORM 990-PF, PART II, LINE 10A 230,483. 230,483 FORM 990-PF CORPORATE STOCK STATEMENT 1 DESCRIPTION BOOK VALUE FAIR MARKET VALUE CORPORATE STOCK 380,413. 380,413 TOTAL TO FORM 990-PF, PART II, LINE 10B 380,413. 380,413 FORM 990-PF CORPORATE BONDS STATEMENT 1 DESCRIPTION BOOK VALUE FAIR MARKET VALUE CORPORATE BONDS 274,072. 274,072	MUTUAL FUNDS		x	230,483.	230,483.
TOTAL TO FORM 990-PF, PART II, LINE 10A 230,483. 230,483. 230,483. 230,483. 230,483. 230,483. 230,483. 230,483. 230,483. STATEMENT 1 DESCRIPTION BOOK VALUE FAIR MARKET VALUE CORPORATE STOCK 380,413. 380,413. 380,413. FORM 990-PF CORPORATE BONDS STATEMENT 1 DESCRIPTION BOOK VALUE FAIR MARKET VALUE CORPORATE BONDS 274,072. 274,072.	TOTAL U.S. GOVERNMENT OBLIGAT	TIONS	-		
FORM 990-PF CORPORATE STOCK STATEMENT 1 DESCRIPTION BOOK VALUE VALUE CORPORATE STOCK 380,413. 380,413 TOTAL TO FORM 990-PF, PART II, LINE 10B 380,413. 380,413 FORM 990-PF CORPORATE BONDS STATEMENT 1 DESCRIPTION BOOK VALUE VALUE CORPORATE BONDS 274,072. 274,072	TOTAL STATE AND MUNICIPAL GOV	VERNMENT OBL	IGATIONS	230,483.	230,483.
DESCRIPTION BOOK VALUE FAIR MARKET VALUE CORPORATE STOCK 380,413. 380,413. 380,413. 380,413. FORM 990-PF CORPORATE BONDS STATEMENT DESCRIPTION BOOK VALUE FAIR MARKET VALUE CORPORATE BONDS 274,072. 274,072	TOTAL TO FORM 990-PF, PART II	I, LINE 10A	=	230,483.	230,483.
DESCRIPTION CORPORATE STOCK TOTAL TO FORM 990-PF, PART II, LINE 10B FORM 990-PF CORPORATE BONDS TATEMENT DESCRIPTION CORPORATE BONDS BOOK VALUE VALUE FAIR MARKET VALUE TOTAL TO FORM 990-PF CORPORATE BONDS TATEMENT 274,072. 274,072.	FORM 990-PF	CORPORATI	E STOCK		STATEMENT 10
TOTAL TO FORM 990-PF, PART II, LINE 10B STATEMENT 1 DESCRIPTION CORPORATE BONDS BOOK VALUE FAIR MARKET VALUE CORPORATE BONDS 274,072. 274,072	DESCRIPTION			BOOK VALUE	
FORM 990-PF CORPORATE BONDS STATEMENT 1 DESCRIPTION BOOK VALUE VALUE CORPORATE BONDS 274,072. 274,072	CORPORATE STOCK		-	380,413.	380,413.
DESCRIPTION BOOK VALUE VALUE CORPORATE BONDS 274,072. 274,072	TOTAL TO FORM 990-PF, PART II	I, LINE 10B	=	380,413.	380,413.
DESCRIPTION BOOK VALUE VALUE CORPORATE BONDS 274,072. 274,072	FORM 990-PF	CORPORATI	E BONDS		STATEMENT 11
	DESCRIPTION			BOOK VALUE	
TOTAL TO FORM 990-PF, PART II, LINE 10C 274,072. 274,072	CORPORATE BONDS		-	274,072.	274,072.
	TOTAL TO FORM 990-PF, PART II	I, LINE 10C	-	274,072.	274,072.

FORM 990-PF OTHER	RINVESTMENTS		STATEMENT	12
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKE VALUE	T
14.2% KOPF FAMILY PARTNERSHIP	COST	190,108.	190,1	08.
TOTAL TO FORM 990-PF, PART II, LINE	13	190,108.	190,1	

THE ZOE FOUNDATION .

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 13

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

SILAS KOPF 20 STEARNS ST NORTHAMPTON, MA 01060

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

413-586-6126 THE ZOE FOUNDATION

FORM AND CONTENT OF APPLICATIONS

GRANT REQUEST INCLUDING A BUDGET AND NARRATIVE OF GRANT GOALS - COPY OF MOST RECENTLY FILED FORM 990 AND MA PC.

ANY SUBMISSION DEADLINES

DECEMBER 31

RESTRICTIONS AND LIMITATIONS ON AWARDS

501 (C)(3) ORGANIZATIONS LOCATED PRIMARILY IN HAMPSHIRE, FRANKLIN AND HAMPDEN COUNTIES, MASSACHUSETTS, SUCH GRANTS TO FOCUS ON THE FOLLOWING FOUR AREAS: PROTECTION OF THE ENVIRONMENT, AID TO THE ECONOMICALLY DISADVANTAGED AND THE REDUCTION OF VIOLENCE, ADVANCE OF CULTURAL INSTITUTIONS, AND ANIMAL RIGHTS AND WELFARE