

## 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



## Form 990-PF Department of the Treasury

## **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation
▶ Do not enter social security numbers on this form as it may be made public.

FOSTESTICEATE MAY 1 1 2015

11	nternal	Revenue Service	► Information about Fo	m 990-PF	and its separate	instructions	is at www.i	rs.go	v/form990pf 🔼	pen to Public Inspection
F		lendar year 2014	or tax year beginning			, 2014	, and endir		A Employer identi	, 20
			ATTOM AT MED					'	• •	
_			ATION-AD-MDP				D/	_ -		-4272105
Ţ,	Numb	per and street (or PO bo	ox number if mail is not delive	red to street	address)		Room/suite	י וי	s Telephone numb	per (see instructions)
	150	ב או או ייי דוא דו	ים מוזים ביות	044			ļ		2:	36-747-8169
<u> </u>			RIS BLVD. D1114 a, country, and ZIP or foreign				<u> </u>		3.	30-141-0103
Ī	Oity 0	r town, state or province	s, seather y, and all or reverging	,0010,0000				ا	If exemption applica	ation is
	СПУ	RLOTTE, NC 2	2262						If exemption application pending, check here	
ī		ck all that apply:	Initial return		Initial return	of a former r	ublic chari	tv .		🛌
•	. 0110	ok an that appry.	Final return		Amended ret			" [	<ol> <li>1 Foreign organiza</li> <li>2 Foreign organiza</li> </ol>	
			Address change		Name change				85% test, check i	here and attach
Ē	Che	ck type of organiza	ation: X Section 50	1(c)(3) ex						
Ī			onexempt charitable trust		her taxable pri		ion	E		b)(1)(A), check here
ĩ		market value of			nethod: X Ca		rual	٦,		in a 60-month termination
	end	of year (from Par			ecify)			'		b)(1)(B), check here
					d) must be on cas					
	Part l	Analysis of Reve	enue and Expenses (TI	e (a) F	evenue and	(2.3.a.s.				(d) Disbursements
		total of amounts in	columns (b), (c), and (d) y equal the amounts in		penses per	(b) Net inve		(C)	Adjusted net income	for charitable purposes
_		column (a) (see ins			books					(cash basis only)
_	1		s, etc., received (attach schedule)		258,237.					
	2		foundation is <b>not</b> required to h Sch B							-
	3	Interest on savings and	i temporary cash investments	·	17.		17.			STMT 1
	4	Dividends and interes	est from securities	•	1,995.		1,995.			STMT 2
	5a	Gross rents		•			-		<u> </u>	CEIVED
		Net rental income or (I	oss)	-						70
4	6a b	Net gain or (loss) from Gross sales price for al	sale of assets not on line 10	-					WA MA	1 4 2015
Revenue		assets on line 6a		<del>- </del>			<del></del>			14/013 101
á	7		ome (from Part IV, line 2)							
_	8		al gain						<u> </u>	DEN. HT
	9 10a	Gross sales less returns	s	' <del>                                    </del>						
	h	and allowances • • • Less Cost of goods sol	1	<u> </u>						
		· ·	) (attach schedule)					-		
	11	•	h schedule)		-					
	12		nrough 11		260,249.		2,012.			
_	13		ers, directors, trustees, etc							
200	14		aries and wages				NONE		NONE	
Suc	15	Pension plans, empl	loyee benefits	.			NONE		NONE	3
Ž	16a	Legal fees (attach so	chedule)	.						
u a			tach schedule)		<b></b>	_				
ž	C	•	ees (attach schSZMET. 3		38,548.	3	8,548.			<del>-</del>
tra:	17			ſ						
'n.	18		ule) (see instructions)	ı						<del> </del>
3	19	•	schedule) and depletion							
Δ	20				530.		NONE		NONE	530
γu	21		and meetings		530.		NONE		NONE	
r	22		ations		7,364.		250.	-	INOINE	7,114
ř.	23 24 25		ach schedule) $\mathrm{STMT}$ . $4$ I administrative expenses		7,304.		230.			,,,,,,,,
1.0	124		i administrative expenses jh 23	<b>I</b>	46,442	3	8,798.		NONE	7,644
Ž	25		grants paid	1	173,000.		-,		1,011	173,000
_	26	_	ursements Add lines 24 and 2		219,442.	3	8,798.		NONE	
-	27	Subtract line 26 from		1						
	1		xpenses and disbursements .	.	40,807.					
	1		ome (if negative, enter -0-				-0-			
	c	Adjusted net incom	ne (if negative, enter -0-).							
ΑĒ	or Par	perwork Reduction A	Act Notice, see instruction	ıs.						Form <b>990-PF</b> (2014)
141	00010	DOLIGES DEOM	05/06/2015 16:4	10.23					· Ø	15 -

T.	art II	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f year
_	eus III	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			I
	2	Savings and temporary cash investments	246,704.	290,578.	290,578
	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 (attach schedule) (see instructions)			<del> </del>
	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts ▶NONE			
Assets	8	Inventories for sale or use			
SSE	9	Prepaid expenses and deferred charges			
٩	1.04	Investments- U S and state government obligations (attach schedule).			
		Investments - corporate stock (attach schedule) . STMT 5		2,011,026.	5,964,000
	11 <sup>C</sup>	Investments - corporate bonds (attach schedule)			
	' '	and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans	1 442 006		
	13 14	Investments - other (attach schedule) STMT 6	1,443,026.		
		equipment basis Less accumulated depreciation			
		(attach schedule)	0 002	4 025	4 025
		Other assets (describe  WF BUSINESS CHECKING ACCTS. )  Total assets (to be completed by all filers - see the	8,003.	4,935.	4,935
	16	instructions Also, see page 1, item I)	1,697,733.	2,306,539.	6,259,513
-	17		1,091,133.	2,300,333.	0,239,313
	1	Accounts payable and accrued expenses			
		Grants payable			
Liabilities	20	Deferred revenue			
薑	21	Loans from officers, directors, trustees, and other disqualified persons			
Lia	21 22	Mortgages and other notes payable (attach schedule) Other liabilities (describe			
	22	Other habilities (describe			
	23	Total liabilities (add lines 17 through 22)		NONE	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
alances	l	Unrestricted			
<u>Jan</u>	1	Temporarily restricted			
	-	Permanently restricted	•		
or Fund B		Foundations that do not follow SFAS 117, ▶ X			
Ę		check here and complete lines 27 through 31.			
0	27	Capital stock, trust principal, or current funds	1,697,733.	2,306,539.	
Net Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
As	29	Retained earnings, accumulated income, endowment, or other funds 🔒 🔒			
et	30	Total net assets or fund balances (see instructions)	1,697,733.	2,306,539.	
~	31	Total liabilities and net assets/fund balances (see			
		instructions)	1,697,733.	2,306,539.	
		Analysis of Changes in Net Assets or Fund Bala			
1		I net assets or fund balances at beginning of year - Part			
		of-year figure reported on prior year's return)			1,697,733.
2	Ente	r amount from Part I, line 27a		2	40,807.
3	Othe	er increases not included in line 2 (itemize)		3	568,000.
4	Add	lines 1, 2, and 3 reases not included in line 2 (itemize) ROUNDING		4	2,306,540.
					1.
<u>6</u>	Tota	I net assets or fund balances at end of year (line 4 minus li	ine 5) - Part II, column (b	), line 30 6	2,306,539.

P	Part IV Capital Gains and Losses for Tax on Investment Income  (a) List and describe the kind(s) of property sold (e g , real estate,								
		(b) How acquired	(c) Date acquired	(d) Date sold					
	2-story b	P - Purchas D - Donatio	'I (mo day yr)	(mo., day, yr.)					
<u>1a</u>		ļ		-					
_b									
_ <u>c</u>									
_d			<del></del>	1					
<u>e</u>	<del> </del>		/b) Co (Io						
	(e) Gross sales price		(h) Gain or (lo (e) plus (f) mini						
	· · · · · · · · · · · · · · · · · · ·		<del></del>						
b									
_ <u>d</u>	•								
<u>e</u>									
_	Complete only for assets s	showing gain in column (h) and owned	by the foundation on 12/31/69		Gains (Col. (h) ga				
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	col.	<li>(k), but not less t Losses (from co</li>				
		as 01 12/31/03	over coi. (j), it any		200000 (110111100				
_ <u>a</u> b									
C									
d									
e									
_	Company and		gain, also enter in Part I, line 7						
2	Capital gain net income of	or (flet capital loss)	(loss), enter -0- in Part I, line 7	2					
3		in or (loss) as defined in sections 1.							
	_	art I, line 8, column (c) (see inst	•						
D.		Inder Section 4940(e) for Redu		3		<del></del>			
	· · · ·	private foundations subject to the							
,, ,	optional asc by domestic	private roundations subject to the	Scotion 4546(a) tax on her investin	10111 11100	1110.7				
lf s	ection 4940(d)(2) applies,	leave this part blank.							
	, ,	·							
		the section 4942 tax on the distrib		ase perio	d?	Yes X No			
_		not qualify under section 4940(e). [							
_1	Enter the appropriate am	ount in each column for each year;		g any ent	ries.				
_	Base period years	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution ra				
Ca	alendar year (or tax year beginning in) 2013	168,435.	3,945,617.		(col (b) divided by	0.042689			
	2013	183,688.	3,471,084.			0.052919			
	2012	18,072.	2,904,167.			0.006223			
	2010	NONE	2,469,189.		-	NONE			
	2009								
2	Total of line 1, column (d	I) <b></b>		2		0.101831			
3		for the 5-year base period - divide							
	number of years the foun	dation has been in existence if less	sthan 5 years	3		0.025458			
_					r	266 222			
4	Enter the net value of nor	ncharitable-use assets for 2014 fro	m Part X, line 5	4	5 <u>,</u>	366,222.			
_				5		126 612			
5	iviuitiply line 4 by line 3.			-		136,613.			
	Enter 40/ of ret			6					
6	Linter 1% of fiet investme	nt income (1% of Part I, line 27b)	• • • • • • • • • • • • • • • • • • • •	<del>-  -</del>					
7	Add lines 5 and 6			7		136,613.			
				<u> </u>					
8		ons from Part XII, line 4		8		180,644.			
	If line 8 is equal to or gi	reater than line 7, check the box i		hat part	using a 1% tax	rate. See the			
	Part VI instructions.								

	27 1272105			ugc .
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ıctions	5)
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		N	ONE
	here X and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of ${\cal J}$			
	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			
3	Add lines 1 and 2			ONE
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			ONE
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		N	ONE
6	Credits/Payments:			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c NONE			
d _	Backup withholding erroneously withheld		3.T.	ONTE
7	Total credits and payments Add lines 6a through 6d		IA	<u>ONE</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8		NT.	ONE
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		IN	ONE
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be. Credited to 2015 estimated tax ► NONE Refunded ► 11  **VII-A Statements Regarding Activities*			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
Id		1a	162	No X
ь.	participate or intervene in any political campaign?			
ь	Instructions for the definition)?	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		1	
	published or distributed by the foundation in connection with the activities			
c	Did the foundation file Form 1120-POL for this year?	1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.			
_	(1) On the foundation > \$(2) On foundation managers > \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
	foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	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.	i l		
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	
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	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G <sup>2</sup> 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 calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"			77
	complete Part XIV	9		<u> X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		Ψ,	
	names and addresses	10	X	

Form	990-FF (2014) 27-4272105			Page 3
Par	t VII-A Statements Regarding Activities (continued)	-		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		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		<u> </u>
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 ► WELLS FARGO BANK NA Telephone no ► (336) 747	-816	9	
	Located at ► 1W 4TH ST, WINSTON SALEM, NC ZIP+4 ► 27107			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			X .
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, 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	L		
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	г		
	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? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(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)?	1b		
	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		<u>X</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	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? Yes X No			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	26		v
_	all years listed, answer "No" and attach statement - see instructions.)	2b		<u>X</u>
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
2.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
Ja	at any time during the year?			
h	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or			
IJ	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the		1	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2014)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		X
_	Fo	m 99	0-PF	(2014)

Form 9	90-PF (2014)			27-42	172105		Page b
Part	: VII-B	Statements Regarding Activities f	or Which Form	4720 May Be Rec	uired (continued)		
5a	During the	year did the foundation pay or incur any amo	unt to.		·		
	_	in propaganda, or otherwise attempt to influe		on 4945(e))?	Yes X No	.	ĺ
		ce the outcome of any specific public ele					ł
	• •	or indirectly, any voter registration drive?		•		,	
					· H., H.,		
		a grant to an individual for travel, study, or o	, ,			'	Ì
		e a grant to an organization other than a		=			
		4945(d)(4)(A)? (see instructions)			• — —	' ] ]	Ì
		e for any purpose other than religious, ch			1 1 1 4-1		
		es, or for the prevention of cruelty to children					
þ	-	wer is "Yes" to 5a(1)-(5), did any of the				1 1	
	Regulations	s section 53.4945 or in a current notice regar	ding disaster assistar	nce (see instructions)?		- 5b	
	Organizatio	ns relying on a current notice regarding disas	iter assistance check	here			
C		wer is "Yes" to question 5a(4), does the		•		1	
	because it	maintained expenditure responsibility for the	grant?		. Yes No	,	
	If "Yes," atta	ach the statement required by Regulations sec	tion 53.4945-5(d)			1 1	
6a	Did the fo	undation, during the year, receive any fur	nds, directly or indi	rectly, to pay premiur	ms — —	1	
	on a persor	nal benefit contract?			. Yes X No	•	ļ
b	Did the fou	ndation, during the year, pay premiums, direc	tly or indirectly, on a	personal benefit contra	ict?	6b	X
	If "Yes" to 6	6b, file Form 8870.				1 1	
7a	At any time	during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?.	. Yes X No	,	
b		the foundation receive any proceeds or have					
Part		nformation About Officers, Director	rs, Trustees, Fou	indation Manager	s, Highly Paid Emp	oloyees,	
1	List all office	and Contractors cers, directors, trustees, foundation ma	anagers and their	compensation (see	instructions).		
			(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense	account,
		(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allo	wances
Peter	R. Giovale	9	President				
450 S	. River Rur	Road, Flagstaff, AZ 86001		-0-	-0 <u>-</u>		-0-
Danie	l G. Gioval	le	Vice President				
450 S	. River Rur	Road, Flagstaff, AZ 86001		-0-	-0		0-
	el A. Giova		Secretary				
		Road, Flagstaff, AZ 86001	•	-0-	-0-		0-
	N. Giovale		Treasurer				<u></u>
	<b></b> -	nd Road, Flagstaff, AZ 86001		-0-	-0-		0-
2	Compensat	tion of five highest-paid employees	(other than thos	e included on line	e 1 - see instruction	ins). If no	ne, enter
	"NONE."		г		(d) Contributionato		
(a)	Name and add	dress of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit	(e) Expense	
(4)	vario dila da	2.000 G. Guori Giripio y Go paid ilian de aya a a	devoted to position	(-)	plans and deferred compensation	other allov	wances
NONE	<b></b> -			NONE	NONE	NC	NE
				1			
				<del> </del>	<del></del>		
							-
<b>-</b>							
Total	number of	other employees paid over \$50,000		L		N(	NE
· Utal	namber of	other employees paid over 300,000	<del> </del>	<del> </del>			DE .

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploannd Contractors (continued)	yees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NON	E."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	NONE
Total number of others receiving over \$50,000 for professional consists	NONE
Total number of others receiving over \$50,000 for professional services	NONE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	
organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1NONE	
2	
3	
	· ·
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1NONE	
1.70.71	
2	
All other program-related investments. See instructions	
3NONE	
Total. Add lines 1 through 3	

Par	Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn foundations,	
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	5,277,083.
b	Average of monthly cash balances	1b	170,858.
С	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	5,447,941.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	5,447,941.
4	Subtract line 2 from line 1d  Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		0/
	instructions)	4	81,719.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,366,222.
6	Minimum investment return. Enter 5% of line 5	6	268,311.
Part		dations	400/0111
	the state of the s	4	260 211
1	Minimum investment return from Part X, line 6	1	268,311.
2a	Tax on investment income for 2014 from Part VI, line 5		
Ь	Income tax for 2014. (This does not include the tax from Part VI.).	_	
	Add lines 2a and 2b	2c	NONE
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	268,311.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	268,311.
6	Deduction from distributable amount (see instructions).	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	268,311.
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	180,644.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	180,644.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
-	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	180,644.
-	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
	qualifies for the section 4940(e) reduction of tax in those years.	accounting which the	and roundation

Form 990-PF (2014)

Page 9 Form 990-PF (2014) Part XIII Undistributed Income (see instructions) (a) (b) (c) (d) 2013 2014 Corpus Years prior to 2013 Distributable amount for 2014 from Part XI, 268,311 Undistributed income, if any, as of the end of 2014 a Enter amount for 2013 only ..... 146,122 NONE b Total for prior years 20 12 ,20 \_\_\_\_\_,20\_\_\_ Excess distributions carryover, if any, to 2014: NONE a From 2009 **b** From 2010 . . . . . . NONE NONE c From 2011 ..... NONE d From 2012 ..... NONE e From 2013 ..... NONE f Total of lines 3a through e Qualifying distributions for 2014 from Part XII, line 4: ▶ \$ \_\_\_\_\_180,644. 146,122 a Applied to 2013, but not more than line 2a . . . b Applied to undistributed income of prior years NONE (Election required - see instructions) . . . . . . c Treated as distributions out of corpus (Election NONE 34,522 d Applied to 2014 distributable amount ..... NONE e Remaining amount distributed out of corpus . . NONE NONE Excess distributions carryover applied to 2014 \_ (If an amount appears in column (d), the same amount must be shown in column (a) ) Enter the net total of each column as indicated below: NONE a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract NONE line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) NONE tax has been previously assessed . . . . . . . . d Subtract line 6c from line 6b Taxable amount - see instructions . . NONE Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount - see f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be 233,789. distributed in 2015 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 NONE Excess distributions carryover from 2009 not NONE applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2015. NONE Subtract lines 7 and 8 from line 6a . . . . . . 10 Analysis of line 9. NONE a Excess from 2010 . . . b Excess from 2011 . . . NONE NONE c Excess from 2012 . . . NONE d Excess from 2013 . . . NONE e Excess from 2014 . . .

Form 990-PF (2014)

Pai	t XIV Private Op	erating Foundations	s (see instructions a	nd Part VII-A, questi	on 9)	NOT APPLICABI
1 a	If the foundation has	received a ruling or d	etermination letter that	t it is a private opera	ating	
	foundation, and the ruling	g is effective for 2014, en	ter the date of the ruling		▶	
ь	Check box to indicate					(3) or 4942(j)(5)
		Tax year		Prior 3 years		
2a	Enter the lesser of the ad- justed net income from Part	<u> </u>	(b) 2013	(c) 2012	(d) 2011	(e) Total
	for the minimum investment		(5) 2010	(0) 2012	(4) 2011	
	return from Part X for each					
	year listed					
Þ	85% of line 2a					
C	Qualifying distributions from Part					
	XII, line 4 for each year listed					
a	Amounts included in line 2c not used directly for active conduct					
	of exempt activities					
е	Qualifying distributions made					
	directly for active conduct of exempt activities Subtract line					
	2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying		-			
	under section 4942(j)(3)(B)(i).					
ь	"Endowment" alternative test-					
	enter 2/3 of minimum invest-					
	ment return shown in Part X,					
c	Isne 6 for each year listed					
·	(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)(m)					
	(3) Largest amount of sup- port from an exempt					
	organization					
	(4) Gross investment income					<del> </del>
Par		tary Information (C		only if the found	ation had \$5,000	or more in assets
	<del></del>	during the year - se	<del></del>			-
	Information Regarding					
а	List any managers of	the foundation who h	ave contributed more	than 2% of the tota	contributions receive	ed by the foundation
	before the close of any	tax year (but only if th	ey nave contributed in	iore than \$5,000). (Se	e section 507(a)(2).)	
	N/A					
b	List any managers of	the foundation who	own 10% or more of	the stock of a corpo	oration (or an equally	large portion of the
	ownership of a partner	ship or other entity) of	which the foundation	has a 10% or greater	ınterest.	
	N/A					
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarshi	p, etc., Programs:		
	Check here ► X if the	he foundation only r	makes contributions	to preselected charit	table organizations a	nd does not accent
	unsolicited requests for	or funds. If the founda	ition makes gifts, gra	nts, etc. (see instruct	ions) to individuals or	r organizations under
	other conditions, comp			, , , , , , , , , , , , , , , , , , , ,	,	
	The name, address, and			person to whom appl	ications should be add	Iressed.
_	The Hamo, dad oos, and	a totophono nambor of	o man address of the	poroon to mion app.	iodiiono onodia 20 dae	
h	The form in which appl	leations should be sub	mitted and informatio	n and materials they s	hould include	· · · · · · · · · · · · · · · · · · ·
U	таетонна мака аррг	neadons should be sub	milicu anu imonnidio	n and materials they s	noula malade.	
	Any submission des III	2001			<del></del>	<del></del>
С	Any submission deadlir	nes:				
		<del> </del>		<del> </del>		
	Any restrictions or life	mitations on awards,	such as by geograp	ohical areas, charitab	ole fields, kınds of ir	nstitutions, or other
	factors:					

Part XV Supplementary Information (	continued)			
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	ig the Year or Appr	oved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	***************************************
a Paid during the year				
SEE STATEMENT 12				173,000.
				:
			•	
Total	<u> </u>	<u></u>		173,000.
<b>b</b> Approved for future payment				
Total				
				i

ter gross amounts unless otherwise indicated.	Unrel	ated business income	Excluded by	section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
a			<del>                                     </del>		(Occ manachons )
b					
с					
d					
e					
f			<u> </u>		
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments			14	17.	
Dividends and interest from securities			14	1,995.	<del></del>
Net rental income or (loss) from real estate.					
a Debt-financed property		<u> </u>	-		
b Not debt-financed property			+		
Net rental income or (loss) from personal property			+		
Other investment income		<del></del>	+		
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory			1		
Other revenue a			<del></del>		
			1		·
b					
d					
e				2.012.	
e Subtotal. Add columns (b), (d), and (e)				2,012.	2.01:
e					2,01
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)	ilations)			13	2,012
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  see worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities	ilations ) to the Ac	complishment of Ex	empt Purp	oses 13	
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  see worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities in the No. Explain below how each activities.	ilations) to the Ac	complishment of Ex	empt Purpen	oses ) of Part XVI-A contribut	ted importantly to
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  see worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities	ilations) to the Ac	complishment of Ex	empt Purpen	oses ) of Part XVI-A contribut	ted importantly to
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  see worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities in the No. Explain below how each activities.	ilations) to the Ac	complishment of Ex	empt Purpen	oses ) of Part XVI-A contribut	ted importantly to
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  see worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities in the No. Explain below how each activities.	ilations) to the Ac	complishment of Ex	empt Purpen	oses ) of Part XVI-A contribut	ted importantly to
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  see worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities in the No. Explain below how each activities.	ilations) to the Ac	complishment of Ex	empt Purpen	oses ) of Part XVI-A contribut	ted importantly to
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  see worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities in the No. Explain below how each activities.	ilations) to the Ac	complishment of Ex	empt Purpen	oses ) of Part XVI-A contribut	ted importantly to
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  see worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities in the No. Explain below how each activities.	ilations) to the Ac	complishment of Ex	empt Purpen	oses ) of Part XVI-A contribut	ted importantly to
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  see worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities in the No. Explain below how each activities.	ilations) to the Ac	complishment of Ex	empt Purpen	oses ) of Part XVI-A contribut	ted importantly to
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  see worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities in the No. Explain below how each activities.	ilations) to the Ac	complishment of Ex	empt Purpen	oses ) of Part XVI-A contribut	ted importantly to
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  see worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities in the No. Explain below how each activities.	ilations) to the Ac	complishment of Ex	empt Purpen	oses ) of Part XVI-A contribut	ted importantly to
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  see worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities in the No.  Explain below how each activities	ilations) to the Ac	complishment of Ex	empt Purpen	oses ) of Part XVI-A contribut	ted importantly to
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  see worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities in the No.  Explain below how each activities	ilations) to the Ac	complishment of Ex	empt Purp n column (e by providing	oses ) of Part XVI-A contribut	ted importantly to
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  we worksheet in line 13 instructions to verify calculant XVLB Relationship of Activities are No.  Explain below how each activities	ilations) to the Ac	complishment of Ex	empt Purp n column (e by providing	oses ) of Part XVI-A contribut	ted importantly to
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  we worksheet in line 13 instructions to verify calculant XVLB Relationship of Activities are No.  Explain below how each activities	ilations) to the Ac	complishment of Ex	empt Purp n column (e by providing	oses ) of Part XVI-A contribut	ted importantly to
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  see worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities in the No.  Explain below how each activities	ilations) to the Ac	complishment of Ex	empt Purp n column (e by providing	oses ) of Part XVI-A contribut	ted importantly to
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  see worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities in the No.  Explain below how each activities	ilations) to the Ac	complishment of Ex	empt Purp n column (e by providing	oses ) of Part XVI-A contribut	ted importantly to
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  see worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities in the No.  Explain below how each activities	ilations) to the Ac	complishment of Ex	empt Purp n column (e by providing	oses ) of Part XVI-A contribut	ted importantly to
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  see worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities in the No.  Explain below how each activities	ilations) to the Ac	complishment of Ex	empt Purp n column (e by providing	oses ) of Part XVI-A contribut	ted importantly to
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  see worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities in the No.  Explain below how each activities	ilations) to the Ac	complishment of Ex	empt Purp n column (e by providing	oses ) of Part XVI-A contribut	ted importantly to
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  see worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities in the No.  Explain below how each activities	ilations) to the Ac	complishment of Ex	empt Purp n column (e by providing	oses ) of Part XVI-A contribut	ted importantly to
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  see worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities in the No.  Explain below how each activities	ilations) to the Ac	complishment of Ex	empt Purp n column (e by providing	oses ) of Part XVI-A contribut	ted importantly to
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  see worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities in the No.  Explain below how each activities	ilations) to the Ac	complishment of Ex	empt Purp n column (e by providing	oses ) of Part XVI-A contribut	ted importantly to
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  see worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities in the No.  Explain below how each activities	ilations) to the Ac	complishment of Ex	empt Purp n column (e by providing	oses ) of Part XVI-A contribut	ted importantly to
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  see worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities in the No.  Explain below how each activities	ilations) to the Ac	complishment of Ex	empt Purp n column (e by providing	oses ) of Part XVI-A contribut	ted importantly to

orm 99	PE (20	14)					2/2105			-9	<u>` : :</u>
Offit 33	7-11-12-0	Information R Exempt Organ		ansfers To an	d Transact	ions and Re	lationships W	ith Nonc	harit	able	
1 D	ıd the	organization directl	v or indirectly	engage in any o	f the followin	g with any oth	er organization d	escribed		Yes	No
iı	n secti	on 501(c) of the Co	de (other than	section 501(c)(3	) organization	ns) or in section	n 527, relating to	political			
		auons, rs from the reporting	a foundation to	a noncharitable	evemnt organ	uzation of:					
_									1a(1)		X
		h							1a(2)		X
		er assets			· · · · · · · ·	• • • • • • • •	• • • • • • • • • •	• • • • •	14(2)		
									as. /al		Х
		es of assets to a non							1b(1)		X
		chases of assets from							1b(2)	-	X
		ital of facilities, equip							1b(3)		X
		mbursement arrange							1b(5)	<del> </del>	X
		ins or loan guarantee formance of services									X
									1b(6)	-	X
		of facilities, equipments								f 2015 - 22	
		of the goods, other		•	-						
		n any transaction of	•		. •						
(a) Lin		(b) Amount involved	T	noncharitable exempt			n of transfers, transact				
(a) Lin	= 110	(D) Amount involved	(c) Name of	Honenamable exempt	organization	(d) Description	ii oi mansiers, mansact	IOI B, all Q Silai	ing arre	ingeme	1165
		<del></del>	<del> </del>			+	<del></del>				
			<del> </del>			<del></del>					
			<del> </del>		<del></del>	+					
			<del> </del>			<del></del>					
			<del> </del>			<del> </del>	·				
			-			<del> </del>					
						<del> </del>	<del></del>				
						<del>                                      </del>					
	-+		<del> </del> -	<del></del>	· · · · · ·	+		<del></del>			
			<del> </del>			<del></del> -					
	-+					<del> </del>					
			-			<del> </del>					
	<del> </del> -		-	_		<del></del>					
	<del></del>		<del> </del>			<del> </del> -					
		ш				<del></del>					
c	lescrib	foundation directly ed in section 501(c) complete the follow	of the Code (d							es 📝	No
	,	(a) Name of organization		(b) Type	of organization		(c) Description	on of relations	hip		
	$\mathcal{I}$	7	7								
		paraltes of perjury process						f my knowledge	and t	pelief, it	is true
Sign	Correct	arid complete Doclaraban of	r preparer (buler than	taxpayer) is based on all if	ntormation of vilich		~ ·	-			
_		1 /000 1	$ \omega$	05/06	/2015	Trustee	PRESIDER	May the IRS with the pre			
Here	Sign	ature of officer or trustee	, ,	Date		Title		(see instructions	ſ <del></del>	Yes	No
	<u> </u>					$\Omega_{}$ .			_=		
Paid		Print/Type preparer's na	กาง	Preparer's gno	ture	Do	Cite	~	TIN		
		TAMMY RENAUD		1/0	~ M	uch 09	5/06/2015 self-	employed ]	010	4307	8
Prepa		Firm's name > WE			<u> </u>	. —	Firm's EIN	▶ 94-3			
Jse (	2nly	Firm's address > 15		HARRIS RLVI	0. 201114-	044					
	- 1	CH.	ARLOTTE.	ис 🗝	20	262	۱۵.	000 00	7 0	07.6	

## 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	Linployer identification flumber	
GEOFAMILY FOUNDATION-	27-4272105	
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ion
	501(c)(3) taxable private foundation	
	ered by the <b>General Rule</b> or a <b>Special Rule.</b> B), or (10) organization can check boxes for both the General Rule and a S	pecial Rule. See
General Rule		
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contribution or operty) from any one contributor. Complete Parts I and II. See instruction ributions.	_
Special Rules		
regulations under section 13, 16a, or 16b, and the	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 on the received from any one contributor, during the year, total contributions a amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Co	r 990-EZ), Part II, line of the greater of (1)
contributor, during the	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rec year, total contributions of more than \$1,000 exclusively for religious, cha purposes, or the prevention of cruelty to children or animals. Complete Pa	arıtable, scientific,
contributor, during the contributions totaled m during the year for an e	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received, contributions exclusively for religious, charitable, etc., purposes, but nore than \$1,000. If this box is checked, enter here the total contributions exclusively religious, charitable, etc., purpose. Do not complete any of the other organization because it received nonexclusively religious, charitable, etc., purpose this organization because it received nonexclusively religious, charitable, etc., purpose the during the year.	no such that were received parts unless the etc, contributions
Caution. An organization that is n 990-EZ, or 990-PF), but it must a	not covered by the General Rule and/or the Special Rules does not file Sch nswer "No" on Part IV, line 2, of its Form 990, or check the box on line H tify that it does not meet the filing requirements of Schedule B (Form 990	nedule B (Form 990, of its Form 990-EZ or on its

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

GEOFAN	MILY FOUNDATION-AD-MDP		27-4272105
Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	GEOFAMILY CLAT  450 S. RIVER RUN RD  FLAGSTAFF, AZ 86001	\$258,237	Person X Payroll X Noncash X (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)
(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 Noncash (Complete Part II for noncash contributions)

Name of organization
GEOFAMILY FOUNDATION-AD-MDP

Employer identification number 27-4272105

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
1_	W.L. Gore & Associates Stock Inc Stock		
		\$568,000.	12/31/2014
(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
		\$	
		<u> </u>	

INVESTMENTS	
CASH	H H H H
TEMPORARY	11 11 11 11 11 11 11 11 11 11 11 11 11
NO.	11 11 11
INTEREST	
1	 
PART I	
990PF,	11 11 11 11 11 11
FORM	11 11 11

	INVESTMENT	INCOME	1 1 1 1	17.
REVENUE	AND EXPENSES	PER BOOKS	1 1 1 t 1 1 t 1 t 1 t 1 t 1 t 1 t 1 t 1	<del>-</del> -1
		DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	WELLS FARGO - SECURED MARKET DEPOSIT ACC

TOTAL

~

27-4272105

1 SECURITIES	
FRON	11 11 11 11 11
INTEREST	
AND	
- DIVIDENDS	
Н	ii II
PART	
990PF,	
FORM	          

	NET	INVESTMENT	INCOME	; ; ; ;	1,995.	1,995.	
REVENUE	AND	EXPENSES	PER BOOKS	1 1 1 1 1	1,995.	1,995.	
					*HD*	TOTAL	
			DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	W.L. GORE & ASSOCIATES INC.		

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

THN	INVESTMENT	INCOME	1 1 1 1 1	38,548.	38,548.	
REVENUE AND	EXPENSES	PER BOOKS	1 1 1 1 1 1 1 1 1 1	38,548.	38,548.	
		DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	INVESTMENT MGMT FEES-SUBJECT T	TOTALS	

	CHARITABLE PURPOSES	7,114.	7,114.
	NET INVESTMENT INCOME	250.	250.
	REVENUE AND EXPENSES PER BOOKS	250. 7,114.	7,364.
FORM 990PF, PART I - OTHER EXPENSES	NO.	BANK FEE CONSULTING/TECHNOLOGY	TOTALS
FORM 990PF,	DESCRIPTION	BANK FEE CONSULTIN	

27-4272105

Ŋ

S
0
$\vdash$
$^{\circ}$
7
$^{\circ}$
4
- 1
7
$^{\circ}$

GEOFAMILY FOUNDATION-AD-MDP

FORM 990PF, PART II - CORPORATE STOCK DESCRIPTION

TOTALS

664990116 W.L. GORE & ASSOCIAT

2,011,026. ENDING BOOK VALUE

ENDING FMV

5,964,000.

2,011,026.

5,964,000. 

9

വ
0
Н
2
_
3
4
1
_
$\sim$

- OTHER INVESTMENTS FORM 990PF, PART II

GEOFAMILY FOUNDATION-AD-MDP

DESCRIPTION

664990116 W.L. GORE & ASSOCIAT

COST/ FMV C OR F

U

TOTALS

AMOUNT OF GRANT PAID .....

ENCINITAS, CA 92024

AZULITA PROJ/PET COMPRESSOR FOUNDATION STATUS OF RECIPIENT:

RELATIONSHIP: NONE

PURPOSE OF GRANT:

8,000.

AMOUNT OF GRANT PAID .....

RECIPIENT NAME: TERRA BIRDS ADDRESS: POB 605 FLAGSTAFF, AL 86002 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING EXPENSE FOUNDATION STATUS OF RECIPIENT:

PC

PC AMOUNT OF GRANT PAID ..... 25,000.

RECIPIENT NAME: HERO WOMEN RISING ADDRESS: 7 DOMINGO RD SANTE FE, NM 87508 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID ..... 3,500.

4,620.

GEOFAMILY FOUNDATION-AD-MDP 27-4272105 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: SAN MIGUEL-CASA, INC ADDRESS: 2418 HARRIS BLVD AUSTIN, TX 78703 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT MIDWIFE TRAINING IN MEXICO FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 8,000. RECIPIENT NAME: PEACEJAM FOUNDATION ADDRESS: 11200 RALSTON RD ARVADA, CO 80004 RELATIONSHIP: NONE PURPOSE OF GRANT: SOFEPADI SEWINGMACHINES /CLINIC IN BUNIA FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 9,000. RECIPIENT NAME: COLLECTIVE HERITAGE INSTITUTE ADDRESS: 1607 PASEO DEPERALTA STE SANTE FE, NM 87501 RELATIONSHIP: NONE

AMOUNT OF GRANT PAID ......

STATEMENT 9

PURPOSE OF GRANT:

GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT:

7,000.

GEOFAMILY FOUNDATION-AD-MDP 27-4272105 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: PINE FOREST EDUCATION ASSOCIATION INC ADDRESS: 120 W KAIBAB LANE FLAGSTAFF, AZ 86001 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 35,000. RECIPIENT NAME: GRAND CANYON WILDLANDS COUNCIL ADDRESS: POB 1594 FLAGSTAFF, AZ 86002 RELATIONSHIP: NONE PURPOSE OF GRANT: TREKWEST FILM PROJECT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... 8,000. RECIPIENT NAME: FRIENDS OF CAMP COLTON ADDRESS: 3825 E SPARROW AVE FLAGSTAFFÍ, AZ 86004 RELATIONSHIP: NONE PURPOSE OF GRANT: FLAGSTAFFEXPERIENTIAL EDUC COLLABORATIVE FOUNDATION STATUS OF RECIPIENT: PC

AMOUNT OF GRANT PAID .....

10,860.

GEOFAMILY FOUNDATION-AD-MDP 27-4272105 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: WESTMINISTER COLLEGE ADDRESS: 1840 SOUTH 1300 EAST SALT LAKE, UT 84105 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FO SUSTAINABILITY IN ACTION PROGRAM FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 12,400. RECIPIENT NAME: Khyentse Foundation ADDRESS: PO BOX 156648 San Francisco, CA 94115 RELATIONSHIP: NONE PURPOSE OF GRANT: TIBETAN LANGAUGE PROGRAM/RICE UNIVERSITY FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 8,000. RECIPIENT NAME: PACHAMAMA ALLIANCE ADDRESS: PO BOX 29191 SAN FRANCISCO, CA 94129 RELATIONSHIP: NONE PURPOSE OF GRANT:

AMOUNT OF GRANT PAID .....

GENERAL OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

15,000.

GEOFAMILY FOUNDATION-AD-MDP 27-4272105
FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

SOCIAL & ENVIROMENTAL ENTREPRENEURS

SEE, INC

ADDRESS:

23532 CALABASA RD SUITE A

CALABASAS, CA 91302

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

ADVENTURES & SCIENTIST FOR CONSERVATION

FOUNDATION STATUS OF RECIPIENT:

PC

TOTAL GRANTS PAID:

173,000.

===============