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Form **990-PF**

OMB No 1545-0052

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.
rmation about Form 990-PF and its separate instructions is at www.irs.gov/form

For c	alendar year 2014 o				11 330-	r and its sepa		I, and endi		омлоттээортС	pen to Public Inspect , 20
	ne of foundation						_			A Employer identif	fication number
WI	SNOSKY FAMILY	FOU	NDATION	, INC						46-190597	77
Number and street (or P O box number if mail is not delivered to				t to street address)		Room/suite		•	per (see instructions)		
10	520 OAKLYN DRI	VE.								(30	01) 983-1768
	or town, state or province,		itry and ZIP or-	foreign no	stal cod	 P		1			
,	ar taming state or protince,		y, and 2.11 or	ioroigii po	,3tai 000	-			ı	C If exemption applic	ation is
PO'	TOMAC, MD 2085	4								pending check her	e ▶ L
	eck all that apply		Initial retur	'n	Initial return of a former public charity			ıtv.			
	triat app.)	-	Final return		F	Amended		public char	",	D 1 Foreign organiza	
		\vdash	Address ch		F	Name cha	Clairi		İ	2 Foreign organiza 85% test, check	
H Ch	eck type of organizat	lon Ion			(c)(3)	exempt private			-	computation .	▶∟
	Section 4947(a)(1) non						private founda	tion		E If private foundation	£ 1
	r market value of					method X		crual		·	o)(1)(A), check here .
	d of year <i>(from Part li</i>				_	specify)	Cash Ac	cruai			in a 60-month termination
			885.			(d) must be on (-		under section 507(b	o)(1)(B), check here . ►
	Analysis of Rever					(a) musi be on o	asri basis)	T			(d) Disbursements
rait	total of amounts in co	iue lumi	and Expens is (b), (c), and	es (ine d (d)	<u>'</u> "	Revenue and	(b) Net inv	estment	((c) Adjusted net	for charitable
	may not necessarily of	equa	I the amounts	s in	•	expenses per books	incor		•	income	purposes
 	column (a) (see instru						2				(cash basis only)
1	Contributions gifts, grants, e		ceived (attach sch ition is not regi			90,00	464	**		****	
2	attach S	Sch E	3			学 4. y	74. 1%		^, ,		(%) * 3
3	Interest on savings and t	•	•								`
4	Dividends and interes										**************************************
5a	Gross rents					.00 000 v					· '%'\
þ	Net rental income or (loss	s)			,		```	x-0n)	143	<u> </u>	7.34 / 7
Hevenue	Net gain or (loss) from s Gross sales price for all	ale of	assets not on I	ine 10			· · ·	6,7		<u>a</u>),,	: · * * * * *
<u>ا</u> ةِ	assets on line 6a				*4	h. is	3.7.4°	' ધુ.		¥* î	14. * 1k:4
<u></u>	Capital gain net incon	ne (f	PER CONTRACTOR	γ€ΩD		73	/		÷	· (*;	Mice . **
8	Net short-term capital	gair			7()	27% &4	» `	, 24, 3 g 1 "1			
9	Income modification	. ,)SC	, î, î	``'	7,			<u> </u>
10 a	Gross sales less returned and allowances	.	NOV 20	2015	Ò	(a)	<u>.</u>				
b	70.0	_			T _S S					· · · · · · · · · · · · · · · · · · ·	- \$4:
С	Gross profit or (loss) (attac		. UT				`			8 3
11	Other income (attach	sche	edule)	,							* ***
12	Total. Add lines 1 thro	ough	<u> 11 </u>			90,000).				* ·
13	Compensation of officers	, dire	ctors, trustees,	etc			q				
ğ 14	Other employee salar	es a	nd wages .								
15	Pension plans, employ	yee b	enefits	[
2 16 a	Legal fees (attach sch										
13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											
<u>ĕ</u> c	Other professional fee										
17	Interest										
18	Taxes (attach schedule			ſ							
E 19	Depreciation (attach s										
20	Occupancy			ľ							
21	Travel, conferences, a						-				
20 21 22	Printing and publication										
23	Other expenses (attac					554					5
23 24	Total operating and a						- 				
ادا	Add lines 13 through		•			554					5
D 25	Contributions, gifts, gi			ń		83,728	ľ				83,7
26	Total expenses and disburse		•			84,282					84,2
27	Subtract line 26 from			anu 25		,202	+	+			04,2
1	Excess of revenue over expe					5,718					
- 1	Net investment incon					3,710	+	0			
	Adjusted net income		•	′ t		·····	 				
ı c	Aujusteu net mcome	111 11 1	Lyanve, CINCI	-0-1			1	1			i

E	art II	Attached schedules and amounts in the Balance Sheets description column should be for end-of-year	Beginning of year	End o	of year
_		amounts only (See instructions)	— (a)⁻Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	23,167.	28,885.	28,885
	2	Savings and temporary cash investments			
	3	Accounts receivable			
	·	Less allowance for doubtful accounts			
	4	Pledges receivable ▶	- 344		
		Less allowance for doubtful accounts ▶		n n n n n	A 446 AA 34665 AAAAAAAAA
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			. `
		Less allowance for doubtful accounts ▶	A A A A A A A A A A A A A A A A A A A	· · · · · · · · · · · · · · · · · · ·	M94.4 +) ad
ţ	8	Inventories for sale or use			
ssets	9	Prepaid expenses and deferred charges			
Ÿ		Investments - U S and state government obligations (attach schedule)			
		Investments - corporate stock (attach schedule)			
	c	Investments - corporate bonds (attach schedule)			-
	11	Investments - land, buildings,	. # Sec.		
		Less accumulated depreciation	han	L	ili. Na Kaladika
	12	(attach schedule)			
	13	Investments - mortgage loans			<u></u>
į	14	Land, buildings, and	1 52% 532, 1		
ľ		equipment basis Less accumulated depreciation (attach schedule)		* * *	· 22
	15	(attach schedule) Other assets (describe		 	
	16	Total assets (to be completed by all filers - see the	-	· · · · · · · · · · · · · · · · · · ·	
		instructions Also, see page 1, item I)	23,167.	28,885.	28,885.
\exists		Accounts payable and accrued expenses		20,003.	20,003.
	18				
S		• • • • • • • • • • • • • • • • • • • •			
Liabilities		Deferred revenue Loans from officers, directors, trustees, and other disqualified persons			
豆		Mortgages and other notes payable (attach schedule)			
2	22	Other liabilities (describe			
Ì	~~	Other Habilities (describe			
	23	Total liabilities (add lines 17 through 22)		O	
\exists		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			· · · · · · · · · · · · · · · · · · ·
ces					` \
		Unrestricted			4 %
Ba		Temporarily restricted		·	, " ' *,
밁		Permanently restricted			,;
괴		Foundations that do not follow SFAS 117, ► X			* [
Net Assets or Fund Balan		check here and complete lines 27 through 31.			,
Sts		Capital stock, trust principal, or current funds			
SS		Paid-in or capital surplus, or land, bldg , and equipment fund	23,167.	20 005	
۲		Retained earnings, accumulated income, endowment, or other funds	23,167.	28,885.	
휟		Total net assets or fund balances (see instructions)	23,107.	28,885.	
		Total liabilities and net assets/fund balances (see	23,167.	20 005	
Б		Analysis of Changes in Net Assets or Fund Bala		28,885.	
		I net assets or fund balances at beginning of year - Part		aust sarestt	
•	end	of-year froure reported on prior year's return)	n, column (a), line 30 (n	rust agree with	22 167
2	Ente	of-year figure reported on prior year's return)			23,167. 5,718.
2	Othe	r amount from Part I, line 27a	• • • • • • • • • • • • • • • • • • • •	2	
Э Л	DUIF	er increases not included in line 2 (itemize)		1 1	20.005
		lines 1, 2, and 3eases not included in line 2 (itemize) ▶		I	28,885.
		·	lung 5) Doct II, solvers /h	5	20 005
<u> </u>	TOTA	I net assets or fund balances at end of year (line 4 minus	iirie 5) - Part II, column (b), line 30 6	28,885.

• 2-story b	d describe the kind(s) of property sold (rick warehouse, or common stock, 200	. •	(b) How acquired P - Purchase D - Donation		(d) Date sold (mo , day, yr
a					
b `					
<u>c</u>					
d			ļ		
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	,
a					
: :			†		
·					
	showing gain in column (h) and owner	ed by the foundation on 12/31/69	(1)	Gains (Col (h) g	ain minus
(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		(k), but not less t Losses (from co	han -0-) or
1					
0					
;					
1					
•					
Capital gain net income o	or (net capital loss)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		
	ain or (loss) as defined in sections				
•		tructions) If (loss), enter -0- in $\}$			
		<u></u> <u></u>	3		
	Indon Cooking 4040/a) for Do				
or optional use by domestic	c private foundations subject to th	duced Tax on Net Investment I e section 4940(a) tax on net invest	-	me)	
or optional use by domestic section 4940(d)(2) applies, as the foundation liable for	c private foundations subject to the leave this part blank the section 4942 tax on the distrib	duced Tax on Net Investment I e section 4940(a) tax on net invest outable amount of any year in the b	ment inco	· 	Yes X N
or optional use by domestic section 4940(d)(2) applies, /as the foundation liable for "Yes," the foundation does	c private foundations subject to the leave this part blank the section 4942 tax on the distribution of qualify under section 4940(e)	duced Tax on Net Investment I e section 4940(a) tax on net invest outable amount of any year in the b Do not complete this part	ment inco	d?	Yes X N
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	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ctions)		
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			0	
	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 J			4.	
	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			0	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		258 288C N	0	
6	Credits/Payments	~		Į Ŵ	
a	2014 estimated tax payments and 2013 overpayment credited to 2014 6a		.l	3	
b	Exempt foreign organizations - tax withheld at source			ş	
c d		ĺžķh:			
7	Backup withholding erroneously withheld	wall.		3 0	
8	Enter any penalty for underpayment of estimated tax. Check here				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.			<u> </u>	
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ Refunded ▶ 11				
Pai	t VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes I	No.	
	participate or intervene in any political campaign?	1a		X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				
	Instructions for the definition)?	1b		X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		1/ JK	2.32	
	published or distributed by the foundation in connection with the activities	lài.	*.	, , , , , , , , , , , , , , , , , , ,	
С	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		' Thè		
	(1) On the foundation > \$ (2) On foundation managers > \$		17.3		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	1, 1,49	48. H	nr. 3	
	foundation managers \$				
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, 20		1	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			Х	
	Incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		$\frac{\Lambda}{X}$	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	NA		
5	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b 5		<u></u>	
•	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	Ĭ,	ŝ	. 1	
•	By language in the governing instrument, or	1 1			
	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	х		
	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	MD,		}		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		ŀ		
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	х		
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,"				
	complete Part XIV	9		<u>X</u>	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses	10	x		

Pa	NVII-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>X</u>
13	NI/A		Х	
4.4	Website address N/A The backs are in second N KERRY W WISNOSKY			
14	The books are in care of ► KERRY W. WISNOSKY Located at ►10520 OAKLYN DRIVE POTOMAC, MD ZIP+4 ► 20854			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in fieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year.	N/	″\ ^	
16	· 	14/	/1 Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	162	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90,221) If		·,	
	"Yes," enter the name of the foreign country ▶	, %	,	/
Pai	t 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.	^1	Yes	No
1 a	During the year did the foundation (either directly or indirectly)	š výr.	1400	2 ;
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	- 10	34,	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			e
	disqualified person?		400.15 20,55	, 1
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	٠.	19. · ·	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No		100	;
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		55 178) 2	
	the benefit or use of a disqualified person)?		, ,	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	-4	* 1/-	
	foundation agreed to make a grant to or to employ the official for a period after		18	,
h	termination of government service, if terminating within 90 days)		.74	"
U	olf 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)?	42	N	/ <u>/</u>
	Organizations relying on a current notice regarding disaster assistance check here	1b		<u>n</u>
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		***5	;
	were not corrected before the first day of the tax year beginning in 2014?	1c		X
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))	. 0		1
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?			
	If "Yes," list the years	ŀ	ľ	· !
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		- 1	į
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	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			!
3 2	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			,
Ja		1		
b	at any time during the year?			
-	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the		ľ	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	ŀ	ļ	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		İ	
	foundation had excess business holdings in 2014)	3b	NX	A
4 a	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		Х
	F	. 000	LPF.	(2044)

Par	t VII-13 Statements Regarding Activities	for Which Form	4720 May Be Req	uired (continued)	
5a	During the year did the foundation pay or incur any amo	unt to			
	(1) Carry on propaganda, or otherwise attempt to influe	ence legislation (section	n 4945(e))?	. Yes X N	o ' ' '
	(2) Influence the outcome of any specific public ele	•	` ''		
	directly or indirectly, any voter registration drive?	•	•		0
	(3) Provide a grant to an individual for travel, study, or o			·	
	(4) Provide a grant to an organization other than a			•	
	section 4945(d)(4)(A)? (see instructions)			Yes XN	
	(5) Provide for any purpose other than religious, ch				*
			•		
L	purposes, or for the prevention of cruelty to children			. [] .63 []	
b	If any answer is "Yes" to 5a(1)-(5), did any of the Regulations section 53 4945 or in a current notice regar			•	
	•	•	,		. 5b A
	Organizations relying on a current notice regarding disas				
С	If the answer is "Yes" to question 5a(4), does the		•		
	because it maintained expenditure responsibility for the			. Yes X N	
_	If "Yes," attach the statement required by Regulations see	• •			
6a	Did the foundation, during the year, receive any fun				, , , , , , , , , , , , , , , , , , , ,
	on a personal benefit contract?				` ` ` ` <i>"</i> "• '
b	Did the foundation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	ict?	. 6b X
	If "Yes" to 6b, file Form 8870			□ ▼	
7a	, , ,				1 · · · · · · · · · · · · · · · · · · ·
b	If "Yes," did the foundation receive any proceeds or have VIII Information About Officers, Director				
Pal	Information About Officers, Director and Contractors	is, ilustees, rot	indation managers	s, mgmy raiu cm	pioyees,
1	List all officers, directors, trustees, foundation n				
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATC.	H 2		0	C	o
2	Compensation of five highest-paid employees "NONE."	(other than thos	se included on line		ions). If none, enter
(a)	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
. .					
	NONE		::		
	· · · · · · · · · · · · · · · · · · ·				
					_
otal	number of other employees paid over \$50,000	<u></u>			

_			_
- 0	20	0	- 4

	and Contractors (continued) hest-paid independent contractors for professional services (see instructions). If none, enter "NONE	**
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
otal number o	of others receiving over \$50,000 for professional services	
Part IX-A	Summary of Direct Charitable Activities	
List the foundat	tion's four largest direct charitable activities during the tax year. Include relevant, statistical information such as the number of	Expenses
List the foundar organizations ar		Expenses
List the foundati	tion's four largest direct charitable activities during the tax year. Include relevant, statistical information such as the number of	Expenses
List the foundar organizations ar	tion's four largest direct charitable activities during the tax year. Include relevant, statistical information such as the number of	Expenses
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List the foundar organizations ar	tion's four largest direct charitable activities during the tax year. Include relevant, statistical information such as the number of	Expenses
List the foundar	tion's four largest direct charitable activities during the tax year. Include relevant, statistical information such as the number of	Expenses
List the foundar	tion's four largest direct charitable activities during the tax year. Include relevant, statistical information such as the number of	Expenses
List the foundary organizations and 1 N/A 2	tion's four largest direct charitable activities during the tax year. Include relevant, statistical information such as the number of	Expenses
List the foundary organizations and 1 N/A 2	tion's four largest direct charitable activities during the tax year. Include relevant, statistical information such as the number of	Expenses
List the foundary organizations and 1 N/A 2	tion's four largest direct charitable activities during the tax year. Include relevant, statistical information such as the number of	Expenses
List the foundary organizations and a N/A	tion's four largest direct charitable activities during the tax year. Include relevant, statistical information such as the number of	Expenses
List the foundation organizations and a N/A	tion's four largest direct charitable activities during the tax year. Include relevant, statistical information such as the number of ind other beneficianes served, conferences convened, research papers produced, etc.	Expenses
List the foundary organizations and a N/A 2	tion's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ind other beneficianes served, conferences convened, research papers produced, etc. Summary of Program-Related Investments (see instructions)	Expenses
List the foundary organizations and a N/A 2	tion's four largest direct charitable activities during the tax year. Include relevant, statistical information such as the number of ind other beneficianes served, conferences convened, research papers produced, etc.	
List the foundar organizations and 1 N/A 2 3 4 2 2 4 2 2 4 2 4 2 2 4 2 4 2 4 2 4	tion's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ind other beneficianes served, conferences convened, research papers produced, etc. Summary of Program-Related Investments (see instructions)	
List the foundar organizations and 1 N/A 2 3 3 4 4 5 2 art IX-B Describe the two	tion's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ind other beneficianes served, conferences convened, research papers produced, etc. Summary of Program-Related Investments (see instructions)	
List the foundar organizations and 1 N/A 2 3 3 4 4 5 2 art IX-B Describe the two	tion's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ind other beneficianes served, conferences convened, research papers produced, etc. Summary of Program-Related Investments (see instructions)	
List the foundar organizations and 1 N/A 2 3 3 4 4 5 2 art IX-B Describe the two	tion's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ind other beneficianes served, conferences convened, research papers produced, etc. Summary of Program-Related Investments (see instructions)	
List the foundation organizations and N/A 2 3 4 Part IX-B Describe the tw 1 NONE 2	tion's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ind other beneficianes served, conferences convened, research papers produced, etc. Summary of Program-Related Investments (see instructions) vo largest program-related investments made by the foundation during the tax year on lines 1 and 2	
List the foundation organizations and 1 N/A 2 3 4 4 4 1 NONE All other program	tion's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ind other beneficianes served, conferences convened, research papers produced, etc. Summary of Program-Related Investments (see instructions)	
List the foundation organizations and N/A 2 3 4 Describe the tw 1 NONE 2	tion's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ind other beneficianes served, conferences convened, research papers produced, etc. Summary of Program-Related Investments (see instructions) vo largest program-related investments made by the foundation during the tax year on lines 1 and 2	

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Page 8

Par	Minimum Investment Return (All domestic foundations must complete this part Fore see instructions.)	gn foun	dations,
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	
b	Average of monthly cash balances	1b	36,439.
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	36,439.
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	
3	Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see	3	36,439.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	547.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	35,892.
6	Minimum investment return. Enter 5% of line 5	6	1,795.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations check here ▶ and do not complete this part)	dations	
1	Minimum investment return from Part X, line 6	1	1,795.
2 a	Tax on investment income for 2014 from Part VI, line 5 2a		
b	Income tax for 2014 (This does not include the tax from Part VI) 2b	1	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,795.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,795.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	1,795.
	Qualifying Distributions (see instructions)	Lea ex C	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	42 J	04 000
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	84,282.
a	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	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	84,282.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	_	2
	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	84,282.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when c qualifies for the section 4940(e) reduction of tax in those years	alculating	g whether the foundation

	n 990-PF (2014)				Page 9
Pá	rt XIII Undistributed Income (see instru	uctions)			<u> </u>
1	Distributable amount for 2014 from Part XI,	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
	line 7	4):			1,795.
	Undistributed income, if any, as of the end of 2014 Enter amount for 2013 only		· · · ·		•
b	Total for pnor years 20 12 ,20 11 ,20 10				
3	Excess distributions carryover, if any, to 2014				
а	From 2009	Andrew Section 1			
b	From 2010	. 3. 1	~		,", ₃ -
С	From 2011				
d	From 2012				
е	From 2013		٠		*
	Total of lines 3a through e	24,893.	,		į
4	Qualifying distributions for 2014 from Part XII, line 4 > \$ 84,282.		·		
а	Applied to 2013, but not more than line 2a				
		ALTANES SALE	2/2		*
	Applied to undistributed income of prior years (Election required - see instructions)				7 (4 % · · · · · · · · · · · · · · · · · ·
С	Treated as distributions out of corpus (Election required - see instructions)				
d	Applied to 2014 distributable amount	, , , , , , , , , , , , , , , , , , , ,			1,795.
е	Remaining amount distributed out of corpus	82,487.		\$	**
5	Excess distributions carryover applied to 2014		- X X-		
6	(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:	V. 40%		,	Ĭ
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	107,380.	Až ~~	, ,	1
	Prior years' undistributed income Subtract	1. 4.3.			, . x
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	· • • •			
d	Subtract line 6c from line 6b Taxable				
_	amount - see instructions				
е	Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount - see instructions				
f	Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				
7	Amounts treated as distributions out of corpus				1
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8	Excess distributions carryover from 2009 not		<u> </u>		
U	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2015.	107,380.			
	Subtract lines 7 and 8 from line 6a	107,380.			
	Analysis of line 9				
	Excess from 2010				
	Excess from 2011				
	Excess from 2012				
	Excess from 2013 24,893.				
e	Excess from 2014 82,487.				

orm	990-PF (2014)	WISNOSKY	FAMILY FOUNDAT	ION, INC.		46-1905977 Page 10
		erating Foundations			·············	NOT APPLICABI
1 ā	If the foundation has				atıng — — — -	
	foundation, and the ruling	=	=		▶∟	
b	Check box to indicate v		is a private operating		n section	4942(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part I or the minimum investment	(a) 2014	(b) 2013	(c) 2012	(d) 2011	
	return from Part X for each year listed					
b	85% of line 2a					
С	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					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	:				
3 a	Complete 3a, b or c for the alternative test relied upon '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 invest-					
	ment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test - enter (1) Total support other than gross investment income					
	(interest dividends rents, payments on secunties loans (section 512(a)(5)) or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942					
	(1)(3)(B)(w) (3) Largest amount of support from an exempt					
	organization (4) Gross investment income.		-	<u></u>		
Pa		ntary Information (Complete this par	t only if the found	dation had \$5	,000 or more in assets
	at any time	e during the year - s	ee instructions.)	•	•	,
1 a	Information Regarding List any managers of before the close of any	the foundation who h	ave contributed mor			received by the foundation d)(2))
	KERRY WISNO	OSKY				
b	List any managers of ownership of a partner					equally large portion of the
	N/A					
2	Information Regarding	g Contribution, Grant,	Gift, Loan, Scholarsl	nip, etc., Programs:		
	Check here ► X if t unsolicited requests for other conditions, comp	or funds. If the found:	ation makes gifts, gr	to preselected char ants, etc (see instruc	ritable organizat ctions) to individ	tions and does not accep uals or organizations unde
а	The name, address, a			the person to whom ap	oplications should	be addressed
b	The form in which app	lications should be sub	omitted and informati	on and materials they	should include	
С	Any submission deadli	ines				

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Form 990-PF (2014)	(1) ·			Page 11
Part XV — Supplementary-Information	(continued)	round for E	Euturo Dovmont	
Recipient	If recipient is an individual,	Foundation	-uture Payment	
3 Grants and Contributions Paid Dur Recipient Name and address (home or business)	show any relationship to any foundation manager	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor			
ATCH 3				
Total	<u> </u>	1	▶ 3a	83,728.
b Approved for future payment	<u> </u>		Ja	
NONE				
,,,,,,,				
			ļ	
		<u> </u>		
Total				0
	·			Form 990 PE (2014)

JSA 4E1491 1 000

gross amounts unless otherwise indicated		ated business income		y section 512, 513, or 514	(e) Related or exem
ogram service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function incom
					(OCC III STI UCTIONS
			-		
Fees and contracts from government agencies					
embership dues and assessments					
erest on savings and temporary cash investments					
vidends and interest from securities					
t rental income or (loss) from real estate	15\$. &	13.00	,	*
Debt-financed property					
Not debt-financed property					
t rental income or (loss) from personal property . her investment income					
in or (loss) from sales of assets other than inventory					
t income or (loss) from special events					
oss profit or (loss) from sales of inventory.					
her revenue a					
		<u></u>			
					
	1			ļ .	
htotal Add columns (b) (d) and (e)	18.5		13330.5		
tal. Add line 12, columns (b), (d), and (e)	ulations.) to the Ac	complishment of E	xempt Purp	13	
tal. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calcomplete. XVI-B Relationship of Activities	ulations.) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	ited importantly t
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PAGE 12

Information Regarding Transfers To and Transactions and Relationships With Noncharitable - Exempt-Organizations -Part XVII

1	ın sect	e organization direct tion 501(c) of the Co zations?								Yes	No
а	-	ers from the reportin	g foundation to	o a noncharitable e	xempt organi	zation of					l .
ű		sh	-						1a(1)	1 1	X
		her assets									X
b		transactions							.		S.J
~		les of assets to a no	ncharitable exe	empt organization					1b(1)	_	X
		rchases of assets fro									X
		ntal of facilities, equi									X
		imbursement arrange									X
		ans or loan guarantee									X
	(6) Pe	rformance of service	s or members	hip or fundraising se	olicitations				1b(6)		X
С		g of facilities, equipn									X
		answer to any of th								fair m	narket
		of the goods, other									
		in any transaction or									
(a) L	ine no	(b) Amount involved	(c) Name of	noncharitable exempt or	ganization	(d) Desc	ription of trans	fers, transactions, and	shanng ama	angeme	nts
		N/A				N/A					
							·				
		·····									
				· · · · · · · · · · · · · · · · · · ·							
				·····							
								···			
			<u> </u>								
2a		foundation directly	-				-	_			-
		bed in section 501(c)		other than section 5	01(c)(3)) or i	n section	527?		Y	es X	∫No
b	_If "Yes	," complete the follow		т	<u></u>						
		(a) Name of organization	1	(b) Type of	organization			(c) Description of relat	onship		
								 			
											
	Under	r penalties of penury, I decla	ere that I have exam	nned this return including	accompanying sch	nedules and s	tatements and t	to the hest of my know	ledge and I	nelief it	is thie
	correc	ct and complete Declaration of								700., 11	
Sig	n	Value 11	110111	K. 11/10	//<	DOB	<105W		IRS discus		retum
Her	e Sign	nature of officer or trubbee	/ Merco	Date		Tutle	JUJEIU		preparer ctions)? X	7 6	below
	Sigi	nature of officer of (fusice		O Date		inte		(see instru	tions) 2	Yes	No
		Print/Type preparer's na	me	Preparer's signatur	e		Date	T _C h-z, T T	PTIN		
Paid	4	MARK T GOSSAR		Muc 7	A 1	2 00	11.5.1	Check i	'	5069	R
Pre	parer	7.7	ONSON LLC	1 / y un 1	V ment	CIPH	11151		-16113		
	Only	0.0		RM BLVD., 3RD	FLOOR			Firm s EIN > 3/			
-30	. •y		CKVILLE,	MD	LECON	208	50	Phone no 301.	-231-6	200	
		1						Phone no 301	Form 990		(2014)
										•	\~~· ·/

Schedule B

(Form 990, 990-EZ,

Schedule of Contributors

or 990-PF) Department of the Treasury

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

OMB-No-1545-0047

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs gov/form990. Internal Revenue Service Name of the organization

Employer identification number

WISNOSKY FAMILY FO	UNDATION, INC.	46-1905977
Organization type (check or	ne)	40 1903977
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private for	undation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private founda	tion
	501(c)(3) taxable private foundation	
or more (in mone)	in filing Form 990, 990-EZ, or 990-PF that received, during the year, contributed or property) from any one contributor. Complete Parts I and II. See instructions of the contributor of the contributor of the contributor.	
contributor's total Special Rules	contributions	
For an organization regulations under 13, 16a, or 16b, a	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 nd that received from any one contributor, during the year, total contributions of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 C	or 990-EZ), Part II, line s of the greater of (1)
contributor, during	in described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that right the year, total contributions of more than \$1,000 exclusively for religious, chonal purposes, or the prevention of cruelty to children or animals. Complete F	aritable, scientific,
contributor, during contributions total during the year foi General Rule appl	in described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that real the year, contributions exclusively for religious, charitable, etc., purposes, but more than \$1,000. If this box is checked, enter here the total contributions an exclusively religious, charitable, etc., purpose. Do not complete any of the lies to this organization because it received nonexclusively religious, charitable more during the year.	at no such s that were received e parts unless the e, etc., contributions
	it is not covered by the General Rule and/or the Special Rules does not file S	

Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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 WISNOSKY FAMILY FOUNDATION, INC.

Employer identification number 4.6-1.905.977

			46-1905977
Part I	Contributors (see instructions) Use duplicate copies of	Part I if additional space is nee	ded.
(a) · No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	KERRY WISNOSKY 10520 OAKLYN DRIVE POTOMAC, MD 20854	\$\$0,000.	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)
(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 - WISNOSKY FAMILY FOUNDATION, INC.

Employer identification number

46-1905977

Part II	Noncash Property (see instructions)	Use duplicate copies of Part II if additional space is needed
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		art ii ii additional space is nei	
(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
. 		- - - - \$	

Name of o	organization WISNOSKY FAMILY FOUNDAT	TION, INC.		Employer identification number
				<u>4-6-1-905-97-7</u>
Part III	that total more than \$1,000 for the ye following line entry. For organizations of contributions of \$1,000 or less for the	ar from any one contribute completing Part III, enter the year (Enter this information	or. Complete of total of exclus	columns (a) through (e) and the cively religious, charitable, etc,
	Use duplicate copies of Part III if additio	nal space is needed		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
_				
		(e) Transfer of gift		
	Transferee's name, address, and	ZIP + 4	Relationship	of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, and	ZIP + 4	Relationship	of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, and	ZIP + 4	Relationship	of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
				
		(e) Transfer of gift		
	Transferee's name, address, and	ZIP + 4	Relationship	of transferor to transferee
		-		

46-1905977

ATTACHMENT

REVENUE AND

- OTHER EXPENSES

PART

FORM 990PE,

EXPENSES
PER BOOKS
554.

DESCRIPTION BANK FEES

CHARITABLE PURPOSES 554.

TOTALS

554.

554.

ATTACHMENT 1 PAGE 18

36852

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ATTACHMENT 2

, AND TRUSTEES	
CTORS	
LIST OF OFFICERS, DIREC	
1	
F, PART VIII	
FORM 990P	

EXPENSE ACCT AND OTHER ALLOWANCES	0	0	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	0	0	0
COMPENSATION	0	0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT 1.00	SECRETARY AND TREASURER 1.00	GRAND TOTALS
NAME AND ADDRESS	ROBIN WISNOSKY 10520 OAKLYN DRIVE POTOMAC, MD 20854	KERRY W. WISNOSKY 10520 OAKLYN DRIVE POTOMAC, MD 20854	
	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION COMPENSATION BENEFIT PLANS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION COMPENSATION COMPENSATION BENEFIT PLANS ALLOWANCES 1.00 VE 4	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION PRESIDENT OF TO EMPLOYEE AND OTHER ALLOWANCES ALLOWANCES ALLOWANCES ALLOWANCES TO EMPLOYEE AND OTHER ALLOWANCES TO EMPLOYEE AND OTHER ALLOWANCES ALL

46-1905977

ATTACHMENT 3 .

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YEAR	
THE	
DURING	
PAID	
GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR	
AND	
GRANTS	
- 1	l
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PART XV	
M 990PE,	
FOR	

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
THE BULLIS SCHOOL	NONE	EDUCATIONAL	64,013
10601 FALLS ROAD			
POTOMAC, MD 20854			
AMERICAN RED CROSS	NONE	GENERAL OPERATING SUPPORT	3,465.
2025 E STREET NW	PC		
WASHINGTON, DC 20006			
MADELINE HSU MEMORIAL FUND	NONE	GENERAL OPERATING SUPPORT	250
P O BOX 640	PC		
NEWTOWN, CT 06470			
THE JAMES R MATTIOLI MEMORIAL FUND	NONE	GENERAL OPERATING SUPPORT	250.
39 MAIN STREET	PC		
NEWTOWN, CT 06470			
NOAH POZNER MEMORIAL FUND	NONE	GENERAL OPERATING SUPPORT	250.
261 S MAIN STREET #332	PC		
NEWTOWN, CT 06470			
GALLAUDET UNIVERSITY	NONE	GENERAL OPERATING SUPPORT	10,000
800 FLORIDA AVENUE, NE	PC		
WASHINGTON, DC 20002			
			-

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6443HC 3947 11/4/2015

	NT D)		AMOUNT	5,500.	83,728.		
	ATTACHMENT 3 (CONT'D)		F4. (ATTACHMENT 3	
	ATTAC		1		ONS PAID	ATTAC	
			TRIBUTION	F	TOTAL CONTRIBUTIONS PAID		
			PURPOSE OF GRANT OR CONTRIBUTION	GENERAL OPERATING SUPPORT	TOTAL		
7.			JRPOSE OF G	NERAL OPER			
46-1905977			표	ii			
		UTOR				36852	
		TAL CONTRIB	RECIPIENT			n	
		RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPIENT			V 14-7.3E	
	NG THE YEAR	ELATIONSHIP	FOUNDATI	NONE PC		,	
	S PAID DURI	ec.		NON P.C.		9:09.37 AM	
	ONTRIBUTION						
ION, INC	RANTS AND C		ESS			11/4/2015	
LLY FOUNDAT	PART XV - G		ME AND ADDR	R TROOPS T		643HC 3947	
WISNOSKY FAMILY FOUNDATION, INC	FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR		RECIPIENT NAME AND ADDRESS	HOMES FOR OUR TROOPS 6 MAIN STREET TAUNTON, MA 02780		2	
3	щ		E	± vo ⊨			