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Department of the Treasury

Internal Revenue Service

DLN: 93491320018385

OMB No 1545-0052

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. ► Information about Form 990-PF and its instructions is at <u>www.irs.gov/form990pf</u>.

For	cale	ndar year 2014, or tax year beginning 01-	01-2014	, aı	nd ending 1	.2-31-2014				
		Indation			A Employer id	entification numbe	er			
W	INDOLF	FAMILY FOUNDATION INC			46-3892649					
Num	her and	I street (or P O box number if mail is not delivered to street address	s) Room/suite	B Telephone number (see instructions)						
		BLUFF DRIVE	, itesinyeane		(973) 993-9767					
Cıtı	or town	, state or province, country, and ZIP or foreign postal code			C If exemption application is pending, check here					
		ISLAND, GA 315225690			C ii exemption	аррікацоп із репаш	g, check here 🕨 j			
<u> </u>	2001/2	Il that apply Initial return Initial return of a	former public charity				. –			
G CI	теск а	Final return Amended return	former public charity	′	D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85%					
		Address change Name change				k here and attach co				
		pe of organization Section 501(c)(3) exempt priva				undation status was t n 507(b)(1)(A), chec				
		4947(a)(1) nonexempt charitable trust Other taxa								
		ret value of all assets at end from Part II, col. (c),	I Cash I Acci	rual		ation is in a 60-mont n 507(b)(1)(B), chec				
		\$ 394,056 (Part I, column (d) must	t be on cash basis.)			(, (, (, ,				
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	(a) Revenue and expenses per books	(b) N	let investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)			
	1	Contributions, gifts, grants, etc , received (attach								
		schedule)	14,925							
	2	Check F 🕝 if the foundation is not required to attach								
		Sch B								
	3	Interest on savings and temporary cash investments	4		4					
	4	Dividends and interest from securities	9,852		9,852					
	5a	Gross rents								
dì	b	Net rental income or (loss)	4,721							
Ě	6a b	Net gain or (loss) from sale of assets not on line 10								
Reveime		Gross sales price for all assets on line 6 a 436,911								
	7	Capital gain net income (from Part IV, line 2)			4,721					
	8	Net short-term capital gain								
	9	Income modifications								
	10a	Gross sales less returns and allowances								
	ь	Less Cost of goods sold								
	С .	Gross profit or (loss) (attach schedule)								
	11	Other income (attach schedule)								
	12	Total. Add lines 1 through 11	29,502		14,577					
	13	Compensation of officers, directors, trustees, etc	0		0		0			
ķ	14	Other employee salaries and wages								
3e	15 16a	Pension plans, employee benefits	% 14,062		0		0			
Expenses		Accounting fees (attach schedule)	11,002							
Ĕ		Other professional fees (attach schedule)								
ΞŒ	17	Interest								
Administrative	18	Taxes (attach schedule) (see instructions)	20,034		20,034		0			
Ē	19	Depreciation (attach schedule) and depletion								
튜	20	Occupancy								
4	21	Travel, conferences, and meetings								
and	22	Printing and publications								
	23	· · · · · · · · · · · · · · · · · · ·	7,341		6,339		0			
Operating	24	Total operating and administrative expenses. Add lines 13 through 23	41,437		26,373		0			
<u>\$</u>	25	Contributions, gifts, grants paid	316,250		20,373		316,250			
U	26	Total expenses and disbursements. Add lines 24 and	310,230				310,230			
		25	357,687		26,373		316,250			
	27	Subtract line 26 from line 12								
	a	Excess of revenue over expenses and disbursements	-328,185							
	b	Net investment income (if negative, enter -0-)			0					
	C	Adjusted net income (If negative, enter -0 -)					I			

Рa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		of year
		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	71,900	80,515	80,515
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable 🟲			
		Less allowance for doubtful accounts 🟲			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ►			
		Less allowance for doubtful accounts 🟲			•
y,	8	Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges		4,966	4,966
Š.	10a	Investments—U S and state government obligations (attach schedule)			
		Investments—corporate stock (attach schedule)			
		Investments—corporate bonds (attach schedule)			
	_	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			
		,	646,527	95 304,761	308,575
		Investments—other (attach schedule)	040,327	304,761	300,373
	14	Land, buildings, and equipment basis -			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	718,427	390,242	394,056
	17	Accounts payable and accrued expenses			
۸.	18	Grants payable			
abilities	19	Deferred revenue			
=	20	Loans from officers, directors, trustees, and other disqualified persons			
6	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe 🗠)			
	23	Total liabilities (add lines 17 through 22)	0	C	
		Foundations that follow SFAS 117, check here ▶ ┌			
Fund Balances		and complete lines 24 through 26 and lines 30 and 31.			
and	24	Unrestricted			
8	25	Temporarily restricted			1
<u>-</u>	26	Permanently restricted			1
듸		Foundations that do not follow SFAS 117, check here			-
or F		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	0	C	
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	(1
Ą	29	Retained earnings, accumulated income, endowment, or other funds	718,427	390,242	
Net	30	Total net assets or fund balances (see instructions)	718,427	390,242	-
Ż		Total liabilities and net assets/fund balances (see instructions)	718,427	390,242	4
	31		710,427	390,242	
	rt II			 	
1		Total net assets or fund balances at beginning of year—Part II, column		- I I	_
_		, 3 , , , , , , , , , , , , , , , , , ,			718,427
2		Enter amount from Part I, line 27a			-328,185
3		Other increases not included in line 2 (itemize)			0
4		Add lines 1, 2, and 3		4	390,242
5		Decreases not included in line 2 (itemize)		_ 5	0
6		Total net assets or fund balances at end of year (line 4 minus line 5)—P	art II, column (b), l	ne 30 . 6	390,242

ruici	(a) List and describe	the kind(s) of property sold (e g , repuse, or common stock, 200 shs M	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)			
1a	See Additional Data 1	Table Table						
b								
С								
d								
e								
(e) Gross sales price	(f) Depreciation allowe (or allowable)	107	or other basis pense of sale	(h) Gain or (loss) (e) plus (f) minus (g)			
а	See Additional Data T	Table Table						
b								
С								
d								
e								
	mnlete only for assets s	howing gain in column (h) and owne	d by the foundation	on 12/31/69	(I) Gains (Col	(h) gain minus		
	F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exc	cess of col (ı)	col (k), but not	less than -0-) or om col (h))		
	See Additional Data T	· · ·	3.616	(J// ·· · ···)	1	. , ,		
b								
С .								
d								
е			If gain, also enter	D 7 J 7 J	+			
	If gain, also enter in F in Part I, line 8 .	al gain or (loss) as defined in section Part I, line 8, column (c) (see instru	ictions) If(loss), e	nter - 0 - • •	. 3			
Part \	Qualification U	Inder Section 4940(e) for R	teduced Tax on	Net Investme	ent Income			
fsectio	n 4940(d)(2) applies, l	·	` ,		ŕ			
		e section 4942 tax on the distribut ot qualify under section 4940(e) D			eriod? 	│ Yes 🔽 No		
1 Ent	er the appropriate amou	unt ın each column for each year, s	ee instructions befo	ore making any ent	ries			
	(a) penod years Calendar or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchar	ritable-use assets	(d) Distribution (col (b) divided			
	2013	278,100		900,619	, , ,	0 308788		
	2012	0		0		0 000000		
	2011					-		
	2010							
	2009				 			
2	·	n (d)		_	2	0 308788		
3	the number of years t	ratio for the 5-year base period—di he foundation has been in existence	e ıf less than 5 yeaı	′s	3	0 154394		
4		noncharitable-use assets for 2014	•	_	4	665,961		
5		3		_	5	102,820		
6		stment income (1% of Part I, line 2		<u> </u>	6	C		
7				<u> </u>	7	102,820		
8	Enter qualifying distri	butions from Part XII, line 4			8	316,250		
	If line 8 is equal to or the Part VI instructio	greater than line 7, check the box ns	ın Part VI, line 1b,	and complete that	part using a 1% tax	rate See		

Form	990-PF (2014)		Р	age 4				
Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the ins	tructio	ns)					
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							
h	instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check 1			0				
b	J 			0				
	here Frand enter 1% of Part I, line 27b							
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others							
	enter -0-) 2			0				
3	Add lines 1 and 2			0				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others			0				
_	enter 6)			0				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			0				
6	Credits/Payments							
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 4,966							
b	Exempt foreign organizations—tax withheld at source 6b							
С	Tax paid with application for extension of time to file (Form 8868) 6c							
d	Backup withholding erroneously withheld							
7	Total credits and payments Add lines 6a through 6d			4,966				
8	Enter any penalty for underpayment of estimated tax. Check here 🗂 if Form 2220 is attached.							
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed							
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10			4,966				
11	Enter the amount of line 10 to be Credited to 2015 estimated tax 4,966 Refunded 11			0				
Par	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		Yes	No				
	ıt partıcıpate or ıntervene ın any political campaign?	. 1a		No				
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions							
_	for definition)?	1b		No				
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials	-						
	published or distributed by the foundation in connection with the activities.							
c	Did the foundation file Form 1120-POL for this year?	1c		No				
d								
u	(1) On the foundation \Rightarrow \$0 (2) On foundation managers \Rightarrow \$0							
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed							
е								
_	on foundation managers * \$0			N-				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	. 2		No				
	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		No				
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No				
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		No				
	If "Yes," attach the statement required by General Instruction T.							
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either							
	By language in the governing instrument, or							
	By state legislation that effectively amends the governing instrument so that no mandatory directions							
	that conflict with the state law remain in the governing instrument?	. 6	Yes					
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	Yes					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)							
	▶GA	1						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney	1						
-	General (or designate) of each state as required by General Instruction G? If "No," attach explanation.	8b	Yes					
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)?	1						
	If "Yes," complete Part XIV	و ا		No				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names	†						
10	and addresses.	. 10		No				
			i	,,				

Da	rt VII-A Statements Regarding Activities (continued)			age 5
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		1	
11	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had	<u> </u>		140
12	advisory privileges? If "Yes," attach statement (see instructions)	1,2		No
12		. 12	Yes	No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	res	
	Website address ►NONE			
14	The books are in care of ►FOUNDATION Telephone no ►(973) 993·	-9767	
	Located at ►404 PIKES BLUFF DRIVE ST SIMONS ISLAND GA ZIP+4 ►31522			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here			► F
	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 over		Yes	No
10	a bank, securities, or other financial account in a foreign country?	16	163	No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	10		110
	Accounts (FBAR) If "Yes", enter the name of the foreign country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	_		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	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?			
	(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 No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V 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)? Yes V No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	ıf 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) Yes 🔽 No			
Ь	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		No
	Organizations relying on a current notice regarding disaster assistance check here			
С	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		No
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 ▶ No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect 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		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	► 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section $4943(c)(7)$) to dispose 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			
	ıf 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		No
b	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		No

Pa	rt VII-B Sta	tements Rega	rdir	ng Activities for	Wh	ich Form 4720	May	Be Required (cont	inued	')	1 age O
5a	During the year	did the foundation	n pay	or incur any amoun	t to						
	(1) Carry on pro	paganda, or othe	rwise	attempt to influenc	e leg	ıslatıon (section 49	45(e	:)) [?]	√ No		
	(2) Influence th	e outcome of any	spec	ıfıc publıc election (see	section 4955), or to	car	ry			
	on, directly	or indirectly, any	voter	registration drive?.				┌ Yes ┌	√ No		
	(3) Provide a gi	ant to an individu	al for	travel, study, or oth	ners	ımılar purposes?		☐ Yes Ϝ	√ No		
	(4) Provide a gi	ant to an organiza	ition	other than a charita	ble,	etc , organization de	scrib	ped			
	ın section 4	945(d)(4)(A)? (s	ee ins	e instructions)							
	(5) Provide for	any purpose other	than	religious, charitabl	e, sc	ientific, literary, or					
	educational	purposes, or for t	he pr	evention of cruelty t	to ch	ıldren or anımals?.		Yes 🔽	√ No		
b	If any answer is	"Yes" to 5a(1)-(5), d	ıd any of the transad	tion	s fail to qualify unde	r the	exceptions described in			
	Regulations sec	tion 53 4945 or i	nac	urrent notice regard	ling c	lısaster assıstance	(see	instructions)?		5b	
	O rganizations r	elyıng on a curren	t not	ice regarding disast	eras	sistance check her	e	▶↑	- [
С				4), does the foundat							
								T Yes [- _{No}		
				y Regulations section							
6a				ceive any funds, dire			prer	niums on			
									√ No		
ь	•							benefit contract?		6b	No
	If "Yes" to 6b, fi			,	•	., .			ŀ		-
7a	•		vas tl	ne foundation a party	v to a	nrohibited tax shel	lter ti	ransaction? TYes F	- No		
										7b	
								n Managers, Highly			ovees
Pa		Contractors			-,	ustees, i suitae				р.	, , , ,
1	List all officers,	directors, trustee	s, foı	ındation managers a	nd t	heir compensation (see i	nstructions).			
				Title, and average		c) Compensation		(d) Contributions to	(e) E:	xpense	account,
	(a) Name and	daddress	1	hours per week evoted to position	(1	(f not paid, enter -0-)		mployee benefit plans I deferred compensation			wances
See	Addıtıonal Data T	ahle		.voccu to position		• ,	una	deterred compensation			
	Additional Data 1	чыс	1								
			┨								
									-		
			-								
2	Compensation of	five highest-paid	emp	loyees (other than	thos	e included on line 1-	-see	instructions). If none, er	nter "N	ONE."	
/	. N			(b) Title, and aver	age			(d) Contributions to	(-) [
(a		ss of each emplo nan \$50,000	/ee	hours per week		(c) Compensation	on	employee benefit plans and deferred	1	•	account, wances
	F	····· + · · / · · · /		devoted to positi	on			compensation			
NON	1E										
				1							
									-		
								<u> </u>			
Tota	ı I number of other	employees paid o	vers	\$50,000					1		0

Part VIII Information About Officers, Directors, True and Contractors (continued)	ustees, Foundation Managers, Highly	Paid Employees,
3 Five highest-paid independent contractors for professional servi	ces (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		
Total number of others receiving over \$50,000 for professional service	ces	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Included organizations and other beneficiaries served, conferences convened, research papers.		Expenses
1 NONE		0
2		
3		
4		
Part IX-B Summary of Program-Related Investmen	ts (see instructions)	
Describe the two largest program-related investments made by the foundation du	ırıng the tax year on lines 1 and 2	Amount
1 NONE		0
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations. see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. 1 purposes 620,456 1a 1h 55.647 1c 1d 676.103 Reduction claimed for blockage or other factors reported on lines 1a and 1e 2 2 3 3 Subtract line 2 from line 1d. 676.103 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 4 10.142 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4. 5 665.961 5 33,298 **Distributable Amount** (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and Part XT certain foreign organizations check here $\blacktriangleright \Gamma$ and do not complete this part.) 33.298 1 Tax on investment income for 2014 from Part VI, line 5. 2a Income tax for 2014 (This does not include the tax from Part VI). . . 0 2c 33,298 3 3 4 Λ 4 5 5 33.298 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . 7 7 33.298 Part XIII Oualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 1 Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. 1a 316.250 1b 0 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. 2 2 3 Amounts set aside for specific charitable projects that satisfy the За. 3b 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 316,250 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 316,250 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

the section 4940(e) reduction of tax in those years

For	m 990-PF (2014)				Page 9
Р	art XIII Undistributed Income (see instri	uctions)			
		(a)	(b)	(c)	(d)
		Corpus	Years prior to 2013	2013	2014
	Distributable amount for 2014 from Part XI, line 7				33,298
	Undistributed income, if any, as of the end of 2014			0	
a	Enter amount for 2013 only		0	0	
	Total for prior years 20		U		
3	Excess distributions carryover, if any, to 2014				
a	From 2009				
D	From 2010				
C	From 2011				
a	From 2013				
	Total of lines 3a through e	278,100			
		2,0,100			
4	Qualifying distributions for 2014 from Part XII, line 4 * \$ 316,250				
	Applied to 2013, but not more than line 2a			0	
	Applied to undistributed income of prior years		0		
ט	(Election required—see instructions)				
c	Treated as distributions out of corpus (Election	0			
_	required—see instructions)				
d	Applied to 2014 distributable amount				33,298
е	Remaining amount distributed out of corpus	282,952			
5	Excess distributions carryover applied to 2014	0			0
	(If an amount appears in column (d), the				
	same amount must be shown in column (a).)				
6	Enter the net total of each column as				
	indicated below:	564.053			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	561,052			
Ь	Prior years' undistributed income Subtract		0		
_	Inne 4b from line 2b				
C	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed		0		
d	Subtract line 6c from line 6b Taxable amount		0		
	—see instructions		0		
е	Undistributed income for 2013 Subtract line				
	4a from line 2a Taxable amount—see			0	
f	Undistributed income for 2014 Subtract				
-	lines 4d and 5 from line 1 This amount must				
	be distributed in 2015				0
7	A mounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8	Excess distributions carryover from 2009 not				
	applied on line 5 or line 7 (see instructions)	0			
9	Excess distributions carryover to 2015.			_	
	Subtract lines 7 and 8 from line 6a	561,052			
10	Analysis of line 9				
	Excess from 2010				
	Excess from 2011				
	Excess from 2012				
	Excess from 2013				
е	Excess from 2014 282,952				

P	art XIV Private Operating Four	ndations (see in	nstructions and P	art VII-A, question	on 9)	
.a	If the foundation has received a ruling or d		•			
	foundation, and the ruling is effective for 2	•	-			
	Check box to indicate whether the organize		perating foundation		on 4942(j)(3) o	or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each	(a) 2014	(b) 2013	(c) 2012	(d) 2011	
	yearlisted					
	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	Complete 3a, b, or c for the					
_	alternative test relied upon "A ssets" alternative test—enter					
а	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in Part X, line 6 for each year listed					
c	"Support" alternative test—enter					
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments					
	on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(III)					
	(3) Largest amount of support					
	from an exempt organization (4) Gross investment income					
2a	rt XV Supplementary Information	n (Complete t	his part only if	the organizati	on had \$5,000	or more in
	assets at any time during					
_	Information Regarding Foundation Manage List any managers of the foundation who ha		vrathan 20% of that	estal contributions r	accured by the four	dation
а	before the close of any tax year (but only i				· ·	uation
	See Additional Data Table					
b	List any managers of the foundation who ov ownership of a partnership or other entity)		•	•	ly large portion of t	he
	ownership of a partitership of other entity,	or willen the lound	ation has a 10 70 of	greater micrest		
	Information Regarding Contribution, Grant	, Gift, Loan, Schol	arship, etc., Prograi	ms:		
	Check here ► If the foundation only mal	kes contributions t	o preselected char	ıtable organızatıons	and does not acce	pt
	unsolicited requests for funds If the found other conditions, complete items 2a, b, c,		grants, etc (see in	structions) to indivi	duals or organization	ons under
	omer conditions, complete items 2a, b, c,	unu u				
2	The name, address, and telephone number	or e-mail address	of the nerson to w	hom applications ch	ould be addressed	
u	JOHN A WINDOLF	or e man address	or the person to wi	nom applications sh	ould be addressed	
	404 PIKES BLUFF DRIVE					
	ST SIMONS, GA 31522					
_	(973) 993-9767					
b	The form in which applications should be s			ils they should inclu	ıde	
	IN WRITING, ANYTIME, NOTIFICATION	IS OF APPROVAL	ONLY			
С	Any submission deadlines					
	NONE					
d	Any restrictions or limitations on awards, factors	such as by geogra	phical areas, charit	able fields, kinds of	institutions, or oth	er
	NONE					
	II V II L					

Name and address (home or business) a Paid during the year See Additional Data Table	any foundation manager or substantial contributor	recipient	contribution	
Total				316,250
b Approved for future payment				

	PF (2014)	8				Page 12
	I-A Analysis of Income-Produci s amounts unless otherwise indicated		usiness income	Excluded by section	n 512, 513, or 514	(e)
	m service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	Related or exempt function income (See instructions)
						,
· · · · · · · · · · · · · · · · · · ·						
f						
2 Member 3 Interes	and contracts from government agencies ership dues and assessments st on savings and temporary cash tments			14	4	
	Dividends and interest from securities 5 Net rental income or (loss) from real estate			14	9,852	
a Debt b Not o 6 Net re	-financed property debt-financed property					
7 Other 8 Gain o	rty					
9 Netino	cory			14	1,033	3,688
11 Other	revenue a					
d						
12 Subtot 13 Total. (See v	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify call Relationship of Activities to	alculations) the Accom	plishment of E	xempt Purpos		14,577
Line No. ▼	Explain below how each activity for whic the accomplishment of the foundation's instructions)					
12	N/A - NONE					

Form 990-P	F (2014)										Pa	ge 1 3
Part XVI	Information R Noncharitable					actio	ns and I	Relationships	With			
	organization directly or i										Yes	No
organiza	tions?											
a Transfer	s from the reporting fou	ndation to	a nonc	harıtable	exempt organıza	tion of						
• •	h									1a(1)		No
(2) Oth	erassets									1a(2)		No
b O ther tra												
	es of assets to a noncha											No
	chases of assets from a											No
	tal of facilities, equipme											No
	nbursement arrangemei									1b(4)		No
	ns or loan guarantees.									1b(5)		No
	rmance of services or r		-	=						1b(6)		No
_	of facilities, equipment,	_	•	·						1 c		No
of the go in any tra	swer to any of the above ods, other assets, or seansaction or sharing arr	ervices giv rangement	en by t , show	he reporti in column	ng foundation If (d) the value of	the fou the god	undation r ods, other	eceived less tha assets, or servi	n fair mark ces receive	et value ed	1	·••
(a) Line No	(a) Line No (b) Amount involved		or nonci	паптаріе ехе	empt organization	(a)	Description	of transfers, transac	ctions, and sna	aring arra	ngemer	ιτs
		1										
	undation directly or indi d in section 501(c) of t			-	•		•	=		.F _Y e	s F	No
b If "Yes,"	complete the following	schedule		_								
	(a) Name of organizatio	on		(b) Type of organizat	ion		(c) Descri	ıptıon of relatı	onship		
the	der penalties of perjury, best of my knowledge a ormation of which prepa	and belief,	ıt ıs tru	ue, correct								
Sign Here	*****				2015-11-06	_ \	*****		return	IRS disci		
	Signature of officer or t	trustee			Date		Tıtle	_	below (see ins	tr)? 🔽 1	∕es 厂 ľ	No
	Print/Type preparer's PAUL ARCHBOLD	name	Prepa	parer's Signature		Date		Check if self- employed ►	PTIN P	001893	388	
Paid Preparer	Firm's name FCLYNE EAGAN & AS	SOCIATE	S			1		Firm's EIN ► 2	2-270639	4		
Use Only	Firm's address 🕨											
Oilly	8 RIDGEDALE AVEN 07927	IUE CEDA	AR KNO	DLLS, NJ				Phone no (97.	3)993-976	57		

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
DREYFUS EMG MKT DEBT LOC - 358 423 UNITS	Р	2014-01-01	2014-03-10
SOUTHERNSUN US EQUITY FUND - 1,697 601 UNITS	Р	2013-01-01	2014-03-28
JPM US LARGE CAP CORE PLUS - 268 961 UNITS	Р	2014-01-01	2014-08-28
JPM SHORT DURATION BD FD - 503 856 UNITS	Р	2014-01-01	2014-08-28
JPM STRAT INC OPP FD - 2,265 208 UNITS	Р	2014-01-01	2014-10-17
EATON VANCE FLOATING RATE - 1,436 762 UNITS	Р	2014-01-01	2014-10-17
VANGUARD FTSE EUOPE ETF - 113 000 UNITS	Р	2014-01-01	2014-11-04
JPM REALTY INC FD - 1,160 261 UNITS	Р	2014-01-01	2014-11-07
OPPENHEIMER DEVELOPING MKT - 363 700 UNITS	Р	2013-01-01	2014-12-08
THE ARBUTRAGE FUND - 1,021 803 UNITS	Р	2013-01-01	2014-12-11

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
4,828		5,000	-172
144			144
8,184		7,552	632
5,497		5,497	0
26,662		27,002	-340
12,873		13,201	-328
6,013		6,389	-376
16,000		14,369	1,631
217			217
31			31

Complete only for assets showing gain in column (h) and owned by the foundation on $12/31/69$			(I) Gains (Col (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basıs as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any	col (k), but not less than -0-) or Losses (from col (h))
			-172
			144
			632
			0
			-340
			-328
			-376
			1,631
			217
			31

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
JPM US LARGE CAP CORE PLUS FD - 1,125 697 UNITS	Р	2013-01-01	2014-12-15
JPM EQ INC FD	Р	2013-01-01	2014-12-15
JPM SHORT DURATION BD FD - 2,517 957 UNITS	Р	2013-01-01	2014-12-15
JPM REALTY INC FD - 1,944 460 UNITS	Р	2013-01-01	2014-12-15
JPM REALTY INC FD - 1,096 491 UNITS	Р	2014-01-01	2014-12-15
JPM US LARGE CAP CORE PLUS FD - 701 262 UNITS	Р	2014-01-01	2014-12-15
JPM EQ INC FD - 830 925 UNITS	Р	2014-01-01	2014-12-15
JPM SHORT DURATION BD FD - 1,562 500 UNITS	Р	2014-01-01	2014-12-15
ISHARES MSCI EAF INDEX FUND - 460 000 UNITS	Р	2014-01-01	2014-12-15
INV BALANCED RISK ALLOC - 609 756 UNITS	Р	2014-01-01	2014-12-15

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
2,401			2,401
317			317
16			16
480			480
15,000		12,699	2,301
20,000		19,193	807
11,500		10,584	916
17,000		17,035	-35
27,760		30,556	-2,796
7,000		7,605	-605

Complete only for assets shown	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69		(I) Gains (Col (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any	col (k), but not less than -0-) or Losses (from col (h))
			2,401
			317
			16
			480
			2,301
			807
			916
			-35
			-2,796
			-605

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
AMG FDS COUSUN UN INSTL - 1,174 628 UNITS	Р	2014-01-01	2014-12-15
PIMCO UNCONSTRAINED BOND - 1,031 390 UNITS	Р	2014-01-01	2014-12-15
PIMCO COMMODITYPL STRAT - 1,656 442 UNITS	Р	2014-01-01	2014-12-15
DELAWARE EMERGING MARKETS - 447 967 UNITS	Р	2014-01-01	2014-12-15
DODGE & COX INTL STOCK FUND - 539 568 UNITS	Р	2014-01-01	2014-12-15
DOUBLINE TOTAL RET BD - 1,542 650 UNITS	Р	2014-01-01	2014-12-15
GOTHAM ABSOLUTE RETURN FUND - 935 925 UNITS	Р	2014-01-01	2014-12-15
GATEWAY FUND - 427 204 UNITS	Р	2014-01-01	2014-12-15
EATON VANCE GLOBAL MARCO - 378 788 UNITS	Р	2014-01-01	2014-12-15
OPPENHEIMER DEVELOPING MKT - 198 872 UNITS	Р	2014-01-01	2014-12-15

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
15,000		15,384	-384
11,500		11,602	-102
13,500		18,326	-4,826
6,500		7,162	-662
22,500		22,869	-369
17,000		16,945	55
13,000		12,413	587
12,500		12,426	74
3,500		3,523	-23
6,700		7,305	-605

Complete only for assets show	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69		(I) Gains (Col (h) gain minus
(i) F M V as of 12/31/69	(j) A djusted basıs as of 12/31/69	(k) Excess of col (ı) over col (ʒ), ıf any	col (k), but not less than -0-) or Losses (from col (h))
			-384
			-102
			-4,826
			-662
			-369
			55
			587
			74
			-23
			-605

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
BLACKROCK HIGH YIELD BOND - 1,774 398 UNITS	Р	2014-01-01	2014-12-15
THE ARBITRAGE FUND - 542 215 UNITS	Р	2014-01-01	2014-12-15
NEUBERGER BER MU/C OPP-INS - 1,973 684 UNITS	Р	2014-01-01	2014-12-15
GOLDMAN SACHS TR STRG INCM INST - 1,037 171 UNITS	Р	2014-01-01	2014-12-15
INV BALANCED RISK ALLOC - 464 073 UNITS	Р	2013-01-01	2014-12-16
NEUBERGER BER MU/C OPP INS - 535 933 UNITS	Р	2013-01-01	2014-12-17
ISHARES CORE S&P MID CAP ETF - 250 000 UNITS	Р	2014-01-01	2014-12-15
SPDR S&P 500 ETF TRUST - 90 000 UNITS	Р	2014-01-01	2014-12-15
ISHARES CORE US GROWTH ETF - 90 000 UNITS	Р	2014-01-01	2014-12-15
ISHARES MSCI ALL COUNTY ASIA EX JAPAN INDEX - 113 000 UNITS	Р	2014-01-01	2014-12-15

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
14,000		14,614	-614
7,000		6,972	28
30,000		29,668	332
11,000		11,427	-427
347			347
1,291			1,291
35,060		33,972	1,088
18,080		16,674	1,406
8,428		7,603	825
6,760		6,623	137

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69		(I) Gains (Col (h) gain minus	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any	col (k), but not less than -0-) or Losses (from col (h))
			-614
			28
			332
			-427
			347
			1,291
			1,088
			1,406
			825
			137

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
GOTHAM ABSOLUTE RETURN FUND - 806 957 UNITS	Р	2013-01-01	2014-12-19
BLACKROCK HIGH YIELD BOND - 1,420 426 UNITS	Р	2013-01-01	2014-12-23
DELAWARE EMERGING MARKETS - 387 353 UNITS	Р	2013-01-01	2014-12-23
AMG FDS CSOUSUN UN INSTL - 522 973 UNITS	Р	2013-01-01	2014-12-29
CAPITAL GAINS DIVIDENDS	Р		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
31			31
59			59
110			110
89			89
1,033			1,033

•					
Complete only for assets show	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any	col (k), but not less than -0-) or Losses (from col (h))		
			31		
			59		
			110		
			89		
			1,033		

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JOHN A WINDOLF	PRESIDENT	0	0	0
22 FEATHERBED LANE NEW VERNON, NJ 07976	5 0 0			
MURIEL B WINDOLF	VICE PRESIDENT	0	0	0
404 PIKES BLUFF DRIVE ST SIMONS,GA 31522	5 0 0			
LORI WINDOLF CRISPO	SECRETARY	0	0	0
67 LINDEN LANE CHATHAM,NJ 07928	5 0 0			
PAUL S ARCHBOLD	TREASURER	0	0	0
8 RIDGEDALE AVENUE CEDAR KNOLLS,NJ 07927	5 0 0			
HILLARY WINDOLF JOHNSTON	FINANCE DIRECTOR	0	0	0
1236 PIKES BLUFF DRIVE ST SIMONS,GA 31522	40 00			

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

10 H N	Λ	\A/T	ND	\cap	ΙF

MURIEL B WINDOLF

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient If recipient is an individual, show any relationship of stubs of recipient of stubs of recipient of students of recipients of recipients of students of recipients of students of recipients of students of recipients of students of students of students of r					
A Paid during the year UNIVERSITY OF PENNSYLVANIA PO BOX 77259 PHILADELPHIA, PA 19176 MCA FOUNDATION 49 KNOLLWOOD ROAD ELMSFORD, NY 19523 ST SIMON'S LAND TRUST PO BOX 24015 ST SIMON'S LAND TRUST PO BOX 27015 MAKE A WISH FOUNDATION 1347 PERRINEVILLE ROAD MONROE TWP, NJ 06831 MAKE A WISH FOUNDATION 1347 PERRINEVILLE ROAD MONROE TWP, NJ 06831 THE SEEING EYE LOWASHINGTON NONE PUBLIC GENERAL 250,000 MORRISTO WN, NJ 07960 NONE PUBLIC GENERAL 250,000 MORRISTO WN, NJ 07960 NONE PUBLIC GENERAL 5,000 MORRISTO WN, NJ 07960 NONE PUBLIC GENERAL 1,000 MORRISTO WN, NJ 07960 NONE PUBLIC GENERAL 1,000 MORRISTO WN, NJ 07960 MORRIST	Recipient	show any relationship to	status of		A mount
UNIVERSITY OF PENNSYLVANIA PO BOX 70259 MIGA FOUNDATION 49 KNOLLWOOD ROAD ELMSFORD,NY 10523 ST SIMON'S LAND TRUST PO BOX 24615 ST SIMON'S LAND TRUST PO BOX UNITED WAY OF COASTAL GEORGIA PO BOX 877 BRUNSWICK,GA 31521 MAKE A WISH FOUNDATION 1347 PERRINSVICK, GA 31521 MAKE A WISH FOUNDATION 1347 PERRINSVICK, FA 31521 MAKE A WISH FOUNDATION 1347 PERRINSVICK, GA 31521 MAKE A WISH FOUNDATION 1347 PERRINSVICK, GA 31521 NONE PUBLIC GENERAL 1,500 GENERAL 1,500 GENERAL 250,000 MORNOET WP, MJ 06831 MARINE CORPS SCHOLARSHIP FOUNDATION 99 NORTH WASHINGTON STREET ALEXANDRIA, VA 23314 THE SEEING EVE 10 WASHINGTON MORNOET WP, MJ 06831 NONE PUBLIC GENERAL 5,000 SOUTHEAST GEORGIA HEALTH SYSTEM FOUNDATION PO BOX 1518 BRUNSWICK, GA 31521 NONE PUBLIC GENERAL 5,000 SOUTHEAST GEORGIA HEALTH SYSTEM FOUNDATION PO BOX 1518 BRUNSWICK, GA 31521 NONE PUBLIC GENERAL 1,000 GENERAL 5,000 SOUTHEAST GEORGIA HEALTH SYSTEM FOUNDATION PO BOX 1518 BRUNSWICK, GA 31521 NONE PUBLIC GENERAL 1,000 GENERAL 2,500 JETPER SON STREET HACKETTSTOWN, NJ 07960 SALVATION ARMY PO BOX 1408 MORRISTOWN, N	Name and address (home or business)		recipient		
PO BOX 70259 MGA FOUNDATION 49 KNOLLWOOD ROAD ELMSFORD, NY 10523 ST SIMON'S LAND TRUST PO BOX X ST SIMON'S LAND TRUST PO BOX 24615 ST SIMON'S LAND TRUST PO BOX X ST ST ST SIMON'S LAND TRUST PO BOX X ST	a Paid during the year				
ENDOLLWOOD ROAD ELMSFORD, NY 10523 ST SIMON'S LAND TRUST PO BOX 24615 ST SIMON'S ISSLAND, GA 31522 UNITED WAY OF COASTAL GEORGIA PO BOX 877 BRUNSWICK, GA 31521 MAKE A WISH FOUNDATION 1347 PERRINSWICK, GA 31521 MARINE CORPS SCHOLARSHIP FOUNDATION 909 NORTH WASHINGTON STREET ALEXANDRIA, VA 23314 THE SEEING EYE 10 WASHINGTON VALLEY ROAD MORRISTOWN, NJ 07960 SOUTHEAST GEORGIA HEALTH SYSTEM FOUNDATION PO BOX 1518 BRUNSWICK, GA 31521 OVERLOOK HOSPITAL FOUNDATION PO BOX 1354 SUMMIT, NJ 07902 CENTANARY COLLEGE 400 JEFFERSON STREET HACKETISTOWN, NJ 07960 NONE PUBLIC GENERAL 5,000 GENERAL 1,000 GENERAL 1,500 MORRISTOWN, NJ 07960 SALVATION ARMY PO BOX 1408 MORRISTOWN, NJ 07960 MARKET STREET MORRISTOWN, NJ 07960 NONE PUBLIC GENERAL 1,500 GENERAL 250 MARKET STREET MORRISTOWN, NJ 07960 DOCTORS WITHOUT BORDERS 333 NONE PUBLIC GENERAL 250	PO BOX 70259	NONE	PUBLIC	GENERAL	5,000
24615 ST SIMONS ISLAND, GA 31522 UNITED WAY OF COASTAL GEORGIA PO BOX 877 BRUNSWICK, GA 31521 MAKE A WISH FOUNDATION 1347 PERRINEVILLE ROAD MONROET WRY, NO D6831 MARINE CORPS SCHOLARSHIP FOUNDATION 909 NORTH WASHINGTON STREET ALEXANDRIA, VA 23314 THE SEEINE CYE 10 WASHINGTON NONE PUBLIC OVERLOCK HOSPITAL FOUNDATION PO BOX 1554 SUMMIT, NJ 07902 CENTANARY COLLEGE 400 MORRISTOWN, NJ 07840 MORRISTOWN, NJ 07960 NONE PUBLIC GENERAL 5,000 GENERAL 5,000 CENTANARY COLLEGE 400 MORRISTOWN, NJ 07840 MORRISTOWN, NJ 07960 SOUTHEAST GEORGIA HEALTH SYSTEM FOUNDATION PO BOX 1554 SUMMIT, NJ 07902 CENTANARY COLLEGE 400 MORRISTOWN STREET HACKETTSTOWN, NJ 07840 MORRISTOWN, NJ 07840 MORRISTOWN, NJ 07962 PUBLIC GENERAL 5,000 PUBLIC GENERAL 1,000 GENERAL 1,000 GENERAL 1,000 FUBLIC GENERAL 1,000 GENERAL 1,000 GENERAL 1,000 GENERAL 1,000 FUBLIC GENERAL 1,000 MORRISTOWN BEARD SCHOOL 70 MORRISTOWN, NJ 07960 NONE PUBLIC GENERAL 1,500 MORRISTOWN, NJ 07960 NONE PUBLIC GENERAL 1,500 MORRISTOWN, NJ 07960 NONE PUBLIC GENERAL 1,500 MORRISTOWN, NJ 07960 THE STREET MISSION 9 MARKET STREET MORNISTOWN, NJ 07960 DOCTORS WITHOUT BORDERS 333 NONE PUBLIC GENERAL 250	KNOLLWOOD ROAD	NONE	PUBLIC	GENERAL	5,000
GEORGIA PO BOX 877 BRUNSWICK, GA 31521 MAKE A WISH FOUNDATION 1347 PERRINEVILLE ROAD MONROE TUP, NJ 06831 MARINE CORPS SCHOLARSHIP FOUNDATION 909 NORTH WASHINGTON STREET ALEXANDRIA, VA 23314 THE SEEING EYE 10 WASHINGTON VALLEY ROAD MORRISTOWN, NJ 07960 SOUTHEAST GEORGIA HEALTH SYSTEM FOUNDATION PO BOX 1518 BRUNSWICK, GA 31521 OVERLOOK HOSPITAL FOUNDATION PO BOX 1354 SUMMIT, NJ 07902 CENTANARY COLLEGE 400 JEFFERSON STREET HACKETTSTOWN, NJ 07960 SALVATION ARMY PO BOX 1408 MORRISTOWN, NJ 07960 SALVATION ARMY PO BOX 1408 MORRISTOWN, NJ 07960 SALVATION ARMY PO BOX 1408 MORRISTOWN, NJ 07962 PURFECT PALS INC 614 BRUNSWICK, GA 31522 MARKET STREET HISSION 9 MARKET STREET HISSION 9 MARKET STREET HISSION 9 MARKET STREET HOSPORD STREET MORRISTOWN, NJ 07960 DOCTORS WITHOUT BORDERS 333 NONE PUBLIC GENERAL 250	24615	NONE	PUBLIC	GENERAL	500
PERRINEVILLE ROAD MONROE TWP,NJ 06831 MARINE CORPS SCHOLARSHIP FOUNDATION 909 NORTH WASHINGTON STREET ALEXANDRIA, VA 23314 THE SEEING EYE 10 WASHINGTON VALLEY ROAD MORRISTOWN, NJ 07960 SOUTHEAST GEORGIA HEALTH SYSTEM FOUNDATION PO BOX 1518 BRUNSWICK, GA 31521 OVERLOOK HOSPITAL FOUNDATION PO BOX 1354 SUMMIT, NJ 07902 CENTANARY COLLEGE 400 DIFFERSON STREET HACKETTSTOWN, NJ 07840 MORRISTOWN BARD SCHOOL 70 MORRISTOWN, NJ 07960 SALVATION ARMY PO BOX 1408 MORRISTOWN, NJ 07962 MORRISTOWN, NJ 07962 MARKET STREET MISSION 9 MARKE	GEORGIA PO BOX 877	NONE	PUBLIC	GENERAL	1,500
FOUNDATION 909 NORTH WASHINGTON STREET ALEXANDRIA, VA 23314 THE SEEING EYE 10 WASHINGTON NONE PUBLIC GENERAL 5,000 SOUTHEAST GEORGIA HEALTH SYSTEM FOUNDATION PO BOX 1518 BRUNSWICK, GA 31521 OVERLOOK HOSPITAL FOUNDATION PO BOX 1354 SUMMIT, NJ 07990 CENTANARY COLLEGE 400 JEFFERSON STREET HACKETTSTOWN, NJ 07840 MORRISTOWN, BEARD SCHOOL 70 WHIPPANY ROAD MORRISTOWN, NJ 07960 SALVATION ARMY PO BOX 1408 MORRISTOWN, NJ 07962 PURFECT PALS INC 614 BELLEMEADE ST SIMONS, GA 31522 MARKET STREET MONNE PUBLIC GENERAL 1,250 GENERAL 1,250 GENERAL 1,250 GENERAL 2,500 PUBLIC GENERAL 1,500 DOCTORS WITHOUT BORDERS 333 NONE PUBLIC GENERAL 2,500	PERRINEVILLE ROAD	NONE	PUBLIC	GENERAL	1,500
VALLEY ROAD MORRISTOWN, NJ 07960 SOUTHEAST GEORGIA HEALTH SYSTEM FOUNDATION PO BOX 1518 BRUNSWICK, GA 31521 OVERLOOK HOSPITAL FOUNDATION PO BOX 1354 SUMMIT, NJ 07902 CENTANARY COLLEGE 400 JEFFERSON STREET HACKETTSTOWN, NJ 07840 MORRISTOWN BEARD SCHOOL 70 WHIPPANY ROAD MORRISTOWN, NJ 07960 SALVATION ARMY PO BOX 1408 MORRISTOWN, NJ 07962 PURFECT PALS INC 614 BELLEMEADE ST SIMONS, GA 31522 MARKET STREET MISSION 9 MARKET STREET MISSION 9 MARKET STREET MONE MORRISTOWN, NJ 07960 MONE MORRISTOWN, NJ 07960 MONE MORRISTOWN, NJ 07960 MARKET STREET MISSION 9 MARKET STREET MISSION 9 MARKET STREET MONE MORRISTOWN, NJ 07960 DOCTORS WITHOUT BORDERS 333 NONE PUBLIC GENERAL 250 DOCTORS WITHOUT BORDERS 333 TH AVENUE	FOUNDATION 909 NORTH WASHINGTON STREET	NONE	PUBLIC	GENERAL	250,000
SYSTEM FOUNDATION PO BOX 1518 BRUNSWICK, GA 31521 OVERLOOK HOSPITAL FOUNDATION PO BOX 1354 SUMMIT, NJ 07902 CENTANARY COLLEGE 400 JEFFERSON STREET HACKETTSTOWN, NJ 07840 MORRISTOWN BEARD SCHOOL 70 WHIPPANY ROAD MORRISTOWN, NJ 07960 SALVATION ARMY PO BOX 1408 MORRISTOWN, NJ 07962 PURFECT PALS INC 614 BELLEMEADE ST SIMONS, GA 31522 MARKET STREET MISSION 9 MARKET STREET MISSION 9 MARKET STREET MISSION 9 MARKET STREET MONN, NJ 07960 DOCTORS WITHOUT BORDERS 333 NONE PUBLIC GENERAL 1,000 GENERAL 1,000 GENERAL 1,500 GENERAL 250 DOCTORS WITHOUT BORDERS 333 NONE PUBLIC GENERAL 250	VALLEY ROAD	NONE	PUBLIC	GENERAL	5,000
FOUNDATION PO BOX 1354 SUMMIT, NJ 07902 CENTANARY COLLEGE 400 JEFFERSON STREET HACKETTSTOWN, NJ 07840 MORRISTOWN BEARD SCHOOL 70 WHIPPANY ROAD MORRISTOWN, NJ 07960 SALVATION ARMY PO BOX 1408 MORRISTOWN, NJ 07962 PUBLIC PUBLIC GENERAL 1,500 MORRISTOWN, NJ 07962 PUBLIC GENERAL 1,500 MORRISTOWN, NJ 07962 MARKET STREET MISSION 9 MARKET STREET MORRISTOWN, NJ 07960 DOCTORS WITHOUT BORDERS 333 NONE PUBLIC GENERAL 2,500 GENERAL 1,500 GENERAL 2,500 GENERAL 2,5	SYSTEM FOUNDATION PO BOX 1518	NONE	PUBLIC	GENERAL	5,000
JEFFERSON STREET HACKETTSTOWN,NJ 07840 MORRISTOWN BEARD SCHOOL 70 WHIPPANY ROAD MORRISTOWN,NJ 07960 SALVATION ARMY PO BOX 1408 MORRISTOWN,NJ 07962 PURFECT PALS INC 614 BELLEMEADE ST SIMONS, GA 31522 MARKET STREET MISSION 9 MARKET STREET MORRISTOWN,NJ 07960 DOCTORS WITHOUT BORDERS 333 NONE PUBLIC GENERAL 1,500 GENERAL 1,250 GENERAL 250 GENERAL 250 TH AVENUE	FOUNDATION PO BOX 1354	NONE	PUBLIC	GENERAL	1,000
WHIPPANY ROAD MORRISTOWN, NJ 07960 SALVATION ARMY PO BOX 1408 MORRISTOWN, NJ 07962 PURFECT PALS INC 614 BELLEMEADE ST SIMONS, GA 31522 MARKET STREET MISSION 9 MARKET STREET MORRISTOWN, NJ 07960 DOCTORS WITHOUT BORDERS 333 NONE PUBLIC GENERAL 1,500 GENERAL 250 GENERAL 250 PUBLIC GENERAL 250	JEFFERSON STREET	NONE	PUBLIC	GENERAL	2,500
MORRISTOWN, NJ 07962 PURFECT PALS INC 614 BELLEMEADE ST SIMONS, GA 31522 MARKET STREET MISSION 9 MARKET STREET MORRISTOWN, NJ 07960 DOCTORS WITHOUT BORDERS 333 NONE PUBLIC GENERAL 250 PUBLIC GENERAL 250	WHIPPANY ROAD	NONE	PUBLIC	GENERAL	5,000
BELLEMEADE ST SIMONS, GA 31522 MARKET STREET MISSION 9 NONE PUBLIC GENERAL 250 MARKET STREET MORRISTOWN, NJ 07960 DOCTORS WITHOUT BORDERS 333 NONE PUBLIC GENERAL 250 7TH AVENUE		NONE	PUBLIC	GENERAL	1,500
MARKET STREET MORRISTOWN,NJ 07960 DOCTORS WITHOUT BORDERS 333 NONE 7TH AVENUE PUBLIC GENERAL 250	BELLEMEADE	NONE	PUBLIC	GENERAL	1,250
7TH AVENUE	MARKET STREET	NONE	PUBLIC	GENERAL	250
	7TH AVENUE	NONE	PUBLIC	GENERAL	250
Total	Total				316,250

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
NEW VERNON VOLUNTEER FIRE DEPARTMENT PO BOX 143 NEW VERNON, NJ 07976	NONE	PUBLIC	GENERAL	500
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD JACKSONVILLE,FL 32256	NONE	PUBLIC	GENERAL	250
FREDERICA ACADEMY 200 MURRAY WAY ST SIMONS,GA 31522	NONE	PUBLIC	GENERAL	25,000
CITY HARVEST 6 EAST 32ND STREET NEW YORK, NY 10018	NONE	PUBLIC	GENERAL	250
SAVE THE CHILDREN 501 KINS HIGHWAY EAST FAIRFIELD,CT 06825	NONE	PUBLIC	GENERAL	1,500
SAINT HUBERT'S ANIMAL WELFARE CENTER PO BOX 159 MADISON,NJ 07940	NONE	PUBLIC	GENERAL	250
COASTAL GEORGIA HISTORICAL SOCIETY PO BOX 21136 ST SIMONS,GA 31522	NONE	PUBLIC	GENERAL	500
YMCA OF COASTAL GEORGIA ANNUAL CAMPAIGN PO BOX 14142 SAVANNAH,GA 31416	NONE	PUBLIC	GENERAL	1,000
GOLDEN ISLES ACT INC PO BOX 31012 SEA ISLAND,GA 31561	NONE	PUBLIC	GENERAL	1,500
HOSPICE OF GOLDEN ISLE INC 1692 GLYNCO PARKWAY BRUNSWICK,GA 31525	NONE	PUBLIC	GENERAL	250
Total				316,250

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TY 2014 Investments - Other Schedule

Name: WINDOLF FAMILY FOUNDATION INC

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
SEE ATTACHED STATEMENT	AT COST	304,761	308,575

TY 2014 Legal Fees Schedule

Name: WINDOLF FAMILY FOUNDATION INC

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	14,062	0		0

TY 2014 Other Expenses Schedule

Name: WINDOLF FAMILY FOUNDATION INC

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK SERVICE FEES	140	0		0
INVESTMENT FEES	6,339	6,339		0
POSTAGE EXPENSE	12	0		0
APPLICATION FEES	850	0		0

TY 2014 Taxes Schedule

Name: WINDOLF FAMILY FOUNDATION INC

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL TAXES	20,034	20,034		0

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As Filed Data -

DLN: 93491320018385

OMB No 1545-0047

OND NO 1343-0047

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2014

Employer identification number

WINDO	WINDOLF FAMILY FOUNDATION INC 46-3892649					
Organi	zation type (check or	ne)				
Filers	of:	Section:				
Form 990 or 990-EZ		501(c)() (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	1			
		527 political organization				
Form 99	90-PF	501(c)(3) exempt private foundation				
		☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Genera v	For an organization fili	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions to ny one contributor. Complete Parts I and II. See instructions for determining a co				
Ci-		ny one contributor Complete Parts I and II See instructions for determining a co	ontributor's total contributions			
Specia	Rules					
Γ	under sections 509(a) received from any one	scribed in section $501(c)(3)$ filing Form 990 or 990-EZ that met the 33^1 /3% support (1) and $170(b)(1)(A)(vi)$, that checked Schedule A (Form 990 or 990-EZ), Part contributor, during the year, total contributions of the greater of (1) \$5,000 or Form 990-EZ, line 1 Complete Parts I and II	ll, line 13, 16a, or 16b, and that			
·	during the year, total of	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientificantly to children or animals. Complete Parts I, II, and III				
	during the year, contri this box is checked, ei purpose Do not comp	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive butions exclusively for religious, charitable, etc., purposes, but no such contributer here the total contributions that were received during the year for an excludete any of the parts unless the General Rule applies to this organization because, contributions totaling \$5,000 or more during the year	outions totaled more than \$1,000 lf usively religious, charitable, etc, ause it received nonexclusively			

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
WINDOLF FAMILY FOUNDATION INC

Employer identification number 46-3892649

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHN AND MURIEL WINDOLF 404 PIKES BLUFF DRIVE ST SIMONS ISLAND, GA 31522	\$14,92 <u>5</u>	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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization
WINDOLF FAMILY FOUNDATION INC

Employer identification number
46-3892649

art II Nonca	as h Property (see instructions) Use duplicate copies of Part II if additional spar	ce is	
n) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
No. om ort I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
No. om rtl	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
No. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
No. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
No. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
		_	

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 4 Name of organization **Employer identification number** WINDOLF FAMILY FOUNDATION INC 46-3892649 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once See instructions) Use duplicate copies of Part III if additional space is needed (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee (a) No from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee (a) No. (c) Use of gift from (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee (a) No from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee