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# SCANNED OCT 08 2015 Rec in Betching 00T 0 7 2015

Department of the Treasury

EXTENDED TO NOVEMBER 16, 2015

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 separate instructions is at www.irs.gov/form990pf. OMB No 1545-0052

THE MARC & MATTYE STLVERMAN FAMILY  FOUNDATION  THE MARC & MATTYE STLVERMAN FAMILY  FOUNDATION  56707—C FAIRVIEW ROAD  CHARLOTTE, NC 28210  6 Check all that apply: Instell return Indicate the control of former postal code  CHARLOTTE, NC 28210  6 Check all that apply: Instell return Indicate the control of former public charty  I Final return Indicate the control of former public charty  I Final return Indicate the control of former public charty  I Final return Indicate the control of former public charty  I Final return Indicate the charty Indicate the charty Indicate the charty  I Final return Indicate the charty Indicate the charty  I Final return Indicate the charty Indicate the charty  I Final return Indicate the charty Indicate the charty Indicate the charty  I Final return Indicate the charty  I Chart Indicate the charty	For cale	idar year 2014 or tax year beginning APR	1, 2014	, and ending	MAR 31, 2015		
Second Part   Color	Name o	f foundation	A Employer Identification	number			
Potentional streeties P C bot control of making and deliveraged to absent acclosed   Potentional Potential Potenti							
City or twent, state or province, country, and ZPP or foreign postal code  CHARLOUTE, NC 28210  G Check all that apply: Instal return Amended return Amende							
Chart County   Chart   Compared   County   Cou			ddress)	Room/suite		400	
CHARLOTTE, NC 28210  6 Check all that apply. Intell return   Amended retur							
Check all that apply:			ostal code		C If exemption application is p	ending, check here	
Final return   Amended return   Amende			Initial return of a fo	rmer public charity	D 1. Foreign organization:	s, check here	
Note the control of	_	··· /	<del>_</del> _				
Section 4947(a)(1) nonexempt chartable trust		Address change	Name change		<ol><li>Foreign organizations me check here and attach co</li></ol>	eeting the 85% test, omputation	
Farr market value of all assets at end of year   J Accounting method:	H Chec	k type of organization: X Section 501(c)(3) ex	empt private foundation		  E   If private foundation sta	itus was terminated	
Contributions, pits, prefix (c.) (c.), the 180   Part II, column (2) must be on cash basis of necessary examines and Expenses are considered in expenses of the section 507(b)(1)(8), check here   Part II   Analysis of Revenue and Expenses on cash basis of Revenue and Expenses of Revenue and Expenses on Cash basis of Revenue and Expenses of Revenue and Expenses on Part II, column (2) must be on cash basis of Revenue and Expenses on Part II, column (2) must be on Cash basis on Revenue and Expenses on Part II, column (2) must be on Cash basis on Revenue and Expenses on Part II, column (2) must be on Cash basis on Revenue and Expenses on Part II, column (2) must be on Cash basis on Revenue and Expenses on Part II, column (2) must be on Cash basis on Revenue and Expenses on	S	ection 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion	under section 507(b)(1	)(A), check here	
Part   Analysis of Revenue and Expanses (the total of amounts (b) (and (c) must be on cash basis)   (a) Net investment (b) (d) Debursements (d) (d) Debursements (d) De	I Fair m	· I					
Part   Analysis of Revenue and Expenses   (4) Chartesteenth (act) adjusted net income   (4) Adjusted net   (4) Chartesteenth (act) a					under section 507(b)(1	)(B), check here	
Chee lotal of amounts in columne (b) (cl. and (cl may not expenses per books   microme   micro			mn (d) must be on cash b	asıs)		(4) 5	
2 Check	Part	The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) )				for charitable purposes	
2 Check	1	Contributions, gifts, grants, etc., received	107,558.		N/A		
Cash revestments   Cash   Ca	2	Check If the foundation is not required to attach Sch. B					
Sa Gross rents   Description of (loss)   Sa North rental Income or (loss)   Sa North rental Income (loss)   Sa Nort	3	Interest on savings and temporary cash investments	18,180.				
B Net rental income or (loss)  B Not pair or (loss) from sale of assets not on hime 10	4	Dividends and interest from securities	29,907.	29,907.		STATEMENT 2	
88 Note part of floss) hore sale of assets not on tine 10 280 , 730 .  7 Captell gain ret income (from Part IV, line 2) 125 , 920 .  8 Not short-term capital gain 9 Income modifications 9 Income modificati	5	a Gross rents					
Control sales price for all   280,730.		Net rental income or (loss)				ļ	
9 Income modifications Gross sales less returns 10a and discovances  b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 283,239. 174,067. 13 Compensation of officers, directors, bustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 15 Pension plans, employee benefits 16a Legal fees 15 Pension plans, employee benefits 16a Legal fees 17			125,920.			<u> </u>	
9 Income modifications Gross sales less returns 10a and discovances  b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 283,239. 174,067. 13 Compensation of officers, directors, bustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 15 Pension plans, employee benefits 16a Legal fees 15 Pension plans, employee benefits 16a Legal fees 17	Ž I	assets on line 6a 200, 730 •		405 000			
9 Income modifications Gross sales less returns 10a and discovances  b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 283,239. 174,067. 13 Compensation of officers, directors, bustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 15 Pension plans, employee benefits 16a Legal fees 15 Pension plans, employee benefits 16a Legal fees 17	<b>8</b> 7	Capital gain net income (from Part IV, line 2)		125,920.			
10a and allowances   b   Less Cost of goods sold   c   Gross profit or (loss)   11   Other income   1	~ წ					<del> </del>	
b Less Cost of goods sold c Gross profit or (loss)  11 Other income  12 Total. Add lines 1 through 11  28 3, 23 9, 174, 067.  13 Compensation of officers, directors, trustees, etc  14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees  5 Accounting fees  5 STMT 4  715.  0.  715.  0.  1715.  1815.  1816.  1816.  1816.  1816.  1817.  1817.  1818.	1 -	Gross sales less returns				<u> </u>	
Compensation of officers, directors, trustees, etc   1,674.   60.   STATEMENT 3		and allowances					
11 Other income   1,674		- · · · · · · · · · · · · · · · · · · ·		· - · · · · · · · · · · · · · · · · · ·		<del> </del>	
12   Total Add lines 1 through 11   283,239			1 674	6.0		<u>спатемент</u> 3	
13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 15 Accounting fees 15 Accounting fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, confusorics, and meetings 22 Printing and Splicacos						DIIII DIII 3	
14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees STMT 4 715. 0. 715. c Other professional fees STMT 5 9,785. 0.  17 Interest 18 Taxes STMT 6 1,200. 0. 0.  19 Depreciation and deplation CEIVED 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and sublication of STMT 5 STMT 1 S			<del></del>			0.	
15 Pension plans, employee benefits 16a Legal fees b Accounting fees STMT 4 c Other professional fees STMT 5 9,785. 9,785. 0. 17 Interest 18 Taxes STMT 6 19 Depreciation and deplation CIVED 20 Occupancy 21 Travel, confuserices, and meetings 22 Printing and application of STMT 10 23 Other professional fees STMT 6 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	1					<u> </u>	
16a Legal fees   b Accounting fees   STMT   4   715.   0.   715.							
c Other professional fees STMT 5 9,785. 9,785. 0.  Interest 18 Taxes STMT 6 1,200. 0. 0. 0.  Depreciation and deplace CEVED 20 Travel, contegerices, and meetings 20 Occupancy Printing an administrative expenses. Add line 15 imministrative expenses. Add line 15 imministrative expenses. Add line 15 imministrative expenses and disbursements. Add lines 24 and 25 200,875. 9,785. 189,693.  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A							
c Other professional fees STMT 5 9,785. 9,785. 0.  Interest 18 Taxes STMT 6 1,200. 0. 0. 0.  Depreciation and deplace CEVED 20 Travel, contegerices, and meetings 20 Occupancy Printing an administrative expenses. Add line 15 imministrative expenses. Add line 15 imministrative expenses. Add line 15 imministrative expenses and disbursements. Add lines 24 and 25 200,875. 9,785. 189,693.  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A	Sus		715.	0.		715.	
Interest   18 Taxes   STMT 6   1,200.   0.   0.	ŎX.		9,785.	9,785.		0.	
23 Other expenses   STMT   357.   0.   160.   24 Total operating and administrative expenses. Add lines 13 into agrif   25   12,157.   9,785.   25 Contributions, gifts, grants paid   188,718.   26 Total expenses and disbursements.   Add lines 24 and 25   200,875.   9,785.   27 Subtract line 26 from line 12:   a Excess of revenue over expenses and disbursements   82,364.   28 Net investment income (if negative, enter -0-)   164,282.   29 CAdjusted net income (if negative, enter -0-)   N/A	e 17						
23 Other expenses   STMT   357.   0.   160.   24 Total operating and administrative expenses. Add lines 13 into agrif   25   12,157.   9,785.   25 Contributions, gifts, grants paid   188,718.   26 Total expenses and disbursements.   Add lines 24 and 25   200,875.   9,785.   27 Subtract line 26 from line 12:   a Excess of revenue over expenses and disbursements   82,364.   28 Net investment income (if negative, enter -0-)   164,282.   29 CAdjusted net income (if negative, enter -0-)   N/A	制 18	Taxes STMT 6	1,200.	0.		0.	
23 Other expenses   STMT   357.   0.   160.   24 Total operating and administrative expenses. Add lines 13 into agrif   25   12,157.   9,785.   25 Contributions, gifts, grants paid   188,718.   26 Total expenses and disbursements.   Add lines 24 and 25   200,875.   9,785.   27 Subtract line 26 from line 12:   a Excess of revenue over expenses and disbursements   82,364.   28 Net investment income (if negative, enter -0-)   164,282.   29 CAdjusted net income (if negative, enter -0-)   N/A	<u>is</u> 19	Depreciation and depletion					
23 Other expenses   STMT   357.   0.   160.   24 Total operating and administrative expenses. Add lines 13 into agrif 28   12,157.   9,785.   975.   25 Contributions, gifts, grants paid   188,718.   188,718.   26 Total expenses and disbursements.   Add lines 24 and 25   200,875.   9,785.   189,693.   27 Subtract line 26 from line 12:   a Excess of revenue over expenses and disbursements   82,364.   28 Net investment income (if negative, enter -0-)   164,282.   29 CAdjusted net income (if negative, enter -0-)   N/A	-튑 20	Occupancy REVELVEL					
23 Other expenses   STMT   357.   0.   160.   24 Total operating and administrative expenses. Add lines 13 into agrif 28   12,157.   9,785.   975.   25 Contributions, gifts, grants paid   188,718.   188,718.   26 Total expenses and disbursements.   Add lines 24 and 25   200,875.   9,785.   189,693.   27 Subtract line 26 from line 12:   a Excess of revenue over expenses and disbursements   82,364.   28 Net investment income (if negative, enter -0-)   164,282.   29 CAdjusted net income (if negative, enter -0-)   N/A	₽ 21	Travel, conferences, and meetings	100.	0.		100.	
23 Other expenses   STMT   357.   0.   160.   24 Total operating and administrative expenses. Add lines 13 into agrif 28   12,157.   9,785.   975.   25 Contributions, gifts, grants paid   188,718.   188,718.   26 Total expenses and disbursements.   Add lines 24 and 25   200,875.   9,785.   189,693.   27 Subtract line 26 from line 12:   a Excess of revenue over expenses and disbursements   82,364.   28 Net investment income (if negative, enter -0-)   164,282.   29 CAdjusted net income (if negative, enter -0-)   N/A	교 22	Printing and Sublica (6) T 0 6 2015 9					
10   10   10   10   10   10   10   10		Other expenses STMT	357.	0.		160.	
26 Total expenses and disbursements. Add lines 24 and 25  27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	[ 24	I otal operating ang-administrative of the literature	44.4				
26 Total expenses and disbursements. Add lines 24 and 25  27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	og Ge	oxpenses, treesmentalingues		9,785.		975.	
Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	23		188,718.			108,/18.	
27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A							
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A			200,8/5.	9,785.	<del> </del>	103,033.	
b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A			02 264				
C Adjusted net income (if negative, enter -0-)	- 1		04,304.	164 202			
			<del> </del>	104,404.	N/A	<del> </del>	
			I Instructions		N/A	Form <b>990-PF</b> (2014)	

THE MARC & MATTYE SILVERMAN FAMILY 56-1678118 FOUNDATION Part II Balance Sheets Attached schedules and amounts in the description Beginning of year End of year (c) Fair Market Value (b) Book Value (a) Book Value 263,301 321,285 263,301. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Accounts receivable ► Less: allowance for doubtful accounts 4 Pledges receivable ► Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less; allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 247,269. 223,615. 226,707. 10a Investments - U.S. and state government obligations STMT 8 1,333,940. 1,409,264. 1,709,155. STMT 9 b Investments - corporate stock 262,854. STMT 10 231,896. 265,281. c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans STMT 11 16,677. 71,970. 348,928. 13 Investments - other 1,851. 14 Land, buildings, and equipment: basis Less accumulated depreciation STMT 12➤ 1,851. 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 2,151,067. 2,233,431. 2,810,945. instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0 . 0. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted  $\triangleright [X]$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. þ

### Part III Analysis of Changes in Net Assets or Fund Balances

27 Capital stock, trust principal, or current funds

31 Total liabilities and net assets/fund balances

30 Total net assets or fund balances

28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		<del></del>
	(must agree with end-of-year figure reported on prior year's return)	1	2,151,067.
2	Enter amount from Part I, line 27a	2	82,364.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	2,233,431.
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) - Part II, column (b), line 30	6	2,233,431.
_			5 000 DE (0044)

2,151,067.

2,151,067.

2,151,067.

0.

0.

2,233,431

2,233,431

2,233,431

0.

THE MARC & MATTYE SILVERMAN FAMILY 56-1678118 FOUNDATION Page 3 Form 990-PF (2014) Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (c) Date acquired (mo., day, yr.) (d) Date sold (a) List and describe the kind(s) of property sold (e.g., real estate, (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) 1a WELLS FARGO b CAPITAL GAINS DIVIDENDS C đ е (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 199,742 154,810 44,932. 80,988. 80,988 b C d (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (j) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (1). If any 44,932. 80,988. d If gain, also enter in Part I, line 7 125,920. 2 Capital gain net income or (net capital loss) 2 If (loss), enter -0- in Part I, line 7 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). N/A If (loss), enter -0- in Part I, line 8 Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see the instructions before making any entries. (d)
Distribution ratio
(col. (b) divided by col. (c)) (a) Base period years Calendar year (or tax year beginning in) (b) Adjusted qualifying distributions (c)
Net value of noncharitable-use assets 2,650,767 .069976 185,491 2013 175,344. .074755 2012 2,345,571. .075258 2011 175,445. 2,331,241. 214,750. 2,368,089. .090685 2010 2009 111,832 2,022,819. .055285 .365959 2 Total of line 1, column (d) 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years .073192 the foundation has been in existence if less than 5 years 3 2,846,205. 4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5 4 208,319. Multiply line 4 by line 3 5 6 Enter 1% of net investment income (1% of Part 1, line 27b) 1,643. 6

209,962.

189,693.

7

7 Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

See the Part VI instructions.

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

# THE MARC & MATTYE SILVERMAN FAMILY FOUNDATION

	990-PF (2014) FOUNDATION rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	<u>56-</u> <b>4948 -</b>	-16781 - see inst	<u>18</u>		Page 4 S)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here   and enter 1%	1	<del> </del>		3,2	86.
	of Part I, line 27b					
C	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	<del> </del>		3,2	<del>0.</del>
3	Add lines 1 and 2  Subtitle A (spaces) to y (demostra packet 40.47(a)(4) truste and toyoble foundations only. Others onto y 0.)	3	<del>                                     </del>		3, <u>z</u>	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	+	—	3 2	86.
9 e	Credits/Payments:	<del>-</del> -	+		J , L	<del></del>
u a	2014 estimated tax payments and 2013 overpayment credited to 2014  6a  6a		ł			1
	Exempt foreign organizations - tax withheld at source	7	1			
	Tax paid with application for extension of time to file (Form 8868)  6c 5,000	.1	1			į
	Backup withholding erroneously withheld 6d	7				·
7	Total credits and payments. Add lines 6a through 6d	7			5,0	00.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				73.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>9</b>				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			1,6	41.
	Enter the amount of line 10 to be: Credited to 2015 estimated tax   1,641. Refunded	11				0.
Pa	rt VII-A Statements Regarding Activities				~	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interventional transfer or intervention of the foundation attempt to influence any national, state, or local legislation or did it participate or interventional transfer or interventional tr	ne in			Yes	No
	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 definit	-		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis	hed or				
	distributed by the foundation in connection with the activities.		-		-	•
	Did the foundation file Form 1120-POL for this year?		⊢	1c		X
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	.,	·				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0 •					'
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	-	X
-	If "Yes," attach a detailed description of the activities.					<del>                                     </del>
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?			4b	X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.					i '
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 of the state	ate law				
	remain in the governing instrument?		-	6	X	<del> </del>
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	KV	⊢	7_	X	<del> </del>
•			İ			
ва	Enter the states to which the foundation reports or with which it is registered (see instructions)					
<b>k</b>	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	···	—			
O			-	8b	x	<del>-</del>
9	of each state as required by General Instruction G? If "No," attach explanation  Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for continuous c	alendar	<b> </b>	<u> </u>		+
3	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	uai	-	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	•	" <b> </b>	10		X
	and the same of th		Form		-PF	(2014)

### THE MARC & MATTYE SILVERMAN FAMILY

	990-PF (2014) <b>FOUNDATION</b> 56-167	<u>8118</u>		Page 5
Pa	ort VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		_X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► MATTYE SILVERMAN Telephone no. ► 704-3		400	
	Located at ► 6707-C FAIRVIEW RD., CHARLOTTE, NC ZIP+4 ►	8210		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		. , , ▶	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A Yes	No
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,	1	res	
	securities, or other financial account in a foreign country?	16	<u> </u>	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the			!
Da	foreign country ► Int VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			
Г		$\overline{}$	Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	163	110
18	During the year did the foundation (either directly or indirectly):  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?  Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  X Yes No		ŀ	ı
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  X Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	-		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			1
	If the foundation agreed to make a grant to or to employ the official for a period after			t
	termination of government service, if terminating within 90 days.)			1
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	ŀ		i i
	before the first day of the tax year beginning in 2014?	10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			l '.
	defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2014? Yes X No			i !
	If "Yes," list the years >		1	l '.
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			_
	statement - see instructions.) N/A	<u>2b</u>		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	D. Harten Jan and J. L.			,
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  Yes X No			}
		]		'
0	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,			,
	37/3	3b		
4,0	Form 4720, to determine if the foundation had excess business holdings in 2014)  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	74		<u> </u>
	had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		x
		Form 99	0-PF	

THE MARC & MATTYE SILVERMAN FAMILY FOUNDATION

form 990-PF (2014) FOUNDATION			56-16781	18 Page 6
Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be Re	equired (continu	ıed)	
<ul> <li>5a During the year did the foundation pay or incur any amount to:</li> <li>(1) Carry on propaganda, or otherwise attempt to influence legislation (section</li> <li>(2) Influence the outcome of any specific public election (see section 4955); or any voter registration drive?</li> </ul>		ctly,	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization		• • =	es X No	
4945(d)(4)(A)? (see instructions)		<del></del>	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?		Ye	es X No	,
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und section 53.4945 or in a current notice regarding disaster assistance (see instruc	ctions)?	n Hegulations	N/A	5b
Organizations relying on a current notice regarding disaster assistance check he c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr expenditure responsibility for the grant?	om the tax because it maintal N	ned Ye	es No	
If "Yes," attach the statement required by Regulations section 53.4945-6a Did the foundation, during the year, receive any funds, directly or indirectly, to pa personal benefit contract?	* *	Ye	es X No _	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a polif "Yes" to 6b, file Form 8870.	ersonal benefit contract?		_	6b X
7a At any time during the tax year, was the foundation a party to a prohibited tax s b If "Yes," did the foundation receive any proceeds or have any net income attributed.	table to the transaction?		N/A	7b
Part VIII Information About Officers, Directors, Truste Paid Employees, and Contractors	·	nagers, Highly		
1 List all officers, directors, trustees, foundation managers and their c		La Companyation	(d) Contributions to	1 ( ) 5
(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
SEE STATEMENT 13		0.	0.	0.
SEE STATEMENT 13		0.		0.
				<del></del>
		1110115		
2 Compensation of five highest-paid employees (other than those incl	(b) Title, and average	enter "NONE."	(d) Contributions to	(a) Evnense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000				0

Form **990-PF** (2014)

# THE MARC & MATTYE SILVERMAN FAMILY

FOUNDATION  Part VIII Foundation About Officers, Directors, Trustees, Foundation Manager		LO / O L LO Page /
Paid Employees, and Contractors (continued)	s, nighiy 	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b)	) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities	<b>T</b>	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information su number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ch as the	Expenses
1 N/A		
2		
3		<u> </u>
<u> </u>		<del></del>
Part IV B I Common of Dragues Dalated Investments		
Part IX-B. Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	<del></del>	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
		0
Total. Add lines 1 through 3		0 . Form <b>990-PF</b> (2014

56-1678118 Page 8 FOUNDATION Part X A 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., purposes: a Average monthly fair market value of securities 2,566,643. 1a 16 322,905. Average of monthly cash balances c Fair market value of all other assets 2,889,548. 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 846,205. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 142.310. Minimum investment return. Enter 5% of line 5 Part;XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here 
and do not complete this part.) 142,310. Minimum investment return from Part X, line 6 3,286 Tax on investment income for 2014 from Part VI, line 5 Income tax for 2014. (This does not include the tax from Part VI.) 2b 3,286. Add lines 2a and 2b 2¢ <u> 139.</u> 024. Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4 Ō. Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 139 024. Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 189.693. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b 189,693. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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

Form 990-PF (2014)

693.

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

56-1678118 Page 9 FOUNDATION

	(a) Corpus	(b) Years prior to 2013	(¢) 2013	( <b>d</b> ) 2014
1 Distributable amount for 2014 from Part XI,				
line 7				139,024.
2 Undistributed income, if any, as of the end of 2014			_	
a Enter amount for 2013 oпly			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2014:				<u> </u>
a From 2009		1		
b From 2010 12,953.				
c From 2011 61,799.				
d From 2012 60,963.				
e From 2013 58,640.				
f Total of lines 3a through e	194,355.			,
4 Qualifying distributions for 2014 from		·		
Part XII, line 4: ►\$ 189,693.				
a Applied to 2013, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				139,024.
e Remaining amount distributed out of corpus	50,669.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a) )  6 Enter the net total of each column as				
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	245,024.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously		_		
assessed		0.		
d Subtract line 6c from line 6b. Taxable		_		
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.		<del></del>	0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				,
be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			į
may be required - see instructions)	<u> </u>			
8 Excess distributions carryover from 2009	0.			
not applied on line 5 or line 7	0.		<del></del>	
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	245,024.			1
	243,0240			
10 Analysis of line 9: a Excess from 2010 12,953.				
b Excess from 2011 61,799.				
c Excess from 2012 60, 963.				
d Excess from 2013 58,640.				
e Excess from 2014 50,669.				
423581 11-24-14	<u> </u>			Form 990-PF (2014)

### THE MARC & MATTYE SILVERMAN FAMILY

Form 990-PF (2014) FOUNDAT  Part XIV Private Operating Form		atmosticans and Doct VIII	A guartier (1)		5/8118 Page 10
			A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for	•	•	naction P L	7 4042(1)(2) or 7	1042(1)(5)
b Check box to indicate whether the found	Tax year	ig fouridation described it	Prior 3 years	4942(j)(3) or 4	1942(j)(5) 
2 a Enter the lesser of the adjusted net	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
income from Part I or the minimum	(a) 2014	(0) 2013	(6) 2012	(0) 2011	(6) 10(2)
investment return from Part X for					
each year listed					<del> </del>
b 85% of line 2a				-	
c Qualifying distributions from Part XII,					
line 4 for each year listed				<del></del>	<del> </del>
d Amounts included in line 2c not		ļ			
used directly for active conduct of					
exempt activities					+
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the					<del> </del>
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income			·		
Part XV♥ Supplementary Info			the foundation	had \$5,000 or mo	re in assets
at any time during t	he year-see instr	uctions.)			
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation whe			ibutions received by th	e foundation before the clo	se of any tax
year (but only if they have contributed in	iore than \$5,000). (See s	ection 507(d)(2).)			
SEE STATEMENT 14	<del></del>				
<b>b</b> List any managers of the foundation who			or an equally large port	tion of the ownership of a p	artnership or
other entity) of which the foundation has	s a 10% or greater interes	St.			
NONE					
2 Information Regarding Contributi					
Check here ► if the foundation o					
the foundation makes gifts, grants, etc.	· · · · · · · · · · · · · · · · · · ·		<u>_</u>		d d
a The name, address, and telephone number	per or e-mail address of t	he person to whom applic	ations should be addre	essed:	
SEE STATEMENT 15					
<b>b</b> The form in which applications should b	e submitted and informa	tion and materials they sh	ould include:		
c Any submission deadlines:	<del></del>			<del></del>	······································
		,			
d Any restrictions or limitations on awards	s, such as by geographic	ai areas, charitable fields,	kinas ot institutions, oi	r other factors:	

Page 11

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year NONE HOMELESS CHILDREN A CHILD'S PLACE РC 601 E 5TH ST # 130 CHARLOTTE, NC 28202 100. PUBLIC ART SUPPORT ARTS & SCIENCE COUNCIL NONE ÞC 227 W. TRADE STREET 3,125. CHARLOTTE, NC 28202 NC-GOVERNMENT PUBLIC ART SUPPORT BECHTLER MUSEUM OF MODERN ART NONE 420 SOUTH TRYON STREEN ENTITY 900. CHARLOTTE, NC 28202 NC-CHURCH SUPPORT OF THE JEWISH BIRTHRIGHT ISRAEL FOUNDATION NONE RELIGION 4610 BELLAIRE BOULEVARD BELLAIRE, TX 77401 54. BRUCE IRONS CAMP FUND NONE ÞС SUMMER CAMPS FOR CHILDREN WITH LIMITED 601 E. FIFTH STREET RESOURCES 100. CHARLOTTE, NC 28202 SEE CONTINUATION SHEET(S) 188,718. ➤ 3a Total **b** Approved for future payment NONE 0. Total **▶** 3b

Form 990-PF (2014)

FOUNDATION

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Enter gross amounts unless otherwis	e indicated.	Unrelated bu	isiness income		by section 512, 513, or 514	(e)
1 Program service revenue:		(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a		_				
b						
c		_				
d		_		<del>  -   -</del>		
e				<del>                                     </del>		
f		-	<u> </u>	<del>                                     </del>		
g Fees and contracts from gover	=			<del> </del>		
<ul><li>2 Membership dues and assessmer</li><li>3 Interest on savings and temporary</li></ul>		-		<del>                                     </del>		
investments	y casii			14	18.180.	
4 Dividends and interest from secur	rities			14	18,180. 29,907.	
5 Net rental income or (loss) from r			-			7
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from p	personal					
property						
7 Other investment income		900099	1,614.	18	60.	
8 Gain or (loss) from sales of assets	s other				105 000	
than inventory				18	125,920.	
9 Net income or (loss) from special		<u> </u>				
O Gross profit or (loss) from sales of	of inventory					· · · ·
1 Other revenue:						
a		_				
d				<del>  </del>		
e						
2 Subtotal. Add columns (b), (d), ar	nd (e)		1,614.		174,067.	0
3 Total. Add line 12, columns (b), (					13	175,681
See worksheet in line 13 instructions	s to verify calculations.)	)				
Part XVI-B Relations	hip of Activities	to the Accomp	lishment of Ex	empt Pu	ırposes	
				contributed	d importantly to the accomp	lishment of
the foundation's exer	npt purposes (other tha	an by providing tunds t	or such purposes).			
						<del></del>
			<del> </del>			
	_					
	<u>,</u>					<u> </u>
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•				TYE SI	LVERMAN FAMII	ıΥ		-0440		
	0-PF (2014)	FOUND				<del> <u>-</u></del>	56-16		Pa	ge 13
Part 2				isters To a	nd Transactions a	nd Relations	nips With Noncha	ritable		
		xempt Organ							Yes	No
					g with any other organizatio		ion 501(c) of		162	NO
	-				7, relating to political organi	zations?				
		the reporting founda	ation to a noncharita	able exempt org	ganization of:					v
	Cash				•			1a(1)	-	X
	Other asset					•		1a(2)		
	ier transactio	•								
٠,		sets to a noncharita					•	1b(1)		X
		of assets from a no	•	organization				1b(2)	$\vdash$	X
		icilities, equipment,						1b(3)		X
		ment arrangements						1b(4)		X
		oan guarantees			••	•		1b(5)		X
		ce of services or me	· ·	=				1b(6)		X
		ities, equipment, ma						1c	<u> </u>	X
				-	dule. Column (b) should alv				ets,	
	_				ed less than fair market valu	e in any transactior	i or snaring arrangement,	snow in		
	<del></del>	value of the goods,				(4) = "		4-6		
(a) Line n	0 (U) A	mount involved	(c) Name (		e exempt organization	(u) Descriptio	n of transfers, transactions, an	u snaring arr	angemen	15
		· · · · · ·		N/A						
					<del></del>					
	- <del> </del>					<u> </u>				
	_				<del></del>					
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	_									
0- 1-4		an diventily on individual	the officers of weeks on			zatra za dagazrika d				
		•	•	-	or more tax-exempt organi	zations described		Yes	T	No
		c) of the Code (other te the following sch		c)(3)) or in sect	.ION 527 <i>?</i>			163		_ NO
<u>D 11</u>	res, comple	(a) Name of org			(b) Type of organization	I	(c) Description of relation	nehin		
		N/A	gamzation	<del> </del>	(b) Type of organization		(c) Description of relation	поттр		
		II/A		· · · · · · · · · · · · · · · · · · ·		<del>-</del>	<del></del>			
		<del></del>								
	<del></del>					<del> </del>	<del></del> -			
			<del> </del>			<del> </del>	<del></del>			
	Under penalt	les of perjury. I declare t	that I have examined th	ıs return, includina	accompanying schedules and st	I atements, and to the b	est of my knowledge =			
Sign					taxpayer) is based on all informa		nas any knowledge	May the IRS return with th	e prepare	er
Here		NTINE!	T Nella	esma	1 18/30/19	PRESI		shown below		<sup>™</sup> )? ] No
	Signature	of officer of trustee	. 40000		Date	Title				
	·	t/Type preparer's na		Preparer's s		Date	Check If PTI	N		
		HRISTOPHE		1/4_	^	,	self- employed			

Firm's address ▶ 1111 METROPOLITAN AVE. STE. 1000 CHARLOTTE, NC 28204

9/30/15

Phone no. 704-377-1678 Form **990-PF** (2014)

P00017592

Firm's EIN ► 56-0574444

Paid

Preparer

**Use Only** 

Firm's name ► CHERRY BEKAERT

TRUITT

### Schedule B

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

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

OMB No 1545-0047

2014

Name of the orga	Employer identification number								
_	56-1678118								
Organization type	(check one):								
Filers of:	Section:								
Form 990 or 990-E	Z 501(c)( ) (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated as a private foundation								
	527 political organization								
Form 990-PF	X 501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation								
General Rule	on 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul ganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling								
	from any one contributor. Complete Parts I and II See instructions for determining a contributor's								
Special Rules									
sections any one o	ganization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount 990-EZ, line 1. Complete Parts I and II.	or 16b, and that received from							
year, tota	ganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from all contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educention of cruelty to children or animals. Complete Parts I, II, and III.								
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year									
	nization that is not covered by the General Rule and/or the Special Rules does not file Schedule E								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

٥.	_	_	2
- 4	u	u	_

Schedule B	(Form 990	, 990-EZ	or 990-PF)	(2014	ı)
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Name of organization

Employer identification number THE MARC & MATTYE SILVERMAN FAMILY FOUNDATION 56-1678118 Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (a) (d) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 1 MARC & MATTYE SILVERMAN Person **Payroll** 6707-C FAIRVIEW RD 77,613. Noncash (Complete Part II for CHARLOTTE, NC 28210 noncash contributions.) (c) (d) (a) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 2 MARC & MATTYE SILVERMAN Person Pavroll 6707-C FAIRVIEW RD 19,734. Noncash (Complete Part II for CHARLOTTE, NC 28210 noncash contributions) (d) (c) (a) (b) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 3 MARC & MATTYE SILVERMAN Person Payroll Noncash 10,047. 6707-C FAIRVIEW RD (Complete Part II for noncash contributions.) CHARLOTTE, NC 28210 (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (c) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (c) (d) (b) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions)

Name of organization

# THE MARC & MATTYE SILVERMAN FAMILY FOUNDATION

Employer identification number

56-1678118

Part III Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. rom art i	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1 1250 s	HARES FIRST FINANCIAL HOLDINGS		
<u></u>		\$ 77,613.	04/09/14
(a) No. rom art i	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2 200 SH	ARES CUBIST PHARMACEUTICALS		
		\$ 19,734.	12/19/14
(a) No. rom art i	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3 100 SH	IARES CUBIST PHARMACEUTICALS		
		10,047.	12/22/14
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

FORM 990-PF INTERE	ST ON SAVING	S AND T	EMPOR	ARY C	ASH ]	INVES	TMENTS	STA	ATEMENT 1
SOURCE			(A) VENUE BOOK			(B) INVES INCOM	TMENT E		(C) ADJUSTED ET INCOME
INTEREST INCOME - E. PRODUCTS INTEREST INCOME - N INTEREST INCOME - W - 4691 INTEREST INCOME - W	CBT ELLS FARGO		18,1	18. 6. 31.		18	18. 6. ,131.		
- 6233 TOTAL TO PART I, LI	NE 3		18,1	25. 80.		18	25. ,180.		
FORM 990-PF	DIVIDENDS	AND INT	EREST	FROM	SECU	JRITI	ES	ST	ATEMENT 2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	ទេ	REV	A) ENUE BOOKS		(B) T INVEST NT INCOM		(C) ADJUSTED NET INCOME
DIVIDENDS ON CORPORATE STOCKS - WACHOVIA - 6233	110,895.	80,	988.	2	9,90	7.	29,90	— - 7.	
TO PART I, LINE 4	110,895.	80,	988.	2	9,90	7. = =	29,90	7 · ====================================	
FORM 990-PF		OTHER	R INCO	ME		<del></del> -	<del></del>	ST	ATEMENT 3
DESCRIPTION			RE'	(A) VENUE BOOK			(B) INVEST- INCOME	1	(C) ADJUSTED NET INCOME
1231 GAIN FROM K-1 ORDINARY INCOME FRO	M K-1			1,	60. 614.		60		
TOTAL TO FORM 990-P	F, PART I, I	LINE 11		1,	674.		60	 = ==	

DESCRIPTION	FORM 990-PF	ACCOUNTI	NG FEES	S	TATEMENT 4
TO FORM 990-PF, PG 1, LN 16B 715. 0. 73  FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT MANAGEMENT FEES - 6233 7,095. 7,095. 1NVESTMENT MANAGEMENT FEES - 4691 2,690. 2,690. 2,690. TO FORM 990-PF, PG 1, LN 16C 9,785. 9,785.  FORM 990-PF TAXES STATEMENT STATE	DESCRIPTION	EXPENSES	NET INVEST-	ADJUSTED	(D) CHARITABLE PURPOSES
Ca	PROFESSIONAL FEES	715.	0.		715.
Ca	TO FORM 990-PF, PG 1, LN 16B	715.	0.		715.
DESCRIPTION  EXPENSES PER BOOKS NET INVEST- ADJUSTED PURPOSITION  INVESTMENT MANAGEMENT FEES - 6233 INVESTMENT MANAGEMENT FEES - 4691  TO FORM 990-PF, PG 1, LN 16C  PORT 990-PF  TAXES  STATEMENT  (A) EXPENSES PER BOOKS  (B) (C) ADJUSTED OCHARITAL  (A) EXPENSES PER BOOKS  DESCRIPTION  EXCISE TAXES  1,200.  O.	FORM 990-PF (	OTHER PROFES	SIONAL FEES	S	TATEMENT 5
7,095. 7,095.  INVESTMENT MANAGEMENT FEES - 4691 2,690. 2,690.  TO FORM 990-PF, PG 1, LN 16C 9,785. 9,785.  FORM 990-PF TAXES STATEMENT  (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITAL PER BOOKS MENT INCOME NET INCOME PURPOSITE  EXCISE TAXES 1,200. 0.	DESCRIPTION	EXPENSES	NET INVEST-	ADJUSTED	(D) CHARITABLE PURPOSES
- 4691       2,690.       2,690.         TO FORM 990-PF, PG 1, LN 16C       9,785.       9,785.         FORM 990-PF       TAXES       STATEMENT         (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED PER BOOKS MENT INCOME PURPOSITION       CHARITAL PURPOSITION         EXCISE TAXES       1,200.       0.	- 6233	7,095.	7,095.		0.
FORM 990-PF  TAXES  STATEMENT  (A) (B) (C) (D)  EXPENSES NET INVEST- ADJUSTED CHARITAL  PER BOOKS MENT INCOME NET INCOME PURPOSI  EXCISE TAXES  1,200.  0.		2,690.	2,690.		0.
(A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITAL PER BOOKS MENT INCOME NET INCOME PURPOSI  EXCISE TAXES 1,200. 0.	TO FORM 990-PF, PG 1, LN 16C	9,785.	9,785.		0.
(A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITAL PER BOOKS MENT INCOME NET INCOME PURPOSI  EXCISE TAXES 1,200. 0.					
DESCRIPTION  EXPENSES NET INVEST- ADJUSTED CHARITAL PER BOOKS MENT INCOME NET INCOME PURPOSI  1,200.  0.	FORM 990-PF	TAX	ES	S	TATEMENT 6
	DESCRIPTION	EXPENSES	NET INVEST-	ADJUSTED	(D) CHARITABLE PURPOSES
	EXCISE TAXES	1,200.	0.		0.
TO FORM 990-PF, PG 1, LN 18 1,200. 0.	TO FORM 990-PF, PG 1, LN 18	1,200.	0.		0.

FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MISCELLANEOUS	357.	0.		160.
TO FORM 990-PF, PG 1, LN 23	357.	0.		160.

FORM 990-PF U.S. AND STATE/C	TY GOV	ERNMENT	OBLIGATIONS	STATEMENT 8
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
FEDERAL HOME LN MTG CORP 2.375% DUE 1/13/22	x		30,243.	31,096.
FEDERAL HOME LN MTG CORP 3.75% DUE 3/27/19	х		22,850.	21,929.
FEDERAL HOME LN MTG CORP NOTES .75% DUE 01/12/18	Х	x	24,940.	24,904.
OKLAHOMA STATE CAPITOL IMPROVEMENT BOND VIRGINIA BEACH VA PUBLIC		X	25,000.	25,137.
VIRGINIA BEACH VA PUBLIC IMPORVEMENT BOND NEW YORK ST MTG AGY HMOWNR MTG REV		X	24,899.	28,030.
NEW TORK SI MIG AGI AMOWAR MIG REV 2.58% DYE 10/01/20 NORTH CAROLINA EASTN MUN PWR AGY		X	24,648.	25,887.
6.217% DUE 01/01/17 VIRGINIA ST PUB BLDG AUTH PUB FACS		X	16,649.	15,770
REV 4.00% DUE 08/01/20 IRVING TX INDPT SCH DIST 3.00% DUE		x	22,136.	21,972
02/15/21			32,250.	31,982
TOTAL U.S. GOVERNMENT OBLIGATIONS		•	78,033.	77,929
TOTAL STATE AND MUNICIPAL GOVERNMENT	r OBLIG	ATIONS	145,582.	148,778
TOTAL TO FORM 990-PF, PART II, LINE	10A	-	223,615.	226,707

FORM 990-PF CORPORATE S	TOCK	STATEMENT 9
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
YACKTMAN FUND INC	260,065.	392,192.
FAIRHOLME FUNDS FDS INC	235,620.	296,685.
IVA WORLDWIDE FUND CLASS I	76,733.	89,614.
PROFESSIONALLY MGD FD PTFL FUNDS	126,299.	182,279.
BLACKROCK GLOBAL	89,113.	86,056.
FORUM FDS AUXIER FOCUS FD	145,509.	156,206.
HARRIS ASSOC INVT TR OAKMARK INTL FUND	147,362.	143,665.
DEUTSCH BANK 7.60% CONTINGENT CAP III DUE		
2/20/18	74,666.	84,900.
HARRIS ASSOC INVT TR OAKMARK FUND	253,897.	277,558.
TOTAL TO FORM 990-PF, PART II, LINE 10B	1,409,264.	1,709,155.

FORM 990-PF CORPORATE BONDS		STATEMENT 10
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
AMERICAN EXPRESS CREDIT INTERNOTES 2.25% DUE 8/15/19	20,272.	20,292.
COMCAST CORP 5.4% DUE 05/15/18	24,178.	-
GENERAL ELEC CAP CORP MED 3.1% DUE 01/09/33	24,780.	-
AT&T INC 4.45% DUE 05/15/21	21,519.	21,928.
APPLE INC 3.45% DUE 05/06/24	25,168.	26,524.
DUKE ENERGY CORP 3.95% DUE 10/15/33	21,917.	
VERIZON COMMUNICATIONS 4.5% DUE 09/15/20	21,730.	22,104.
BERKSHIRE HATHAWAY 5.4% DUE 05/15/18	29,607.	28,227.
TARGET CORP 6.000% DUE 01/15/18	23,129.	22,610.
BURLINGTON NORTH SANTA SENIOR NOTES DUE 04/15/18	29,885.	28,071.
CATERPILLAR FIN ESRV CORP 5.450% DUE 4/15/18	23,096.	22,391.
TOTAL TO FORM 990-PF, PART II, LINE 10C	265,281.	262,854.

FORM 990-PF OTH	ER INVESTMENTS		STATEMENT 11
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ENTERPRISE PRODUCTS PARTNERS SOUTH ST CORP	COST COST	<5,641.> 77,611.	263,440. 85,488.
TOTAL TO FORM 990-PF, PART II, LIN	E 13	71,970.	348,928.
FORM 990-PF DEPRECIATION OF ASSET	TS NOT HELD FOR	INVESTMENT	STATEMENT 12
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER COMPUTER SCREEN	1,602. 249.	1,602. 249.	0.
-	<del></del>	1,851.	<del></del>

	IST OF OFFICERS, DI IND FOUNDATION MANAG		STAT	EMENT 13
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
MATTYE B. SILVERMAN 6707-C FAIRVIEW ROAD CHARLOTTE, NC 28210	PRESIDENT 15.00	0.	0.	0.
SHARA K. SILVERMAN 6707-C FAIRVIEW ROAD CHARLOTTE, NC 28210	VICE PRESIDENT 1.00	0.	0.	0.
LORIN L. STIEFEL 6707-C FAIRVIEW ROAD CHARLOTTE, NC 28210	SECRETARY 1.00	0.	0.	0.
MARC H. SILVERMAN 6707-C FAIRVIEW ROAD CHARLOTTE, NC 28210	TREASURER 1.00	0.	0.	0.
DEBRA L. FOSTER 6707-C FAIRVIEW ROAD CHARLOTTE, NC 28210	VICE PRESIDENT 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	E 6, PART VIII =	0.	0.	0.

PART XV - LINE 1A

LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

FORM 990-PF

MATTYE B. SILVERMAN MARC H. SILVERMAN STATEMENT 14

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 15

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MATTYE SILVERMAN 6707-C FAIRVIEW ROAD CHARLOTTE, NC 28210

TELEPHONE NUMBER

704-362-0400

### FORM AND CONTENT OF APPLICATIONS

THERE IS NO FORMAL APPLICATION PROCESS. WRITTEN REQUESTS ARE ACCEPTED. MOST DISCRETIONARY DONATIONS ARE GIVEN PRIMARILY IN MECKLENBURG COUNTY IN CHARLOTTE, NORTH CAROLINA WITH AN EMPHASIS ON JEWISH, MEDICAL AND COMMUNITY HUMAN SERVICE AND ARTISTIC NEEDS.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE

2014 DEPRECIATION AND AMORTIZATION REPORT

PORM 9	ORM 990-PF PAGE 1						6	990-PF							
Asset No	Description	Date Acquired	Method	Lıfe	No C	Cost Or Basis		Bus 8 % Excl	Section 179 Expense	Reduction in Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
-	COMPUTER	04/02/04 200DB	2000	2.00	HY17		1,602.			801.	801.	801.		.0	801.
12	12 COMPUTER SCREEN	01/05/09 200DB	200DB	5.00	MQ17		249.			125.	124.	124.		0.	124.
ı	* TOTAL 990-PF PG 1 DEPR	!		!		T,	1,851.		i	926.	925.	925.	i k	0.	925.
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428111 05-01-14					1	(O)	(D) - Asset disposed	- peg		'	ITC, Salvage,	Bonus, Comm	nercial Revita	lization Deduc	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

56-1678118

Part XV Supplementary Information	1			
3 Grants and Contributions Paid During the Y	<del></del>			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
CARE RING	NONE	PC	PREVENTIVE HEALTH	
601 E 5TH ST # 140			SERVICES FOR THE	
CHARLOTTE, NC 28202			UNINSURED,	
			UNDERINSURED OR THOSE	
			OTHERWISE LACKING	250.
CARING BRIDGE	NONE	PC	TO SUPPORT THE WEBSITE	
1715 YANKEE DOODLE ROAD, SUITE 301			GROWTH	
BAGAN, MN 55121				54.
CAROLINAS HEALTHCARE FOUNDATION	NONE	₽C	HEALTH RESEARCH	
PO BOX 32861				204
CHARLOTTE , NC 28232	<u> </u>			304.
CCFA	NONE	PC	HEALTH RESEARCH	
1100 S MINT ST			1	
CHARLOTTE, NC 28203				35.
CHARLESTON ANIMAL SOCIETY	NONE	PC	SUPPORT FOR ANIMALS	
2455 REMOUNT ROAD NORTH CHARLESTON, SC 29406		İ		25.
MONTH CHARDESTON, SC 23400		1		
CHARLOTTE BILINGUAL PRESCHOOL	NONE	PC	CHILDHOOD EDUCATION	
4019 CENTRAL AVENUE				
CHARLOTTE, NC 28205				300.
GUARI OMME PRIDGE HOVE	VOLUM .		duppora non immension	
CHARLOTTE BRIDGE HOME 2200 E 7TH ST	NONE	PC	SUPPORT FOR VETERANS	
CHARLOTTE, NC 28204		1		100.
CHARLOTTE COUNTRY DAY SCHOOL	NONE	PC	SCHOLARSHIP FUND	
1440 CARMEL ROAD				
CHARLOTTE, NC 28226		<u></u>		2,250.
		1	i	
CHARLOTTE FAMILY HOUSING	NONE	PC	HOUSING FOR THE NEEDY	
300 HAWTHORNE LANE	NONE	ľ	HOODING FOR THE REED!	
CHARLOTTE, NC 28204				360.
		<del>                                     </del>		
CHARLOTTE JEWISH DAY SCHOOL	NONE	₽C	SUPPORT OF EDUCATIONAL	
5007 PROVIDENCE RD			SERVICES	
CHARLOTTE, NC 28226	<u> </u>	<u></u>		500.
Total from continuation sheets		<del> </del>		184,439.

FOUNDATION

56-1678118 Part XV Supplementary Information **Grants and Contributions Paid During the Year (Continuation)** If recipient is an individual. Recipient Foundation Purpose of grant or contribution show any relationship to Amount any foundation manager status of Name and address (home or business) or substantial contributor recipient CHARLOTTE REGIONAL DENTAL FOUNDATION NONE ÞС HEALTH RESEARCH 497 N WENDOVER ROAD 300. CHARLOTTE, NC 28211 PROVIDE CHILD CARE FOR CHILD CARE RESOURCES NONE ÞС UNDERPRIVILEDGED 4601 PARK ROAD, SUITE 500 FAMILIES 1,000. CHARLOTTE, NC 28209 SUPPORT FOR THE CIVITAN CLUB OF PITTSFIELD NONE PC PO BOX 42 COMMINITY 25. PITTSFIELD, MA 01202 HELPING COMMUNITIES COMMUNITY BUILDING INSTITUTE NONE ÞС SOLVE PROBLEMS 127 S. HIGHLAND ST 100. ARLINGTON, VA 22204 FINANCIAL EDUCATION CPCC SCHOLARSHIP FOUNDATION ÞC NONE ASSISTANCE PO BOX 35009 100. CHARLOTTE, NC 28235 INANCIAL ASSISTANCE CRISIS ASSISTANCE MINISTRY NONE ÞС TO THOSE IN NEED 500-A SPRATT STREET 250. CHARLOTTE, NC 28206 SCIENCE RESEARCH DISCOVERY PLACE&THE NATURE MUSEUM NONE PC 301 N TRYON ST 1,000. CHARLOTTE, NC 28202 FOUNDATION FOR THE CAROLINAS NONE ÞС BUILDING PLEDGE 217 S. TRYON STREET CHARLOTTE, NC 28202 20,400. FOUNDATION FOR THE CHARLOTTE JEWISH NONE PC SUPPORT OF THE JEWISH COMMUNITY RELIGION 220 NORTH TRYON STREET CHARLOTTE, NC 28202 1,000. FOUNDATION OF SHALOM PARK NONE PC FACILITIES MANAGEMENT 5007 PROVIDENCE ROAD

20,180.

CHARLOTTE, NC 28226

**Total from continuation sheets** 

FOUNDATION 56-1678118

PartxV Supplementary Informati 3 Grants and Contributions Paid During the			T	
Recipient	If recipient is an individual,			
	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		<u>.                                      </u>
FREEDOM SCHOOLS PARTNERS	NONE	PC	SUPPORT OF EDUCATIONAL	
PO BOX 37363			SERVICES	
CHARLOTTE, NC 28237				18
FRIENDSHIP TRAYS	NONE	PC	FEED THE HUNGRY	
2401 DISTRIBUTION STREET				108
CHARLOTTE, NC 28203				
GOOD FRIENDS	NONE	PC	PROVIDE FINANCIAL	
4600 PARK ROAD, SUITE 300			ASSISTANCE TO	
CHARLOTTE, NC 28209			DISADVANTAGED IN	
			MECKLENBURG COUNTY	867
HEBREW CEMETERY ASSOCIATION OF	NONE	PC	MAINTENANCE OF	
CHARLOTTE INC	10.22		DIGNIFIED AND	
PO BOX 35129			SANCTIFIED RESTING	
CHARLOTTE, NC 28235			PLACE	2,572
HOSPICE AT CHARLOTTE	NONE	₽C	END OF LIFE CARE	
1420 E. 7TH STREET			1	
CHARLOTTE, NC 28204				200
INTERNATIONAL RESCUE COMMITTEE	NONE	₽C	HUMANITARIANISM	
122 EAST 42ND STREET				
NEW YORK, NY 10168				254
JEWISH FAMILY SERVICES	NONE	₽C	FAMILY PROFESSIONAL	
5007 PROVIDENCE ROAD			COUNSELING	
CHARLOTTE, NC 28226				500
			L TOW OF TURNY	
JEWISH FEDERATION OF GREATER CHARLOTTE	NONE	PC	LION OF JUDAH	
5007 PROVIDENCE ROAD				
CHARLOTTE, NC 28226				32,350
TOWICU UICMODICAL COCTOMV OF CO	MONTE	PC	JEWISH EDUCATION	
JEWISH HISTORICAL SOCIETY OF SC 96 WENTWORTH STREET	NONE		JENION EDUCATION	
CHARLESTON, SC 29424				7:
		-		
WANTED WARRING THE TANKEN	1017	DC.	TOWICH PONCENTON	
KAHOL KADOSH BETH ELOHIM 90 HASSELL ST	NONE	PC	JEWISH EDUCATION	
CHARLESTON, SC 29401				1
Total from continuation sheets		•		

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	
KINDER-MOURN INC	NONE	PC	SERVES THE NEEDS OF	
1320 HARDING PL			GRIEVING PARENTS AND	200
CHARLOTTE, NC 28204			BEREAVED CHILDREN	200
LEGAL INFORMATION NETWORK FOR CANCER	NONE	PC	CANCER RESEARCH	
1423 JOHNSTON WILLIS DRIVE				
RICHMOND, VA 23235		<u> </u>		100
LEUKEMIA & LYMPHOMA SOCIETY	NONE	PC .	CANCER RESEARCH	
4530 PARK ROAD SUITE 240		1	1	25
CHARLOTTE, NC 28209	<del>                                     </del>			25
LEVINE-SKLUT JUDAIC LIBRARY	NONE	PC	LIBRARY	
5007 PROVIDENCE ROAD, SUITE 107	10002			
CHARLOTTE, NC 28226		ļ		100
LEVINE JEWISH COMMUNITY CENTER	NONE	PC	BUTTERFLY PROJECT FOR	
5007 PROVIDENCE ROAD			MEMORIAL TO CHILDREN	
CHARLOTTE, NC 28226		1	THAT DIED DURING THE	
		<u> </u>	HOLOCAUST	2,650
_				
LEVINE MUSEUM OF THE NEW SOUTH	NONE	PC	HISTORY MUSEUM	
200 E. SEVENTH STREET CHARLOTTE, NC 28202				500
LOAVES AND FISHES	NONE	₽C	FEED THE HUNGRY	
PO BOX 11234	}			
CHARLOTTE, NC 28220				230
MARCH OF DIMES	NONE	PC	PREGNANCY SUPPORT	
1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605				36
WHITE PERIOD, NI 10003				
MEN'S SHELTER OF CHARLOTTE	NONE	PC	SUPPORT OF HOMELESS	
1210 N TRYON ST			MEN	
CHARLTOTE, NC 28206				180
MINT MUSEUM	NONE	₽C	CAPITAL CAMPAIGN - ART	
2730 RANDOLPH ROAD			MUSEUM	15 054
CHARLOTTE, NC 28207  Total from continuation sheets	<del></del>			15,856

FOUNDATION

56-1678118

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Yo	<del></del>	· · · · · · · · · · · · · · · · · · ·		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
MINT MUSEUM - FOUNDERS CIRCLE LTD	NONE	₽C	PROMOTE APPRECIATION	
500 SOUTH TRYON STREET			OF CONTEMPORARY CRAFT	250
CHARLOTTE, NC 28202			AND DESIGN	250.
MOISHE HOUSE FOUNDATION	NONE	PC	JEWISH EDUCATION	
5007 PROVIDENCE ROAD SUITE E216	NONE		Davida discontrati	
CHARLOTTE, NC 28226		ļ <u>.</u>		108.
NC BLUMENTHAL PERFORMING ARTS CENTER	NONE	₽C	SUPPORT OF THE ARTS	
130 N. TRYON STREET				
CHARLOTTE, NC 28202		<u> </u>		1,000.
NC MEDASSIST	NONE	PC	DISPENSING HOPE FOR THE UNINSURED	
601 E 5TH ST, SUITE 350 CHARLOTTE, NC 28202			THE UNINSURED	200.
,				
OHIO WESLEYAN UNIVERSITY	NONE	₽C	SUPPORT OF EDUCATIONAL	
61 S SANDUSKY ST			SERVICES	
DELAWARE, OH 43015				100.
P.E.F ISRAEL ENDOWMENT FUNDS, INC.	NONE	þc	JEWISH EDUCATION	
15TH, 630 THIRD AVENUE				36.
NEW YORK, NY 10017				30.
DUT DUMA WADDA	TONE	PC	SUPPORT OF EDUCATIONAL	
PHI BETA KAPPA 1606 NEW HAMPSHIRE AVENUE NW	NONE	FC	SERVICES	
WASHINGTON, DC 20004				35.
PLANNED PARENTHOOD	NONE	₽C	SEXUAL AND	
4822 ALBEMARLE RD., SUITE 104			REPRODUCTIVE HEALTH	500
CHARLOTTE, NC 28205			CARE ADVOCATE SUPPORT	500.
	17017	20	CALIDDODM OR SDAGOMICANA	
QUEENS UNIVERSITY OF CHARLOTTE 1900 SELWYN AVE	NONE	PC	SUPPORT OF EDUCATIONAL SERVICES	
CHARLOTTE, NC 28274				11,500.
SECOND HARVEST FOOD BANK OF METROLINA	NONE	PC	FEED THE HUNGRY	
INC				
500 SPPRATT ST STE B				
CHARLOTTE, NC 28206				100
Total from continuation sheets				

FOUNDATION

56-1678118

Part XV Supplementary Information  3 Grants and Contributions Paid During the Y		· · · · · · · · · · · · · · · · · · ·		
3 Grants and Contributions Paid During the Y Recipient	If recipient is an individual,	1	<del></del>	<del></del>
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Traine and address (nome or business)	or substantial contributor	recipient		
SIERRA CLUB FOUNDATION	NONE	₽C	ANNUAL PLEDGE -	
85 SECOND STREET, SUITE 750			ENVIRONMENT	
SAN FRANCISCO, CA 94105		<u> </u>		100.
SOUTHERN POVERTY LAW CENTER	NONE	₽C	FIGHTING HATE AND	
400 WASHINGTON AVE			BIGOTRY, AND TO SEEKING JUSTICE FOR	
MONTGOMERY, AL 36104			THE MOST VULNERABLE	
			MEMBERS OF OUR SOCIETY	100.
SPOLETO FESTIVAL USA	NONE	PC	SUPPORT OF THE ARTS	
14 GEORGE ST				
CHARLESTON, SC 29401				2,000.
ST. PETERS EPISCOPAL CHURCH	NONE	NC-CHURCH	RELIGIOUS SUPPORT	
115 W 7TH ST				
CHARLOTTE, NC 28202		<u></u>		250.
SYNAGOGUE EMANU-EL	NONE	PC	SUPPORT OF TEMPLE'S	
5 WINDSOR DRIVE	10213		MISSION	
CHARLESTON, SC 29407				50.
				-
	L	200	MEDICAL AND MENTAL	
TEEN HEALTH CONNECTION	NONE	PC	MEDICAL AND MENTAL HEALTH SUPPORT	
3541 RANDOLPH RD #206 CHARLOTTE NC 28211			READIN SOFFORT	100.
CHARDOTTS, NC 20211				
TEMPLE BETH EL	NONE	NC-CHURCH	SUPPORT OF TEMPLE'S	
5101 PROVIDENCE ROAD			MISSION	39,672.
CHARLOTTE, NC 28226		<del>- </del>		35,072.
TEMPLE ISRAEL	NONE	NC-CHURCH	SUPPORT OF TEMPLE'S	
4901 PROVIDENCE ROAD			MISSION	6 271
CHARLOTTE, NC 28226				6,271.
THE FOUNDATION AT UNC-CHARLOTTE	NONE	PC	SUPPORT OF EDUCATIONAL	
9201 UNIVERSITY CITY BLVD			SERVICES	0.000
CHARLOTTE, NC 28223-0001	<del>- </del>	<del> </del>		2,000.
THE GREATER CHARLOTTE CULTURAL TRUST	NONE	PC	SUPPORT OF ARTS AND	
217 S. TRYON STREET			SCIENCE COUNCIL	
CHARLOTTE, NC 28202			THROUGH PLANNED	
			GIVING/ENDOWMENT	7,200.
Total from continuation sheets				

FOUNDATION 56-1678118

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution show any relationship to Foundation Amount any foundation manager or substantial contributor status of Name and address (home or business) recipient TREES CHARLOTTE FOUNDATION NONE GENERAL SUPPORT 701 TUCKASEEGEE ROAD 1,000. CHARLOTTE, NC 28208 MEDICAL RESEARCH UNITED CEREBRAL PALSY PC NONE 706 E MOREHEAD STREET 108. CHARLOTTE, NC 28202 SUPPORT OF MUSEUM UNITED STATES HOLOCAUST MEMORIAL NONE ÞС ACTIVITIES 100 RAOUL WALLENBERG PL SW 36. WASHINGTON, DC 20024 SUPPORT OF LOCAL UNITED WAY OF CENTRAL CAROLINAS NONE ÞС 301 S. BREVARD ST. NONPROFITS 4,000. CHARLOTTE, NC 28202 PUBLIC RADIO PC WFAE NONE 8801 JM KEYNES DR., SUITE 91 1,000. CHARLOTTE, NC 28262 SUPPORT THE NEEDS AND NONE PC WORLD JEWISH CONGRESS INTEREST OF JEWS P.O. BOX 90400 54. ACROSS THE WORLD WASHINGTON, DC 20090 FEMALE PHILANTHROPY WOMEN'S IMPACT FUND NONE PC 217 S. TRYON ST. 1,300. CHARLOTTE, NC 28202 Total from continuation sheets

# THE MARC & MATTYE SILVERMAN FAMILY FOUNDATION

FOUNDATION	56-1678118							
Part XV: Supplementary Information								
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution								
NAME OF RECIPIENT - CARE RING								
PREVENTIVE HEALTH SERVICES FOR THE UNINSURED, UNDERI	NSURED OR THOSE							
OTHERWISE LACKING ACCESS TO AFFO								
<u></u>	<u></u>							

423655 05-01-14

### Form **8868**

(Rev. January 2014)

Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

Internal Reve	nue Service	► Information about Form 8868	and its i	nstructions is at www.irs.gov/form	8868 •		
● If you a	re filing for an Auto	omatic 3-Month Extension, complete	only Par	t I and check this box			► X
<ul><li>If you a</li></ul>	re filing for an Add	litional (Not Automatic) 3-Month Ext	ension, co	omplete only Part II (on page 2 of t	his form).		
Do not co	mplete Part II unles	ss you have already been granted a	n automat	ic 3-month extension on a previously	y filed Form	n 8868.	
Electroni	c filing (e-file) . Yo	u can electronically file Form 8868 if ye	ou need a	3-month automatic extension of time	e to file (6 i	months for a co	orporation
required t	o file Form 990-T),	or an additional (not automatic) 3-mon	th extensi	on of time. You can electronically file	e Form 886	8 to request ar	n extension
of time to	file any of the form	ns listed in Part I or Part II with the exc	eption of F	Form 8870, Information Return for T	ransfers As	sociated With	Certain
Personal I	Benefit Contracts,	which must be sent to the IRS in pape	r format (s	see instructions). For more details or	n the electro	onic filing of thi	s form,
vısit www	irs.gov/efile and cl	lick on e-file for Charities & Nonprofits.		·			
Part I	Automatic	c 3-Month Extension of Time.	Only s	ubmit original (no copies nee	ded).		
A corpora	tion required to file	Form 990-T and requesting an autom	atic 6-mor	nth extension - check this box and c	omplete		. —
Part I only		••		•	•		
All other c	orporations (includ	ding 1120-C filers), partnerships, REMIC	Cs, and tru	ısts must use Form 7004 to request	an extensio	n of time	
to file inco	me tax returns.					's identifying	
Type or	•	t organization or other filer, see instruc			Employer	identification n	umber (EIN) or
print	THE MARC	& MATTYE SILVERMAN	FAMI	LY			
File by the	FOUNDATI	ON			56-1678118		
due date for filing your		and room or suite no. If a P.O box, se AIRVIEW ROAD	e instruct	ions.	Social sec	curity number (S	SSN)
return See instructions	City, town or po	est office, state, and ZIP code. For a fo E , NC 28210	reign addr	ress, see instructions.			
Enter the	Return code for th	e return that this application is for (file	a separat	e application for each return)			0 4
Applicati	on		Return	Application			Return
Is For			Code	Is For			Code
Form 990	or Form 990-EZ		01	Form 990-T (corporation)			07
Form 990	·BL		02	Form 1041-A	<u>.                                    </u>		08
Form 472	0 (individual)		03	Form 4720 (other than individual)			09
Form 990	.PF		04	Form 5227			10
Form 990	·T (sec. 401(a) or 4	08(a) trust)	05	5 Form 6069			11
Form 990	-T (trust other than		06	Form 8870			12
Teleph If the o	one No.  704 organization does r	MATTYE SILVERMA e of $\triangleright$ 6707-C FAIRVIEW -362-0400 not have an office or place of business urn, enter the organization's four digit 0	RD.			the whole grou	▶ □
		t of the group, check this box					
box ▶   1 Ire		c 3-month (6 months for a corporation				AC THE SATERISIC	
<u> </u>	NOVEMBER	· · · · · · · · · · · · · · · · · · ·		tion return for the organization name		he extension	
ıs fe	or the organization	's return for:					
<b>▶</b> !	calendar year			200 21 221			
►l	X tax year begir	nning APR 1, 2014	, an	id ending <u>MAR 31, 2015</u>		<b>-</b> ·	
2 If th	ne tax year entered Change in acco	I in line 1 is for less than 12 months, clounting period	neck reaso	on: Initial return	Final return	n 	
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						E 000	
nonrefundable credits. See instructions.				3a	\$	<u>5,000.</u>	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					_	0	
estimated tax payments made Include any prior year overpayment allowed as a credit.				3b_	\$	0.	
		ct line 3b from line 3a. Include your pa	-	<u>·</u>		_	E 000
by		tronic Federal Tax Payment System). S			3c		5,000.
C	If you are going to	maka an alastronia funda uetherawal	direct del	hit) with thic Form 8868, can Form 9	453.FO an	d Form 8879.F	1) for payment

instructions.