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### Form **990-PF**

### 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.

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Ford	alen	dar year 2014 or tax year beginning MAY	1, 2014	, and ending	APR 30, 2015	
Nan	ne of	foundation			A Employer identification	number
$\mathbf{T}$	ΗE	GOODE FAMILY CHARITABL	E FOUNDATION			
C	/0	WILLIAM C. GOODE, III	46-2847551			
Num	ber a	nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
0	NE	PNC PLAZA, 249 FIFTH A		412-762-95	40	
City	or to	own, state or province, country, and ZIP or foreign p	C If exemption application is p	ending, check here		
_P	IT'	ISBURGH, PA 15222				
G C	heck	all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return			
		Address change	Name change		<ol><li>Foreign organizations me check here and attach co</li></ol>	eeting the 85% test, proputation
H C	heck	type of organization: X Section 501(c)(3) ex	empt private foundation		E If private foundation sta	tus was terminated
	Sec	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion	under section 507(b)(1)	
I Fa	ır ma	rket value of all assets at end of year   J Accounti	ng method: X Cash	Accruat	F If the foundation is in a	60-month termination
(fr	om F	Part II, col. (c), line 16)	her (specify)		under section 507(b)(1)	
		2,241,810. (Part I, colu	mn (d) must be on cash b	pasis.)		
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received			N/A	
	2	Check X if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	28,841.	28,841.		STATEMENT 1
	5a	Gross rents				
	b	Net rental income or (loss)				
4	6a	Net gain or (loss) from sale of assets not on line 10	78,410.			
Revenue	b	Gross sales price for all assets on line 6a 211,673.			T	Ξη
eve	7	Capital gain net income (from Part IV, line 2)		78,410.		
ŭ	8	Net short-term capital gain			055	
	9	Income modifications			1   SEP 132	1115
	10a	Gross sales less returns and allowances			1	
	b	Less Cost of goods sold			1	
	C	Gross profit or (loss)				
	11	Other income				
	12	Total. Add lines 1 through 11	107,251.	107,251.		
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
		Pension plans, employee benefits				
ses	16a	Legal fees STMT 2	5,285.	0.		5,285.
en	Ь	Accounting fees STMT 3	2,500.	0.		2,500.
쯨	С	Other professional fees STMT 4	30,918.	15,918.		15,000.
ķ	17	Interest				
rat	18	Taxes STMT 5	30,219.	0.		0.
nist	19	Depreciation and depletion				
<u>.</u>	20	Occupancy			<u></u>	
Ϋ́	21	Travel, conferences, and meetings				
and	22	Printing and publications				
В	23	Other expenses STMT 6	125.	0.		125.
Operating and Administrative Expense	24	Total operating and administrative				
þei	1	expenses. Add lines 13 through 23	69,047.	<u>15,918.</u>		22,910.
0	1	Contributions, gifts, grants paid	59,000.			59,000.
	26	Total expenses and disbursements.				
	ļ	Add lines 24 and 25	128,047.	<u>15,918.</u>		81,910.
	27	Subtract line 26 from line 12:				
	a	Excess of revenue over expenses and disbursements	<20,796.			
	ı	Net investment income (If negative, enter -0-)		91,333.		ļ
	_ c	Adjusted net income (if negative, enter -0-)	<u> </u>		N/A	

11-24-14 LHA For Paperwork Reduction Act Notice, see instructions.

**ECAMPLED SEP 2 3 2015** 

For	m 99	0-PF(2014) C/O WILLIAM C. GOODE, II			2847551 Page 2
P	art	II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
<u></u>			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	·	201 056	20 012	00.010
		Savings and temporary cash investments	391,256.	20,913.	20,913.
	3	Accounts receivable ►  Less; allowance for doubtful accounts ►			
	١.	·			
	4	Pledges receivable ►			
	_	Grants receivable			
	_	Receivables due from officers, directors, trustees, and other			
	"	disqualified persons			
	7	Other notes and loans receivable			<del></del>
	<b>'</b>	Less: allowance for doubtful accounts			
10	ρ	Inventories for sale or use			
Assets	ľ	Prepaid expenses and deferred charges			
Asi		Investments - U.S. and state government obligations			
		Investments - corporate stock			<del></del>
		Investments - corporate bonds			
	ì	Investments - land, buildings, and equipment basis	·		
	''	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 7	1,623,691.	1,973,238.	2,220,897.
	1	Land, buildings, and equipment: basis	2702070320	2,373,2300	2,220,057.
		Less accumulated depreciation			
	15	Other assets (describe >			
	I	Total assets (to be completed by all filers - see the			<del></del>
	"	instructions. Also, see page 1, item I)	2,014,947.	1.994.151.	2,241,810.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Ŋ	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
	22	Other liabilities (describe )			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
	1	Foundations that follow SFAS 117, check here			
<b>7</b> 0		and complete lines 24 through 26 and lines 30 and 31.			
Ces	24	Unrestricted			
ılan	25	Temporarily restricted	<u></u>		
Net Assets or Fund Balances	26	Permanently restricted			
Ĕ	ļ	Foundations that do not follow SFAS 117, check here		i	
F.F		and complete lines 27 through 31.		4 004 454	
ţ	27	Capital stock, trust principal, or current funds	2,014,947.	1,994,151.	
SSe	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
ΪÀ	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
ž	30	Total net assets or fund balances	2,014,947.	1,994,151.	
		** (-11' -11')	2 014 047	1 004 151	
_	31	Total liabilities and net assets/fund balances	2,014,947.	1,994,151.	
F	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
•		st agree with end-of-year figure reported on prior year's return)		1	2,014,947.
2	•	r amount from Part I, line 27a		2	<20,796.>
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	1,994,151.
		reases not included in line 2 (itemize)		5	0.
c	Tota	I not accete or fund halances at and of year (line 4 minus line 5) - Part II co	luma (h) lina 30		1 994 151

423511 11-24-14

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. See the Part VI instructions.

Form 990-PF (2014)

913.

81,910.

7 Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

7

8

THE GOODE FAMILY CHARITABLE FOUNDATION 46-2847551 C/O WILLIAM C. GOODE, III Form 990-PF (2014) Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) Part VI 1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. (attach copy of letter if necessary-see instructions) Date of ruling or determination letter: b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1% 913. 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-) 3 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-913. 5 6 Credits/Payments: 2,600 a 2014 estimated tax payments and 2013 overpayment credited to 2014 6a b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 6d 2,600. 7 Total credits and payments. Add lines 6a through 6d 7 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 8 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 1.687. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 1,687. Refunded 11 Enter the amount of line 10 to be: Credited to 2015 estimated tax Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in Х 1a any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 1b X If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-POL for this year? 1c X d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0 • (2) On foundation managers. ▶ \$ (1) On the foundation. > \$ 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 Х If "Yes," attach a detailed description of the activities. 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 Х 3 Х 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b Х 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 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 Х remain in the governing instrument? 6 X 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV 7 8a Enter the states to which the foundation reports or with which it is registered (see instructions)

Form 990-PF (2014)

Х

8b

9

PA

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)

year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

of each state as required by General Instruction G? If "No," attach explanation

THE GOODE FAMILY CHARITABLE FOUNDATION	48554		
m 990-PF (2014) C/O WILLIAM C. GOODE, III 46-28	<u> 47551</u>	F	Page
Part VII-A Statements Regarding Activities (continued)			
1 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	<b>.</b>	l	
section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>X</u>
2 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	1 1		
If "Yes," attach statement (see instructions)	12		<u>X</u>
3 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	_X_	
Website address ► N/A		= 4.0	
4 The books are in care of ► KENNETH E. SPRUILL Telephone no. ► 412-			
	<u> 15222</u>		
5 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<i>,</i> .►	ш
and enter the amount of tax-exempt interest received or accrued during the year  15		/A	
6 At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
securities, or other financial account in a foreign country?	16		<u>X</u>
See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the			
foreign country			
Part VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	<del></del> -		
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a During the year did the foundation (either directly or indirectly):	- } - }		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
(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?			
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	,		
(5) Transfer any income or assets to a disqualified person (or make any of either available			
for the benefit or use of a disqualified person)?	,		
(6) Agree to pay money or property to a government official? (Exception. Check "No"		1	1
If the foundation agreed to make a grant to or to employ the official for a period after			
termination of government service, if terminating within 90 days.)	,   }		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	_ <u>1b</u>		
Organizations relying on a current notice regarding disaster assistance check here	J   ∣		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
before the first day of the tax year beginning in 2014?	1c		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			ı
defined in section 4942(j)(3) or 4942(j)(5)):			
a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
before 2014?	, [ ]		
If "Yes," list the years   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		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		, (	
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	] ]		l
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 if the foundation had excess business holdings in 2014)  N/F	3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	į l		

Total number of other employees paid over \$50,000

Total	number of others receiving over \$50,000 for professional services	<b></b>	
Par	rt IX-A Summary of Direct Charitable Activities		
	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the ber of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1	N/A		
2			

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.		Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.	_	
3		
Total. Add lines 1 through 3	▶	0.

Form 990-PF (2014)
Part X

C/O WILLIAM C. GOODE, III

<u>.                                    </u>	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	s, see instructions )
1	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	1a	2,076,025.
b	Average of monthly cash balances	1b	170,560.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,246,585.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2_	0.
3	Subtract line 2 from line 1d	3	2,246,585.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	33,699.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,212,886.
6	Minimum investment return. Enter 5% of line 5	6	110,644.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here  and do not complete this part.)	nd certain	1
1	Minimum investment return from Part X, line 6	1	110,644.
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	913.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	109,731.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	109,731.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	109,731.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	81,910.
b	·	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	<u> </u>
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	81,910.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	913.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	80,997.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies t	for the section

Form **990-PF** (2014)

4940(e) reduction of tax in those years.

Form 990-PF (2014)

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2013	2013	2014
1 Distributable amount for 2014 from Part XI,				100 721
line 7				109,731.
2 Undistributed income, if any, as of the end of 2014			EO NOE	
a Enter amount for 2013 only			58,085.	
<b>b</b> Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2014:		<u> </u>		
a From 2009				
<b>b</b> From 2010				
c From 2011				
d From 2012			ļ	
e From 2013				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ►\$ 81,910.				
a Applied to 2013, but not more than line 2a			58,085.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		٥.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				23,825.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2014	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
<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.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				85,906.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by			ļ	
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	0.			
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2010	-			
b Excess from 2011	-			
c Excess from 2012				
d Excess from 2013	1			
e Excess from 2014 423581 11-24-14	<u></u>		·	Form <b>990-PF</b> (2014)

Form	റററ	DE	(001 A
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b The form in which applications should be submitted and information and materials they should include:

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

SEE STATEMENT 9

423601 11-24-14

c Any submission deadlines: SEE STATEMENT 9

C/O WILLIAM C. GOODE, III

46-2847551 Page 11

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
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		
a Paid during the year				
		]		
GIRLS INCORPORATED	N/A	PC	UNRESTRICTED	
120 WALL STREET, FL. 18		l		
NEW YORK, NY 10005				10,000
		}		
THE PROGERIA RESEARCH FOUNDATION, INC	N/A	PC	UNRESTRICTED	
PO BOX 3453				
PEABODY, MA 01961-3453	<u> </u>	-		15,000
ŧ		}		
DUQUESNE UNIVERSITY OF THE HOLY	N/A	PC	UNRESTRICTED	
SPIRIT	17.77			
600 FORBES AVENUE, ROOM 410B				
PITTSBURGH, PA 15282	-	ļ		25,000
		-		
THE PITTSBURGH FOUNDATION	N/A	PC	UNRESTRICTED	
FIVE PPG PLACE, SUITE 250				
PITTSBURGH, PA 15222				9,000
Total			<b>&gt;</b> 3a	
b Approved for future payment				59,000
NONE				
_				
				<u> </u>
		1		
Total			<b>▶</b> 3b	000-DE (201

Form 990-PF (2014)\_\_\_

C/O WILLIAM C. GOODE, III Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income Excluded by section 512, 513, or 514			(e)	
etitet gross amounts unless otherwise mulcated.	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a	_		<del>                                     </del>		
b	_		<del>                                     </del>		
c	-				
d	_	<del></del>			
e	_	<del></del>	<del>                                     </del>		
f	_		1-1-		<del></del> _
g Fees and contracts from government agencies					
2 Membership dues and assessments	-		<del></del>		
3 Interest on savings and temporary cash					
investments			14	20 041	<del></del>
4 Dividends and interest from securities			14	28,841.	
5 Net rental income or (loss) from real estate:	-		-}		
a Debt-financed property					
b Not debt-financed property	[		-{}		
6 Net rental income or (loss) from personal					
property  7. Other revisetment income			<del>                                     </del>		
7 Other investment income	<del> </del>		<del>  </del>		
8 Gain or (loss) from sales of assets other			18	78,410.	
than inventory  9 Net income or (loss) from special events	<del></del>		1 - 9	10,410.	
10 Gross profit or (loss) from sales of inventory			-		
11 Other revenue:			<del>                                     </del>		
			1		
a			<del>  -  -</del>		
b	1 1		1-1-		
	1 1		<del>  - </del>		
d	<del>-</del>		<del>  </del>		
12 Subtotal. Add columns (b), (d), and (e)		0		107,251.	0.
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>		<u>-1                                    </u>	13	107,251.
(See worksheet in line 13 instructions to verify calculations	<b>(.</b> )			· · · · · · · · · · · · · · · · · · ·	
Part XVI-B Relationship of Activitie		nplishment of E	xempt P	urposes	
Line No. Explain below how each activity for which					nlishment of
the foundation's exempt purposes (other t			A CONTINUE	a importantly to the decom	biisiiniciit di
(					
				<del></del>	<del></del>
				<del></del>	
				· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·			
			<del></del>		
				1	
	<del></del>				
	<del> </del>				
42362 <b>1</b> 11-24-14					Form <b>990-PF</b> (2014)

Part X	VII Information Do	parding Transfe	re Ta	and Transactions	and Polation	chine With Non	charitable		ge 10	
rail X	Exempt Organ		#15 10 a	and Iransactions	anu neianons	anps with Mon	viiai ilabie	<i>-</i>		
1 Did t	he organization directly or indir		ne followin	ig with any other organizat	ion described in sec	tion 501(c) of		Yes	No	
	Code (other than section 501(c)						}			
<b>a</b> Tran:	sfers from the reporting founda	ation to a noncharitable (	exempt or	ganızatıon of:			İ			
(1)	Cash						1a(1)	]	<u>X</u>	
(2)	Other assets						1a(2)		X	
<b>b</b> Othe	r transactions:									
(1)	Sales of assets to a noncharital	ble exempt organization					15(1)		X	
(2)	Purchases of assets from a noi	ncharitable exempt orga	nızatıon				1b(2)		X	
(3)	Rental of facilities, equipment,	or other assets					1b(3)		X	
(4)	Reimbursement arrangements						1b(4)		X	
(5)	Loans or loan guarantees						1b(5)		X	
(6)	Performance of services or me	mbership or fundraising	solicitatio	ons			1b(6)		_X_	
c Shar	ing of facilities, equipment, ma	iling lists, other assets, o	or paid em	ployees			_1c_		X	
<b>d</b> if the	answer to any of the above is	"Yes," complete the follo	wing sche	dule. Column (b) should a	lways show the fair	market value of the go	ods, other ass	sets,		
or se	rvices given by the reporting fo	oundation. If the foundat	tion receive	ed less than fair market va	lue in any transactio	n or sharing arrangem	ent, show in			
colur	nn (d) the value of the goods,									
<b>a)</b> Line no	(b) Amount involved	(c) Name of nor	ncharitable	e exempt organization	(d) Description	on of transfers, transaction	s, and sharing ar	rangeme	nts	
			N/A			<del></del>				
						<del></del>				
		<u> </u>								
	<u></u>									
	<u> </u>						_ <del></del>			
	ļ									
	<u> </u>	L								
	e foundation directly or indirect	-	-		nizations described			r ===	٦	
	ction 501(c) of the Code (other		) or in sect	tion 527?			L Yes	LX	No	
<b>b</b> 11 "Ye	es," complete the following sch			(h) Tuno of examplestion	<del></del>	(a) Decoration of sale	tionship.			
	(a) Name of org	anization		(b) Type of organization	<del> </del>	(c) Description of rela	HIOHSHIP			
	N/A									
					<del> </del>					
					<del></del>					
	<del></del>	<del></del>			<del> </del>					
	Under penalties of perjury, I declare	that I have examined this ret	urn, includir	Ing accompanying schedules an	d statements, and to th	e best of my knowledge				
	and belief, it is true, correct, and con						May the IRS return with th	e prepar	er	
Here	L. Sinte	$\lambda$	1 - 12	19/11/201	9 PRESI	DENT	shown below X Yes		]" <sub>No</sub>	
	Signature of officer or trustee	1085)	<u> </u>	Date	Title	DUITE				
L	Print/Type preparer's na		eparer's s		Date	Check If F	PTIN			
			•	_		self- employed				
Paid	MICHAEL M.	COMSTOCK	MI	M. Ctik, CAA	105/31/15		P00474	378		
Prepa			) T.T.	P		Fırm's EIN ▶ 25				
Use O				· <del>-</del>				- 0		
	· · · · · · · · · · · · · · · · · · ·	0 GRANT STE	REET	SUITE 2100	<del></del>					
		ייייכפוופכא ו				Phone no 412	12-281-2025			

Capital Gaille allu Los	2262 IOL LAY OIL HIAGSTILLEHE HICOING			
(a) List and	I describe the kind(s) of property so rick warehouse; or common stock, 2	ld, e.g., real estate,	(b) How acquire P - Purchase	(c) Date acquired (d) Date sold (mo., day, yr.)
<u></u>	T ROWE PRICE GR		D - Donation P	08/05/1404/22/15
	T ROWE PRICE NEW		P	VARIOUS 04/22/15
	T ROWE PRICE NEW	HORIZONS FD INC		08/07/1404/22/15
d 241.754 SHS OF		ORTHITTEC FINE	P	05/05/1404/22/15
	F ARTISAN MID CA		P	VARIOUS 12/23/14
f CAPITAL GAINS		TE VALUE FUND	E	VARIOUS 12/23/14
g	DI AIDEMADO		<del>                                     </del>	
h				
_ <u>''</u>		-	<del>-  </del>	
i				
k				
1	<del></del>			
m				
n				
0				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(e)	h) Gain or (loss) plus (f) minus (g)
a 27,425.		26,183.	(0)	1,242.
a 27,425. b 4,500.		4,464.		36.
c 5,665.		5,146.		519
d 6,450.		6,602.		<152.
e 86,966.		90,868.	<del></del>	<3,902.
f 80,667.		30/3331		80,667
g				
h				
1				
]				
k				
1				
<u>m</u>				
<u>n</u>				
0				
Complete only for assets shown	ng gain in column (h) and owned by	T	(I) L	osses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (I) over col. (J), If any	Gains (excess	s of col. (h) gain over col. (k), not less than "-0-")
a				1,242.
b				36.
C				519.
d				<152.
e				<3,902
				80,667.
<u>g</u>			·	
<u>h</u>				
1				
<u> </u>				
<u>k</u>				<del></del>
<u> </u>		ļ		<del></del>
<u>m</u>	\\\\\\\\	-		
<u>n</u>		-		
0	<u> </u>	1	<del></del>	<u></u>
2 Capital gain net income or (net ca	apital loss) { If gain, also enter *-	er in Part I, line 7 -0-" in Part I, line 7	!	78,410
3 Net short-term capital gain or (lo		<u> </u>		
If gain, also enter in Part I, line 8,	, column (c).	· · · · · · · · · · · · · · · · · · ·		
If (loss), enter "-0-" in Part I, line		ه ا ا	· 1	NT / Z

DS AND INTER	EST FROM SECUR	ITIES ST	'ATEMENT 1
GAINS	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
8. 80,66	7. 28,841.	28,841.	
80,66	7. 28,841.	28,841.	
LEGAL	FEES	Sī	'ATEMENT 2
(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
5,285.	0.		5,285.
5,285.	0.		5,285.
ACCOUNTI	NG FEES	SI	PATEMENT 3
(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
2,500.	0.	····	2,500.
2,500.	0.		2,500.
OTHER PROFES	SIONAL FEES	ST	'ATEMENT 4
(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
30,918.	15,918.		15,000.
30,918.	15,918.		15,000.
	CAPITAL GAINS DIVIDEND  8. 80,66  8. 80,66  LEGAL  (A) EXPENSES PER BOOKS  5,285.  ACCOUNTI  (A) EXPENSES PER BOOKS  2,500.  OTHER PROFES  (A) EXPENSES PER BOOKS  30,918.	CAPITAL (A) GAINS PER BOOKS  8. 80,667. 28,841.  8. 80,667. 28,841.  LEGAL FEES  (A) (B) EXPENSES NET INVEST- PER BOOKS MENT INCOME  5,285. 0.  ACCOUNTING FEES  (A) (B) EXPENSES NET INVEST- PER BOOKS MENT INCOME  2,500. 0.  OTHER PROFESSIONAL FEES  (A) (B) EXPENSES NET INVEST- PER BOOKS MENT INCOME  30,918. 15,918.	CAPITAL (A) (B) GAINS REVENUE NET INVEST- DIVIDENDS PER BOOKS MENT INCOME  8. 80,667. 28,841. 28,841.  8. 80,667. 28,841. 28,841.  LEGAL FEES ST  (A) (B) EXPENSES NET INVEST- PER BOOKS MENT INCOME  5,285. 0.  ACCOUNTING FEES ST  (A) (B) EXPENSES NET INVEST- PER BOOKS MENT INCOME  2,500. 0.  3 2,500. 0.  OTHER PROFESSIONAL FEES ST  (A) (B) (C) ADJUSTED NET INCOME  2,500. 0.  (B) (C) ADJUSTED NET INCOME  (C) ADJUSTED NET INCOME  (A) (B) (C) ADJUSTED NET INCOME  (B) (C) ADJUSTED NET INCOME  (C) ADJUSTED NET INCOME  (A) (B) (C) ADJUSTED NET INCOME  (B) (C) ADJUSTED NET INCOME  (A) (B) (C) ADJUSTED NET INCOME  (B) (C) ADJUSTED NET INCOME  (C) ADJUSTED NET INCOME  (A) (B) (C) ADJUSTED NET INCOME  (B) (C) ADJUSTED NET INCOME  (A) (B) (C) ADJUSTED NET INCOME  (B) (C) ADJUSTED NET INCOME  (A) (B) (C) ADJUSTED NET INCOME

FORM 990-PF	TAXES			STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM	· ·		
FEDERAL EXCISE TAXES	30,219.		0.	0.	
TO FORM 990-PF, PG 1, LN 18	30,219.		0.	0.	
FORM 990-PF	OTHER E	XPENSES		STATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM			
PENNSYLVANIA INCORPORATION FEE	125.	-	0.	125.	
TO FORM 990-PF, PG 1, LN 23	125.		0.	125.	
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT 7	
DESCRIPTION		LUATION ETHOD	BOOK VALUE	FAIR MARKET VALUE	
INVESTMENTS-EXCHANGE TRADED		COST COST	1,402,053. 571,185.	1,556,038. 664,859.	
TOTAL TO FORM 990-PF, PART I	I, LINE 13		1,973,238.	2,220,897.	
FORM 990-PF	PART XV - L OF FOUNDATI		•	STATEMENT 8	

NAME OF MANAGER

WILLIAM C. GOODE, III RUTH A. GOODE

#### PLEASE PROVIDE CONCISE ANSWERS TO THE FOLLOWING QUESTIONS:

#### Submit these questions in a Microsoft Office Word document via email if possible.

- 1. What is the need or problem that your organization addresses? Who will benefit from your efforts?
- 2. Describe the proposed program or need for funding.
- 3. Are you collaborating with any other organizations on this program?
- 4. List specific program goals, measurable objectives, and expected outcomes. How will you measure your success?
- 5. How will volunteers be utilized in accomplishing your objective? Do you have a director of volunteer services on your staff?
- 6. What are your plans for ongoing sources of support?
- 7. Who will be responsible for the management of this grant? What are his/her qualifications?

### APPLICATION WILL NOT BE CONSIDERED UNTIL ALL OF THE FOLLOWING ARE RECEIVED: (PDF format accepted for the below items via email)

- 1. IRS Letter of Tax Exemption 501(c)(3)
- 2. Current Audited Financial Statement
- 3. Program Budget and Grant Application Summary
- 4. Current list of Board of Directors
- 5. Representative List of Contributors who have, or are currently supporting your agency
- 6. Organization Conflict of Interest Policy

#### Return to:

kenneth.spruill@hawthorn.pnc.com

Any questions please call: Kenneth Spruill 412.762.9540 (telephone) 412.705.3743 (fax)

This Form must accompany your grant request as the cover page.

Name of organization to which grant would be paid. Please list exact legal name:			
Email:			
Signature:			
Signature:			
r):			

Is the organization classified as a 509(a)(3) — Supporting Organization? Yes No If yes, are you designated a Type I, Type II, or Type III? (please circle)  In the event that your organization is classified as a supporting organization of charitable entity, the supporting organization will be required to submit a legal satisfying the requirements of the Internal Revenue Service Notice 2006-109. P Note: Legal opinion must be issued within thirty days of the date of your applic Request Amount: \$  Check one:  General Operational Support:  Matching Grant:  Seed Money for New Program:  Specific Program Support:  Total project budget:  Total organizational budget (for current year):  Dates covered by project budget (month/day/year):	your organization an IRS 501 (c)(3) not-for-profit? (Yes: Include IRS Status Letter):
In the event that your organization is classified as a supporting organization of charitable entity, the supporting organization will be required to submit a legal a satisfying the requirements of the Internal Revenue Service Notice 2006-109. P Note: Legal opinion must be issued within thirty days of the date of your applic Request Amount: \$  Check one:  General Operational Support:  Matching Grant:  Seed Money for New Program:  Specific Program Support:  Total project budget:  Total organizational budget (for current year):	the organization classified as a 509(a)(3) – Supporting Organization? Yes No
charitable entity, the supporting organization will be required to submit a legal satisfying the requirements of the Internal Revenue Service Notice 2006-109. P Note: Legal opinion must be issued within thirty days of the date of your appliced Request Amount: \$	yes, are you designated a Type I, Type II, or Type III? (please circle)
Check one:  General Operational Support:  Matching Grant:  Seed Money for New Program:  Specific Program Support:  Total project budget:  Total organizational budget (for current year):	paritable entity, the supporting organization will be required to submit a legal of tisfying the requirements of the Internal Revenue Service Notice 2006-109.  PI
General Operational Support:  Matching Grant:  Seed Money for New Program:  Specific Program Support:  Total project budget:  Total organizational budget (for current year):	equest Amount: \$
Matching Grant:  Seed Money for New Program:  Specific Program Support:  Total project budget:  Total organizational budget (for current year):	neck one:
Seed Money for New Program:  Specific Program Support:  Total project budget:  Total organizational budget (for current year):	General Operational Support:
Specific Program Support:  Total project budget:  Total organizational budget (for current year):	Matching Grant:
Total project budget:  Total organizational budget (for current year):	Seed Money for New Program:
Total organizational budget (for current year):	Specific Program Support:
	otal project budget:
Dates covered by project budget (month/day/year):	otal organizational budget (for current year):
	ates covered by project budget (month/day/year):
Amounts and dates of previous grants received from the Goode Family Charitable Fo	mounts and dates of previous grants received from the Goode Family Charitable Fo

### **Grant Budget**

Organization Name:	
Organizational Total Budget:	
Project/Program Budget (if applicable):	
Itemized Program Expenses:	
	\$
	<u> </u>
	\$
	\$
	\$
	<b>\$</b>
	\$
	\$
	\$
	\$
Total Cost (A)	\$

### **Grant Budget**

Fundş Currently Committed For This Program:	
Trustees	\$
Corporations	\$
Foundations	\$
Individuals	\$
Government	\$
Other (memberships, earned income, special events, subscriptions, etc)	\$
Total Funds Available (B)	\$
Balance Required (A minus B)	\$
Amount Requested	\$

### **Grant Report Evaluation**

Please use the following outline when preparing your follow-up on the grant received from the grantmaking agency. Return after funds have been utilized.

General Grant Information:

Reporting Organization:		
Contact Person:		
	Fax:	
Project Description:		
Grant Amount:		
Type of Support:	Capital expenditureGeneral SupportMatching GrantSeed MoneySpecific Program	
Name:	Date:	
THe.		

1.	What difference has this grant made in the services you provide?
2.	How has this grant improved the relative quality of life of the people you serve?
3.	During the course of this project, what occurred that was different than what you anticipated?
4.	Based upon current conditions, what would you do differently in utilizing the grant awarded?
5.	What are the future plans for this project and how will it impact your future services?