

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form 990-PF

#### **Return of Private Foundation**

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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.lrs.gov/form990pf.

The Shortward and service for PO Secretated multi-a set allowed to served advisors   Secretary   Sec	For	cale	idar year 2014 or tax yea	r beginning	JUI	1, 2014	, and ending	JUN 30, 201	5
Test and the received of the content of the content of the received of the content of the cont	Na	ame o	f foundation					A Employer identificatio	n number
Test and the received of the content of the content of the received of the content of the cont	7	ľhe	Shoemaker I	Family	Found	lation Inc		27-1507030	)
16624 Sedona De Avila   Tampa	Nu	mber a	and street (or P O box number	if mail is not deli-	vered to street	t address)	Room/suite		
Tampa_FE_336_13 6 Check all that apply:									773
Check all that apply:   Install return					or foreign p	oostal code		C if exemption application is	pending, check here
Final return				1		····		_	
Concility type of organization:   Section 4947(3)(1) increasing the status   Other taxable protest foundation   Section 4947(3)(1) increasing the status   Other taxable protest   Other taxable pro	G	Check	all that apply:	1			ormer public charity	D 1. Foreign organization	s, check here
H. Check type of organization: X Section 501(y/3) exempt private foundation Section 4947(y/1) nonexempt characteristic trust. Other taxable private foundation I fair minket value of all assets at end of year. J Accounting method: X Cash Accounting from Fart III, col. (c), in a 16) S 810, 143. (Part I, column (d) must be on cash basis.)  Part II Analysis of Revenue and Expenses (the basic disease) (a) (a) (a) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c				,		=		2 Foreign organizations m	eeting the 85% test,
Section 4947(a)( ) nonexempt charactelle trust   Other tasable private foundation   Information and oil year   A Accounting method:   Cash   Accounting the private   Acc	—	Chack	the of organization:					7	*
Far market value of all assets at end of year of them part II, col. (c), line 19 Other (specify)  S 810, 143, (Part II, col. (c), line 19 Other (specify)  The market value of all assets at end of year of them part II, col. (c), line 19 Other (specify)  The market value of all assets at end of year of them part II, col. (c), line 19 Other (specify)  The market value of all assets at end of year of them part II, col. (c), line 19 Other (specify)  The market value of all assets at end of year of them part II, col. (c), line 19 Other (specify)  The market value of all assets at end of year of them part II, col. (c), line 19 Other (specify)  The market value of all assets at each of the part II, col. (c), line 19 Other (specify)  The market value of the part III, col. (c), line 19 Other (specify)  The market value of the part II, col. (c), line 19 Other (specify)  The market value of the part II, col. (c), line 19 Other (specify)  The market value of the part II, col. (c), line 19 Other (specify)  The market value of the part II, col. (c), line 19 Other (specify)  The market value of the part II, col. (c), line 19 Other (specify)  The market value of the part II, col. (c), line 19 Other (specify)  The market value of the part II, col. (c), line 19 Other (specify)  The market value of the part II, col. (c), line 19 Other (specify)  The market value of the part II, col. (c), line 19 Other (specify)  The market value of the part II, col. (c), line 19 Other (specify)  The market value of the part II, col. (c), line 19 Other (specify)  The market value of the part II, col. (c), line 19 Other (specify)  The market value of the part II, col. (c), line 19 Other (specify)  The market value of the part II, col. (c), line 19 Other (specify)  The market value of the part II, col. (c), line 19 Other (specify)  The market value of the part III, col. (c), line 19 Other (specify)  The market value of the part II, col. (c), line 19 Other (specify)  The market value of the market value of the part II, line 19 Other (specify)  The mar	Ϊ						ation	E If private foundation st	atus was terminated
Control to service and servi	I F								
Part   Analysis of Revenue and Expenses   (a) Revenue and Expenses   (b) Revenue and Expenses   (c)						•			
(The total of amounts in columns 6), (i.e., and (of may not income in columns (i.e.), and (of may not income incom	_	<b>\$</b>	810	0,143.0			basis.)	(4)(	/(- <i>)</i> //
1   Contributions, offits, grafts, etc., received   50,000.   N/A	Р	art I	Analysis of Revenue an	nd Expenses	(d) may not				(d) Disbursements
2   Check		т	necessarily equal the amoun	nts in column (a))			Income		
Interest on axings and temporary			F			50,000.		N/A	
11		2	Interest on savings and tempor	•	ttach Sch B	11	7.4	1.	G+ - +
Sa Gross rents		3	cash investments	-					
b Less Cost of goods sold c Gross profit or (loss)  11 Other income  12 Total. Add lines 1 through 11 100,334. 50,334.  13 Compensation of officers, directors, hustees, etc	Pir	1 '		Jili Securiles		13,701.	13,701.		Statement 2
b Less Cost of goods sold c Gross profit or (loss)  11 Other income  12 Total. Add lines 1 through 11 100,334. 50,334.  13 Compensation of officers, directors, hustees, etc	<u>(</u>	b							
b Less Cost of goods sold c Gross profit or (loss)  11 Other income  12 Total. Add lines 1 through 11 100,334. 50,334.  13 Compensation of officers, directors, hustees, etc	<u> </u>	6a		assets not on line	e 10	36,622.			
b Less Cost of goods sold c Gross profit or (loss)  11 Other income  12 Total. Add lines 1 through 11 100,334. 50,334.  13 Compensation of officers, directors, hustees, etc		b	Gross sales price for all						
b Less Cost of goods sold c Gross profit or (loss)  11 Other income  12 Total. Add lines 1 through 11 100,334. 50,334.  13 Compensation of officers, directors, hustees, etc		7	Capital gain net income (from	Part IV, line 2)			36,622	,	
b Less Cost of goods sold c Gross profit or (loss)  11 Other income  12 Total. Add lines 1 through 11 100,334. 50,334.  13 Compensation of officers, directors, hustees, etc	≥"	8	Net short-term capital gai	ın				,	1
b Less Cost of goods sold c Gross profit or (loss)  11 Other income  12 Total. Add lines 1 through 11 100,334. 50,334.  13 Compensation of officers, directors, hustees, etc	70	9	Gross salas lana returna	1				· · · · · · · · · · · · · · · · · · ·	. !
C Gross profit or (loss)   11 Other income   12 Total. Add lines 1 through 11   100 , 334 .			and allowances					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7015
12 Total. Add lines 1 through 11		1	- '						1.01.0
12 Total. Add lines 1 through 11	ì	1	. , ,					7.	<del>  =</del>
13   Compensation of officers, directors, trustees, etc   14   Other employee salaries and wages   15   Pension plans, employee benefits   16   Legal fees   16   Legal fees   17   Interest   18   Taxes   Stmt   3   875   0   0   0   0   0   0   0   0   0	ות			h 11		100.334.	50.334.	,	
15   Pension plans, employee benefits   16a   Legal fees		13	Compensation of officers, dire	ectors, trustees, e	etc			· · · · · · · · · · · · · · · · · · ·	0.
16a Legal fees   b Accounting fees   Stmt 3   875.   O.   O.		14	Other employee salaries a	and wages					
National Color	v	1		benefits					
25 Contributions, girts, 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-)  LHA For Paperwork Reduction Act Notice, see instructions.  40 , 920 .  40 , 920 .  40 , 920 .  40 , 920 .  40 , 920 .  40 , 920 .  40 , 920 .  41 , 863 .  40 , 920 .  40 , 920 .  40 , 920 .  40 , 920 .  40 , 920 .  40 , 920 .  40 , 920 .  41	nse	16a		<b></b>		200			
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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-) LHA For Paperwork Reduction Act Notice, see instructions.  54,719. 11,863. 40,920.  45,615.  N/A	ŏ	25		-			11,863.	<u> </u>	
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-)  LHA For Paperwork Reduction Act Notice, see instructions.  54,719.  11,863.  40,920.  45,615.  N/A		1		•		40,920.		-	40,920.
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-)  LHA For Paperwork Reduction Act Notice, see instructions.  45,615.  N/A  Form 990-PF (2014)		-		u19611161118.		54.719.	11.863.		40.920
b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  LHA For Paperwork Reduction Act Notice, see instructions.  Some 990-PF (2014)		27		12:				*	2072200
b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  LHA For Paperwork Reduction Act Notice, see instructions.  Some 990-PF (2014)		a	Excess of revenue over expens	ses and disburse	ments	45,615.	l 		
423501 11-24-14 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-PF (2014)		•			-		38,471.		
15-24-14 LHA For Paperwork Reduction Act Notice, see instructions.  1  90-PF (2014)  1	4235	01						N/A	
9-1-18	11-2	4-14	LHA For Paperwork Re	eduction Act N	lotice, see i	instructions.	1	<u> </u>	Form <b>990-PF</b> (2014)
							Д,	9-1-	18

Form 990-PF (2014)

Part IV Capital Gains	and Lo	sses for Tax on In	vestmen	Income				7 130	7000
(a) List and desi 2-story brick w	cribe the ki arehouse;	nd(s) of property sold (e.g. or common stock, 200 shs	, real estate, . MLC Co.)		( <b>b)</b> Hov P - P D - D	v acquired urchase onation		acquired tay, yr.)	(d) Date sold (mo., day, yr.)
1a TRADEPMR							Vari	ous	06/30/15
b TRADEPMR							Vari	ous	06/30/15
<u>c</u>									
<u>d</u>									
<u>e</u>	:				<u> </u>				
(e) Gross sales price	(f) [	Depreciation allowed (or allowable)		st or other basis expense of sale				Sain or (loss s (f) minus	(g)
<u>a</u>						_			-4,279
<u>b</u>				<del></del>					40,901
<u>c</u>	-		<del></del>	<del></del>					
e	-								
Complete only for assets show	no gain in i	column (b) and owned by t	he foundation	on 12/31/69			1) Gains ((	Col. (h) gain	minus
					il. (k), but	not less tha (from col. (	n -0-) or		
a									-4.279
b									-4,279
C									
d									
<u>e</u>									
2 Capital gain net income or (net c	apıtal loss)	If gain, also enter If (loss), enter -0-			} .	2			36,622
3 Net short-term capital gain or (lo	iss) as defi								
If gain, also enter in Part I, line 8	, column (d		- (-).		] [				
If (loss), enter -0- in Part I, line 8		+: 4040/-\ f	Dadwaa			3		N/A	<u>.                                    </u>
L		ection 4940(e) for				iment in	come		
(For optional use by domestic privat	te foundatio	ons subject to the section 4	940(a) tax on	net investment in	icome.)				
If section 4940(d)(2) applies, leave t	this part bla	ank.							
Was the foundation liable for the sec					riod?				Yes X No
If "Yes," the foundation does not qual  Enter the appropriate amount in					ntries				
(a)	Cacii colui	(b)	Sil dellons be	iore making any e			1		(d)
Base periód years Calendar year (or tax year beginn	ing in)	Adjusted qualifying dist	ributions	Net value of no	(c) incharita	ble-use assets	s	Distrit (col. (b) di	bùtión ratio vided by col. (c))
2013	y/	3'	7,000.			597,22		( (-)	.053068
2012			3,000.			521,75			.053076
2011		4:	9,653.		Ī	86,280	).		.084692
2010			1,360.			509,766		<u> </u>	.081135
2009		3(	0,000.			<u>172,079</u>	9.		.063549
2 Total of line 1, column (d)							2		.335520
3 Average distribution ratio for the			n line 2 by 5,	or by the number	of years				0.654.0
the foundation has been in existe	ence if less	than 5 years					3	<del></del>	.067104
4 Enter the net value of noncharita	ble-use ass	ets for 2014 from Part X, I	ne 5				4		824,559.
5 Multiply line 4 by line 3							5		55,331
6 Enter 1% of net investment incor	me (1% of	Part I, line 27b)					6		385.
7 Add lines 5 and 6							7		55,716.
8 Enter qualifying distributions froi	m Part XII,	line 4		-			8		40,920.
If line 8 is equal to or greater that	n line 7, ch	eck the box in Part VI, line	1b, and comp	lete that part usin	g a 1% t	ax rate.			
See the Part VI instructions.									

orm	990-PF(2014) The Shoemaker Family Foundation Inc		<u> 27-1</u>	<u>50703</u>	<u>0</u>		age 4
Par	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 494	0(e), or 4	1948 -	see inst	ruct	ion	<u>s)</u>
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	)					
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	<b>)</b>	1 1			76	9.
	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	ı). J					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2				0.
	Add lines 1 and 2		3			76	59.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			76	<u> </u>
	Credits/Payments:						
	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6a	600.					
	Exempt foreign organizations - tax withheld at source 6b		] [				
	Tax paid with application for extension of time to file (Form 8868)  6c		1				
	Backup withholding erroneously withheld 6d 6d		1				
	Total credits and payments. Add lines 6a through 6d		1 7			60	0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8				2.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9			17	71.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<b>•</b>	10				
		efunded 🚩	11				
	rt VII-A Statements Regarding Activities	<u>-</u>	<del></del>				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participat	e or intervene	e in		Y	es	No
	any political campaign?			1a			X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for	the definition	1)?	11	,		x
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any mater						
	distributed by the foundation in connection with the activities.	<b>F</b>					
	Did the foundation file Form 1120-POL for this year?			10	,		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:						
	(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$	0.					
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on fou		_				
	managers. > \$ 0.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	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>	1		
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of in	corporation.	or		-		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	50. po. a	•	3			X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			48	$\neg$	$\dashv$	X
	If "Yes," has it filed a tax return on Form 990-T for this year?		N/				
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		7	5			X
	If "Yes," attach the statement required by General Instruction T.			- <u>*</u>	1	$\dashv$	
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
	By language in the governing instrument, or						
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict</li> </ul>	with the stat	e law				
	remain in the governing instrument?	11111 1110 0121	0 1411	6	3	K	
	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 X	/	7		X	
,	Did the foundation have at least \$5,000 in assets at any little during the year. If Tes, Complete Fart II, Con. [6],	and rait XI	•	·  -	+	-	
Ra l	Enter the states to which the foundation reports or with which it is registered (see instructions)			ļ	-		
Ja	FL			<del></del>			
h.	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or desi	nnate)					
	of each state as required by General Instruction G? If "No," attach explanation	ga.c,		81	,   ,	x	
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942	2(1)(5) for cal-	endar		+	+	
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	-tijtoj ioi cali	on out	9			х
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and ac	draceae		10		$\dashv$	$\frac{x}{x}$
IV	and any personal account advantage contributions out my die tax year. If tes, attach a schedule listing their names and ac	u 65563		- 10			<del></del> -

Form 990-PF (2014) The Shoemaker Family For	indation Inc	3t t	<u>27-15070</u>	30 Pa	age 6
Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)	<del></del>	
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es 🗶 No		
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indir				
any voter registration drive?	•		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purpose		Y	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section				
4945(d)(4)(A)? (see instructions)	•	Y	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or				
the prevention of cruelty to children or animals?		Y	es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur	ider the exceptions described	ın Regulatıons			
section 53.4945 or in a current notice regarding disaster assistance (see instr	uctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check	here				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption	from the tax because it mainta	ined			
expenditure responsibility for the grant?	N	1/A 💹 Y	es L. No		
If "Yes," attach the statement required by Regulations section 53.494	15-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Y	es 🗓 No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Y	es 🗓 No 📙		
b If "Yes," did the foundation receive any proceeds or have any net income attrib	utable to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Trus	tees, Foundation Ma	nagers, Highl	У		
Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their		T			
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expe account, o	nse other
· · · · · · · · · · · · · · · · · · ·	to position	enter -0-)	and deferred compensation	allowand	
Peter W. Shoemaker	Chairman & Pr	esident			
16624 Sedona De Avila					
Tampa, FL 33613	0.00	0.	0.		0.
Rosalind Shoemaker	Vice Presider	ıt.			
16624 Sedona De Avila					
Tampa, FL 33613	0.00	0.	0.		0.
<u>Leslie Carney</u>	Treasurer		•		
177 East 75th Street, Apt 11A					
New York, NY 10021	0.00	0.	0.		0.
Christina Daly	Secretary				
115 Randlett Park					
Newton, MA 02465	0.00	0.	0.		0.
2 Compensation of five highest-paid employees (other than those in		enter "NONE."	1.0	<del></del>	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expe account, o	nse other
(a) name and address of output improves paid more than \$400,000	devoted to position	(C) Compensation	and deferred compensation	allowand	ces
NONE					
	1		[		
	1				
	1				
	<u></u>	L	L		
Total number of other employees paid over \$50,000			<u> </u>		0
			Form	<b>990-PF</b> (2	2014)

	27-1507030 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	
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	ce (c) Compensation
NONE	
	<b>&gt;</b> 0
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	
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	<b>)</b>
	Form <b>990-PF</b> (2014)

The Shoemaker Family Foundation Inc 27-1507030 Page 8 Form 990-PF (2014) Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 740,353. a Average monthly fair market value of securities 1a 96,763. b Average of monthly cash balances 1b c Fair market value of all other assets 10 837,116. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e 0. Acquisition indebtedness applicable to line 1 assets ,116. 837 Subtract line 2 from line 1d 3 3 12,557. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 824,559. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 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.) 41,228. Minimum investment return from Part X, line 6 769. Tax on investment income for 2014 from Part VI, line 5 2a Income tax for 2014. (This does not include the tax from Part VI.) 2b 2c 769. Add lines 2a and 2b 40,459. Distributable amount before adjustments. Subtract line 2c from line 1 3 3 Recoveries of amounts treated as qualifying distributions 4 0. 40,459. 5 Add lines 3 and 4 0. 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 7 40,459. Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 40,920. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 3 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3Ь

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

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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.

Form 990-PF (2014)

40,920

40,920.

4

5

Part XIII Undistributed Income (see instructions)

	1 ,	(1)	4.3	1
	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from		102.0 p.10. 10 20 10		2011
line 7				40,459.
2 Undistributed income, if any, as of the end	i of 2014			
a Enter amount for 2013 only			0.	
<b>b</b> Total for prior years:				
	_	0.		
3 Excess distributions carryover, if an	- I			
	7,360.			
	5,752.			
	.,033.			
	2,625.			
	3,291.			
f Total of lines 3a through e	61,061.	,	<del></del>	
4 Qualifying distributions for 2014 fro				
<u> </u>	0,920.		0	
a Applied to 2013, but not more than			0.	
<b>b</b> Applied to undistributed income of p		0.		
years (Election required - see instru c Treated as distributions out of corpi		0.		
(Election required - see instructions				
d Applied to 2014 distributable amoun		•		40,459.
e Remaining amount distributed out of				40,437.
5 Excess distributions carryover applied to 2			·	0.
(If an amount appears in column (d), the sa must be shown in column (a))	ime amount	<u>'</u>		•
6 Enter the net total of each column indicated below.	as			
a Corpus Add lines 3f, 4c, and 4e Subtract	line 5 61,522.	,		
b Prior years' undistributed income. S				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a no deficiency has been issued, or on w				
the section 4942(a) tax has been pre				
assessed		0.	<del> </del>	
d Subtract line 6c from line 6b. Taxab	le			
amount - see instructions		0.		
e Undistributed income for 2013. Sub				
4a from line 2a. Taxable amount - se			0.	
f Undistributed income for 2014. Sub				
lines 4d and 5 from line 1. This amo	unt must			_
be distributed in 2015	4.04			0.
7 Amounts treated as distributions ou corpus to satisfy requirements impo				
section 170(b)(1)(F) or 4942(g)(3)	· ·			
may be required - see instructions)				
8 Excess distributions carryover from		'		
not applied on line 5 or line 7	17,360.			
9 Excess distributions carryover to 2				
Subtract lines 7 and 8 from line 6a	44,162.			
O Analysis of line 9:				
	752.			
	.,033.			
	,625.			
	,291.			
e Excess from 2014 23581	461.			
EUU I				Farm 000 DE (0014)

	emaker Fami				07030 Page 10
Part XIV Private Operating F	•		A, question 9)	N/A	1
1 a If the foundation has received a ruling o		, ,			
foundation, and the ruling is effective fo			. • -	1 10 10 10 10	2.40(1)(5)
b Check box to indicate whether the found		ig foundation described i		4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2014	(b) 2013	Prior 3 years (c) 2012	(4) 2011	(a) Total
income from Part I or the minimum	(a) 2014	(9) 2013	(6) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a			<del> </del>	- <del></del>	
<ul> <li>Qualifying distributions from Part XII, line 4 for each year listed</li> </ul>					
d Amounts included in line 2c not					
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:					
<ul><li>a "Assets" alternative test - enter:</li><li>(1) Value of all assets</li></ul>					
· ·		· · ·		<del></del>	
(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	<del></del>			ļ	 
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	rmation (Comple	to this next only	if the foundation	had \$5,000 as	
at any time during t			ir the foundation	i nad \$5,000 or m	ore in assets
		uctions.j	·	·	<del></del>
1 Information Regarding Foundation		N 00/ -f4b- 4-4-1		. f	f
a List any managers of the foundation wh year (but only if they have contributed n			ributions received by the	e toundation before the cid	se of any tax
None	4-,,- (				
b List any managers of the foundation wh	n own 10% or more of the	e stock of a corporation (	or an equally large porti	on of the ownership of a n	artnershin or
other entity) of which the foundation has			s. an equally large port	on or and armoraling of a p	a aloromp or
None					
2 Information Regarding Contributi	on, Grant, Gift, Loan	Scholarship etc. Pr	Ourams'		
Check here <b>X</b> if the foundation of				not accept unsolicited requ	uests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	iduals or organizations u	nder other conditions, c	omplete items 2a, b, c, and	d d.
a The name, address, and telephone num	ber or e-mail address of t	he person to whom appli	cations should be addre	ssed:	
<b>b</b> The form in which applications should be	e submitted and informat	ion and materials they sh	iould include:	·	
c Any submission deadlines:					<del></del>
d Any restrictions or limitations on awards	euch as hy asserables	l areas charitable folds	kinde of institutions of	other factors:	
a Any resultations of initiations on awards	s, such as by geographica	ii ai cas, ciiai iladie ileids,	kings of monutions, 01	OUTG1 1801015.	

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Y		Payment		
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	**	
a Paid during the year				
Girard College Alumni Association		Private	To provide assistance	
2101 South College Avenue #605		Institution	for students and	
Philadelphia, PA 19121-4865			alumni in addition to	
			funding scholarships.	
			;ListTotal 5000	5,500
Girard College Development Fund		Private	To provide extra	
2101 South College Avenue		Institution	resources needed to	
Philadelphia, PA 19121-4860		Insciederon	meet basic needs of	
Initadelphia, FA 19121-4000			the institution.	
			;ListTotal 10000	2,920
0.110				
Goodspeed Opera House Foundation		Private	To restore the 19th	
PO Box A		Institution	century opera house	
East Haddam, CT 06423-0281			and to preserve and	
			advance musical	4 500
			theatre and the	1,500
High Hopes Therapeutic Riding		Private	To improve the lives	
36 Town Woods Road		Institution	of people with	
		institution		
Lyme, CT 06371			cognitive, physical and emotional	
			disabilities through	3,500
				· • • · · ·
American Red Cross		Public Charity	To support and to help	
PO Box 37839			address urgent needs.	
Boone IA 50037				2,500
	ntinuation shee	et(s)	<b>▶</b> 3a	40 920
b Approved for future payment				,
None				
				<del></del>
Total			<b>▶</b> 3b	0 m <b>990-PF</b> (2014

423621 11-24-14

Part XVI-A	Analysis of Income-Producing A	Activities
Part XVI-A	Analysis of Income-Producing A	Activ

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(e)	
	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt	
1 Program service revenue:	Business	Amount	sion	Amount	function income	
a	- 554					
b						
					•	
d	1				·	
•						
f		· <del></del>				
g Fees and contracts from government agencies	-					
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
investments					11	
4 Dividends and interest from securities					13,701	
5 Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property			1			
6 Net rental income or (loss) from personal						
property			}			
7 Other investment income						
8 Gain or (loss) from sales of assets other						
than inventory					36,622	
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a						
b						
С						
d	1					
e						
12 Subtotal. Add columns (b), (d), and (e)			0.	0.	50,334	
13 Total. Add line 12, columns (b), (d), and (e)				13	50,334	

Part XVI-B	Relationship	of Activities	to the Accom	plishment of	f Exempt Pur	poses
------------	--------------	---------------	--------------	--------------	--------------	-------

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).									
3	Investment	income	earned	on	portfolio	balance	used	to	pay	expenses
4	Investment									
8	Investment	income	earned	on	portfolio	balance	used	to	pay	expenses
								<u> </u>		
							-			
				_						
										-
									-	
										,
-	<u> </u>									
	<del> </del>									

Page	1	3

		Exempt Organ	izations							
1 [	Old the or	ganization directly or indir	ectly engage in any	of the following	g with any other organization	on described in section	on 501(c) of		Yes	No
					7, relating to political organ					
		from the reporting founda								
	(1) Cash	nom and reporting rounds	ation to a monoridina	ibio oxompt or	ganization of.			1a(1)		_X_
		acceta								X
	(2) Other		•				•	1a(2)		
	Other tran									
		of assets to a noncharital			•			1b(1)		<u>X</u>
(	(2) Purch	nases of assets from a nor	ncharitable exempt	organization				1b(2)		_X_
(	( <b>3</b> ) Renta	ıl of facılıtıes, equipment, i	or other assets					1b(3)		_X_
(	( <b>4)</b> Reiml	bursement arrangements			•		•	1b(4)		X
(	(5) Loans	s or loan guarantees						1b(5)		X
(	(6) Perfo	rmance of services or me	mbership or fundra	ısıng solicitatio	ns			1b(6)		_X_
c 5	Sharing of	f facilities, equipment, ma	iling lists, other asse	ets, or paid em	ployees			1c		X
d l	f the ansv	ver to any of the above is	"Yes," complete the	following sche	dule. Column (b) should al	ways show the fair m	arket value of the goods, o	ther ass	ets,	
					ed less than fair market valu					
(	column (d	) the value of the goods,	other assets, or sen	vices received.						
(a)Lin		(b) Amount involved			exempt organization	(d) Description	of transfers, transactions, and s	sharing an	rangeme	nts
• •		<u>`</u>	· · ·	N/A						<del></del>
	-		<del></del>	11/11						
	-		<del></del>		****	-				
		<del></del>	<del></del>	····						
	<del></del>			<del></del>		-				
					·····		<del></del>	-		
		<u>-</u>				_				
	<del></del>		<del></del>				····			
				<del> </del>						
			······································							
2a	s the four	ndation directly or indirect	ly affiliated with, or	related to, one	or more tax-exempt organ	zations described				
1	n section	501(c) of the Code (other	than section 501(c	)(3)) or in sect	on 527?			Yes	X	No
ъl	f "Yes," co	emplete the following sche	edule.							
		(a) Name of org			(b) Type of organization	(	c) Description of relationsh	1ip		
		N/A								
							· · ·			
•				<u> </u>		<u> </u>				
	Under	penaltyes of perjury, I declare t	that I have examined th	ıs return, ıncludın	g accompanying schedules and	I statements, and to the I	pest of my knowledge			
Sig	n and be				n taxpayer) is based on all inform		has any knowledge retu	the IRS on with the	e prepar	er
Her		LATT IN 1X	DAMAD K	1 <b>)</b>	10/27/15	I HASS	/ - L DX   /   -	wn below	(see ins	7
		vature of officer or trustee	10001.200	- <del></del>	Data	Telo	<u> </u>	<b>∐</b> Yes		J No
	1 Sign	Print/Type propagation	ma	Dronow 1 -	Date	Title	Check x if PTIN			
		Print/Type preparer's na	me	Preparer's s	gliature	Date / 307	ا بحضا			
D-:	.1			1////	1///	130/1-	self- employed			
Paid		Robert V.		// /	10			0023		
	parer	Firm's name <b>Fed</b>	erman, La	(11y &	Remis LLC		Firm's EIN ► 06-13	3268	02	
USE	Only					. L. P.L.WTG.PF				
		Firm's address ► 23			e					
		Fa	rmington,	CT 06	032			<u> 78 7</u>		
							Fo	rm <b>99</b> 0	)-PF	(2014)

### 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 organization	•	Employer identification number		
T	he Shoemaker Family Foundation Inc	27-1507030		
Organization type (check	one):			
Filers of:	Section:			
Form 990 or 990-EZ	501(c)( ) (enter number) organization			
	4947(a)(1) nonexempt chantable trust <b>not</b> treated as a private foundation			
	527 political organization			
Form 990-PF	X 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt chantable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
Note. Only a section 501(c	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	ule. See instructions.		
General Rule				
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor			
Special Rules				
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a for, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount, line 1. Complete Parts I and II.	, or 16b, and that received from		
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educ cruelty to children or animals. Complete Parts I, II, and III.	•		
year, contribution is checked, enter purpose. Do not d	on described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from a sexclusively for religious, charitable, etc., purposes, but no such contributions totaled in here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the <b>General Rule</b> applies to this organization because the, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000 If this box s, charitable, etc., it received nonexclusively		
but it must answer "No" or	that is not covered by the General Rule and/or the Special Rules does not file Schedule in Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F it the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	•		

Name of organization

Employer identification number

The S	hoemaker Family Foundation Inc	27	7-1507030
Part I	Contributors (see instructions). Use duplicate copies of Part I if a		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Peter and Rosalind Shoemaker  16624 Sedona de Avila  Tampa, FL 33613	\$ 50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Name of organization

Employer identification number

# The Shoemaker Family Foundation Inc

27-1507030

Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<del></del>	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(see instructions)	
			 990, 990-EZ, or 990-PF) (

Name of organization

Employer identification number

Part III	the year from any one contributor. Complete	columns (a) through (e) and the follows:	section 501(c)(7), (8), or (10) that total more than \$1,000 for
(a) No.	and your from any one contributor, complete		In line entry. For organizations
(a) No.	completing Part III, enter the total of exclusively religiou	s, charitable, etc., contributions of \$1,000 or le	ss for the year (Enter this info once)
(a) No.	Use duplicate copies of Part III if addition	al space is needed	
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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(a) No. from Part I		nd ZIP + 4	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held
(a) No. from. Part I		(c) Use of gift  (e) Transfer of gift	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held