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SCHWIEL JUN 02

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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OMB No 1545-0052

Department of the Treasury

For calendar year 2015 or tax year beginning , and ending A Employer identification number Name of foundation 20-8022777 STEPHEN M. GORN FAMILY FOUNDATION, INC. Room/suite Number and street (or P O box number if mail is not delivered to street address) B Telephone number 200 410-486-1234 124 SLADE AVENUE City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 21208-4991 BALTIMORE, MD Initial return of a former public charity D 1 Foreign organizations, check here Initial return G Check all that apply: Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust _____ Other taxable private foundation under section 507(b)(1)(A), check here X Cash I Fair market value of all assets at end of year | J Accounting method: Accrual F If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col (c), line 16) 27, 354. (Part I, column (d) must be on cash basis) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income (cash basis only) 132,000. N/A Contributions, gifts, grants, etc., received Check If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 36 STATEMENT 36 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 36 132,036 12 Total Add lines 1 through 11 0. 0 0. 13 Compensation of officers, directors, trustees etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 540 0. STMT 2 16a Legal fees 7 245 Y 2 5 2016 STMT 3 b Accounting fees c Other professional fees Administrative 17 Interest DGDEN. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses Operating 24 Total operating and administrative 3,265 3,265. expenses Add lines 13 through 23 184,656. 184,656. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 3,265 184,656. 187,921. Add lines 24 and 25 27 Subtract line 26 from line 12. -55,885. a Excess of revenue over expenses and disbursements 0 b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

For	m 99	0-PF (2015) STEPHEN M. GORN FAMILY		INC.		8022777	Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		End of		
_			(a) Book Value	(1) Book Value	(c) Fair Market	Value
	l	Cash - non-interest-bearing	02 270	_	26 202	26	202
		Savings and temporary cash investments	82,278	•	26,393.		,393.
	3	Accounts receivable					
		Less: allowance for doubtful accounts		 			
	4	Pledges receivable ►					
	_	Grants receivable		-		.	
		Receivables due from officers, directors, trustees, and other					
	"	disqualified persons					
	7	Other notes and loans receivable		 			
	′	Less allowance for doubtful accounts					
S	8	Inventories for sale or use		<u> </u>			
Assets		Prepaid expenses and deferred charges					
As		Investments - U.S. and state government obligations					
	l	Investments - corporate stock					
	C	Investments - corporate bonds					
	11	Investments - land, buildings and equipment basis					,
		Less accumulated depreciation					
	12	Investments - mortgage loans					
	13	Investments - other		_			
	14	Land, buildings, and equipment: basis ▶					***
		Less accumulated depreciation					
	15	Other assets (describe $ ightharpoonup$ TAX RECEIVABLE	961	•	961.		961.
	16	Total assets (to be completed by all filers - see the					
_		instructions Also, see page 1, item I)	83,239	•	27,354.	27	<u>,354.</u>
	1	Accounts payable and accrued expenses		-			
	i	Grants payable					
ies	19	Deferred revenue					3
abilities	l	Loans from officers, directors, trustees, and other disqualified persons		 			
Lia	ı	Mortgages and other notes payable					
	22	Other liabilities (describe)		-			
	22	Total liabilities (add lines 17 through 22)	0		0.	`	4
	23	Foundations that follow SFAS 117, check here		1		•	
		and complete lines 24 through 26 and lines 30 and 31.					
es	24	Unrestricted					
and	25	Temporarily restricted	-	1			
Bal	i	Permanently restricted					
Assets or Fund Balances		Foundations that do not follow SFAS 117, check here					
ī		and complete lines 27 through 31.					
Š	27	Capital stock, trust principal, or current funds	0		0.		
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0		0.		
	29	Retained earnings, accumulated income, endowment, or other funds	83,239		27,354.		
Net	30	Total net assets or fund balances	83,239	•	27,354.		
	1			ŀ	05 054		
_	31	Total liabilities and net assets/fund balances	83,239	•	27,354.	 	
P	art	III Analysis of Changes in Net Assets or Fund B	Balances				
		net assets or fund balances at beginning of year - Part II, column (a), line	30				
,		st agree with end-of-year figure reported on prior year's return)	30		1	83	,239.
2	-	r amount from Part I, line 27a			2		,885.
		r increases not included in line 2 (itemize)			3	<u></u>	0.
		lines 1, 2, and 3			4	27	,354.
		eases not included in line 2 (itemize)			5		0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30		6	27	,354.
						Form 990 -	PF (2015)

195,866.

184,656.

7

8

Add lines 5 and 6

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

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

	nt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	<u>U-8U22</u> 48 - see i			Page 4
		70 - 300 1	113(1)	CLIOI	13)
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)				Λ
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1			0.
	of Part I, line 27b				
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				0
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			$\frac{0}{0}$.
	Add lines 1 and 2	3			0.
	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			<u> </u>
	Credits/Payments:				
	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 961.				
	Exempt foreign organizations - tax withheld at source				
	Tax paid with application for extension of time to file (Form 8868)	-			
	Backup withholding erroneously withheld 6d 5	_		^	<i>c</i> 1
	Total credits and payments. Add lines 6a through 6d	7		9	<u>61.</u>
	Enter any penalty for underpayment of estimated tax. Check here 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			
		10		9	<u>61.</u>
	Enter the difference to the second to the se	11			0.
	rt VII-A Statements Regarding Activities		T	V	NI -
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		-	Yes	
	any political campaign?		1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		1b		<u>X</u>
	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				Х
c Did the foundation file Form 1120-POL for this year?					
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. \blacktriangleright \$ 0 . (2) On foundation managers. \blacktriangleright \$ 0 .		×4		-
е	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		<u>X</u>
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		-		٠.
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		<u>X</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
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				
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 legislation.	IM		(
	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_	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	MD				
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation		8b	_X_	
9	9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar				
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV		9	L	<u>X</u> _
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses ST	<u>MT 4</u>	10	Х	

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2015)

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

b If "Yes," did it have excess business holdings in 2015 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

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Х

3ь

4a

Yes X No

N/A

during the year?

orm 990-PF (2015) STEPHEN M. GORN FAMILY F	OUNDATION, IN	IC.	<u> 20-80227</u>	'/' Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (continu	ued)	
5a During the year did the foundation pay or incur any amount to:			1	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire	ectly,		
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
4945(d)(4)(A)? (see instructions)			s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	for		
the prevention of cruelty to children or animals?			s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		ın Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5 b
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f			_	
expenditure responsibility for the grant?		I/A L Ye	s No	
If "Yes," attach the statement required by Regulations section 53 494				
${\bf 6a}$ Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	 1		
a personal benefit contract?		Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		<u> </u>	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 s		Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribute				7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	inagers, Highly	<i>/</i>	
List all officers, directors, trustees, foundation managers and their	compensation			
List all officers, directors, trustees, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
	to position	`enter'-0-)	compensation	allowances
STEPHEN M. GORN	PRES/TREAS			
124 SLADE AVENUE, STE 200	1.00	0.	0.	0.
BALTIMORE, MD 21208	SECRETARY	- 0.	<u></u>	<u> </u>
JAMES C. OLIVER 124 SLADE AVENUE, STE 200	DECKLIAKI			
BALTIMORE, MD 21208	1.00	0.	0.	0.
SALTIMORE, MD 21206	1.00	.	0.	
	-			
	-			
	-			
	-			
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none,	enter "NONE."		
	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
NONE				
110112				
	1			
	1			
	1			
Total number of other employees paid over \$50,000			>	0

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)		20-802 ghly	2777 Page 7
3 Five highest-paid independent contractors for professional services. If none, enter "N	IONE."	· · · · · · · · · · · · · · · · · · ·	
(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			<u> </u>
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produce 1 N/A	I information such as the ed, etc.	:	Expenses
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 line	s 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.

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	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, sec	e instructions)
_	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
•	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	0. 41,331.
	Fair market value of all other assets	1c	
q	Total (add lines 1a, b, and c)	1d	41,331.
e	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	41,331.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	620.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	40,711.
6	Minimum investment return. Enter 5% of line 5	6	2,036.
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	nd certain	
_	foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	2,036.
2a	Tax on investment income for 2015 from Part VI, line 5	* *	
b	Income tax for 2015. (This does not include the tax from Part VI.)	*	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,036.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	2,036.
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	2,036.
P	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	184,656.
b	Program-related investments - total from Part IX-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:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	184,656.
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	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	184,656.
•	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for th	e section

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4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

(a) Corpus		(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,				
line 7				2,036.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years:		•		
		0.		
3 Excess distributions carryover, if any, to 2015.				
a From 2010 611,487. b From 2011 1,115,873.				
b From 2011 1,115,873. c From 2012 256,607.	1			
d From 2013 723,624.			*	
e From 2014 339, 236.	1			
f Total of lines 3a through e 3,046	. 827.			
4 Qualifying distributions for 2015 from	, , , , ,			
Part XII, line 4: ►\$ 184,656.		٠, ,	*	
a Applied to 2014, but not more than line 2a		, ^ y	0.	
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 2015 distributable amount				2,036.
e Remaining amount distributed out of corpus 182	,620.			
Excess distributions carryover applied to 2015 (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	447			
b Prior years' undistributed income. Subtract	, ==, •			
line 4b from line 2b	İ	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	İ	0.		
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				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.			
may be required - see instructions)	<u> </u>			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 611	,487.			
9 Excess distributions carryover to 2016.	, 40 / •		· · ·- ·-	
Subtract lines 7 and 8 from line 6a 2, 617	.960.			
10 Analysis of line 9	,			
a Excess from 2011 1,115,873.				
b Excess from 2012 256,607.	1			
c Excess from 2013 723,624.				
d Excess from 2014 339, 236.				
e Excess from 2015 182,620.				Form 990-PF (2015)

Part XIV Private Operating Fo	oundations (see in			NC.		OUZZIII Tage II
1 a If the foundation has received a ruling of			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Δ	
foundation, and the ruling is effective for						
b Check box to indicate whether the found	•		in caction	19420)(3) or	4942(J)(5)
	Tax year	Ig louridation described	Prior 3 year		<u>/(3) 01 </u>	
2 a Enter the lesser of the adjusted net income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013		(d) 2012	(e) Total
	(4) 2010	(5) 25 11	(5) 25 15		(=/ == ==	(0) (0)
investment return from Part X for			1			
each year listed			 			
b 85% of line 2a						
c Qualifying distributions from Part XII,				ĺ		
line 4 for each year listed			 			
d Amounts included in line 2c not used directly for active conduct of						
•				į		
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						
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			1			
investment income (interest,						
dividends, rents, payments on securities loans (section				ļ		
512(a)(5)), or royalties)				ŀ		
(2) Support from general public						
and 5 or more exempt organizations as provided in						
section 4942(j)(3)(B)(iii)			1			
(3) Largest amount of support from						
an exempt organization						
(4) Gross investment income						
Part XV Supplementary Info			if the found	ation had	\$5,000 oı	more in assets
at any time during t	he year-see inst	ructions.)				
1 Information Regarding Foundation	n Managers:					
a List any managers of the foundation wh			tributions received	l by the founda	tion before th	e close of any tax
year (but only if they have contributed n	nore than \$5,000). (See s	section 507(a)(2).)				
STEPHEN M. GORN						
b List any managers of the foundation wh other entity) of which the foundation has			(or an equally larg	je portion of th	e ownership (of a partnership or
NONE			···			. -
2 Information Regarding Contributi						
Check here X if the foundation of the foundation makes gifts, grants, etc.						
a The name, address, and telephone num						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
b The form in which applications should b	pe submitted and informa	tion and materials they s	hould include			
c Any submission deadlines.						
			l at a f		-4	
d Any restrictions or limitations on awards	s, such as by geographic	ai areas, charitable fields	, kinas of institutio	ons, or other fa	ctors:	

3 Grants and Contributions Paid During the)	rear or Approved for Future	Payment		-
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
SAYAGYI U BA KHIN MEMORIAL TRUST OF	NONE	PUBLIC	UNRESTRICTED	
386 COLRAIN-SHELBURNE ROAD				
SHELBURNE, MA 01370				183,156
VEGETARIAN RESOURCE GROUP	NONE	PUBLIC	UNRESTRICTED	
P.O. BOX 1463				
BALTIMORE, MD 21203				1,500
Total	<u>l</u>		► 3a	184 656
b Approved for future payment				
	}			
NONE				
Total	<u> </u>		▶ 3b	0

Part XVI-A Analysis of Income-Producing Activities

er gross amounts unless otherwise indicated.		ed business income		d by section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a					
			<u> </u>		
			1		
			1		
Fees and contracts from government agencies					
lembership dues and assessments			- -		
nterest on savings and temporary cash					
vestments			14	36.	·
ividends and interest from securities					
et rental income or (loss) from real estate:		, ,			····
Debt-financed property			 		
Not debt-financed property					
et rental income or (loss) from personal					
roperty			1		
ther investment income					
aın or (loss) from sales of assets other					
nan inventory					
et income or (loss) from special events			1		
ross profit or (loss) from sales of inventory			<u> </u>		
ther revenue:					
	1				
	_	 			
ubtotal. Add columns (b), (d), and (e)		0			
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations	3.)			13	
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie e No. Explain below how each activity for which i	s to the Acc	omplishment of E	xempt	Purposes	
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie	s to the Acc	omplishment of E	xempt	Purposes	
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ubtotal. Add columns (b), (d), and (e) ptal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which i	s to the Acc	omplishment of E	xempt	Purposes	
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie e No. Explain below how each activity for which i	s to the Acc	omplishment of E	xempt	Purposes	
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ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie e No. Explain below how each activity for which i	s to the Acc	omplishment of E	xempt	Purposes	
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations Fort XVI-B Relationship of Activitie Re No. Explain below how each activity for which in	s to the Acc	omplishment of E	xempt	Purposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which i	s to the Acc	omplishment of E	xempt	Purposes	

Form 990-PF (2015) STEPHEN M. GORN FAMILY FOUNDATION, INC. 20-8022777 Page 13

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** and reath, angular in any of the following with any other organization described in section 501(c) of

				- 4 Ma - 4 - M			F04/-) -4		Yes	No
					g with any other organization		100 50 1(c) 01		162	140
					7, relating to political organ	nizations?				
		from the reporting founda	ition to a noncharitat	ole exempt or	ganization of:					
	1) Cash							1a(1)		<u>X</u>
(2) Other	assets						1a(2)		X
	ther trans									
(1) Sales	of assets to a noncharitab	ole exempt organizat	ion				1b(1)		<u>X</u>
(2) Purch	ases of assets from a non	icharitable exempt o	rganization				1b(2)		X
(Renta	l of facilities, equipment, c	or other assets					1b(3)		X
(-	4) Reimt	oursement arrangements						1b(4)		<u>X</u>
(5) Loans	or loan guarantees						1b(5)		<u>X</u>
(6) Perfoi	rmance of services or mer	mbership or fundrais	sing solicitatio	ns			1b(6)		X X X
c S	Sharing of	facilities, equipment, mai	ling lists, other asse	ts, or paid em	ployees			1c		<u>X</u>
d I1	f the ansv	ver to any of the above is "	"Yes," complete the f	ollowing sche	dule. Column (b) should air	ways show the fair i	market value of the goods, o	other ass	ets,	
0	r services	s given by the reporting fo	oundation. If the four	ndation receive	ed less than fair market valu	ue in any transaction	n or sharing arrangement, s	how in		
С	olumn (d) the value of the goods, o	other assets, or serv	ices received.						
1) Line	e no	(b) Amount involved	(c) Name of	noncharitable	exempt organization	(d) Descriptio	n of transfers, transactions, and	sharing arr	angeme	nts
				N/A						
	- - '									
	- -									
					· · · · · · · · · · · · · · · · · · ·					
						-				
				 						
								-		
									_	
	-									
	_									
						-				
		· · · · · · · · · · · · · · · · · · ·				- 				
				.	_					
			No. officers of courts on a	alatad ta ana	or more tou everent everen	rations described				
			-		or more tax-exempt organi	izations described	Г	7,,,,	37	٦
		501(c) of the Code (other		(3)) or in sect	ion 52/7		L.	Yes	LA	No
b 1	r "Yes," co	mplete the following sche			(b) Type of organization	 	(a) Description of relational	210		
		(a) Name of orga	anization		(b) Type of Organization		(c) Description of relations	пр		
		N/A				 	<u></u>			
					-		. =			
		 _				<u> </u>	 			
٠.	and be	penalties of perjury, I declare t lief it is true, confect, and com	that I have examined this	s return, includin eparer (other thai	g accompanying schedules and n taxpayer) is based on all inforn	i statements, and to the nation of which prepare	has any kaomindan	the IRS o		
Sigi	11 1	XOSA	Th	, , ,	5-14-16	N	sho	wn below	(see inst	<u>(</u> 1)?
Her		1/0/2	2 And		1-1110	PRES/	rreas D	∐ Yes		No
	Sign	ature of officer or trustee			Date	Title				
		Print/Type preparer's na	me	Preparer's si	gnature	Date	Check if PTIN			
							self- employed			
Paid		DAVID A. G				05/02/16	 	<u> </u>		
	parer	Firm's name FGRO	SS, MENDE	LSOHN	& ASSOCIATES	, P.A.	Firm's EIN ► 52-0!	9824	13	
Use	Only									
		Firm's address ► 36	SOUTH CH	ARLES	ST., 18TH FL	OOR				_
		BA	LTIMORE,	MD 212	01		Phone no 410-6	<u> 35-5</u>	<u>51</u> 2	
								rm 990		(2015)
										•

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, 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

Employer identification number

	ST	EPHEN M.	GORN FA	MILY FO	UNDATION	, INC.	20-8022777
Organiz	ation type (check or	ne)					
Filers of	f:	Section:					
Form 99	0 or 990-EZ	501(c)() (enter numl	ber) organizatio	on		
		4947(a)(1) nonexempt ch	naritable trust r	not treated as a p	rivate foundation	
		527 politi	cal organization	1			
Form 99	0-PF	X 501(c)(3)	exempt private	foundation			
		4947(a)(1) nonexempt ch	naritable trust t	reated as a privat	e foundation	
		501(c)(3)	taxable private	foundation	•		
	your organization is nly a section 501(c)(_		-		al Rule and a Special	Rule See instructions
General	Rule						
X	•	-			= -		ling \$5,000 or more (in money or tor's total contributions
Special	Rules						
	sections 509(a)(1)	and 170(b)(1)(A)(or, during the yea	vi), that checked r, total contribu	d Schedule A (I	Form 990 or 990-	EZ), Part II, line 13, 1	ort test of the regulations under 6a, or 16b, and that received from ount on (i) Form 990, Part VIII, line 1h,
	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, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention 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 General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.						
but it m	Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990 EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)						

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) (2015)

Name of organization

Employer identification number

STEPHEN M. GORN FAMILY FOUNDATION, INC.

20-8022777

Part I	Contributors (see instructions) Use duplicate copies of Part I if	additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STEPHEN M. GORN 124 SLADE AVENUE, STE 200 BALTIMORE, MD 21208	\$\$	Person X Payroll
(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 Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

STEPHEN M. GORN FAMILY FOUNDATION, INC.

20-8022777

Part II	Noncash Property (see instructions) Use duplicate copies of 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
		\$	
(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 (a) No. from Part I (a) No. from Part I (a) No. from Part I (a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	

Employer identification number

TEPHEN	M. GORN FAMILY FOUNDA	TION. INC.	20-8022777				
art III	Exclusively religious, charitable, etc., contrib the year from any one contributor. Complete col completing Part III, enter the total of exclusively religious, of	utions to organizations described in s umns (a) through (e) and the following charitable, etc., contributions of \$1,000 or less	ection 501(c)(7), (8), or (10) that total more than \$1,000 for				
	Use duplicate copies of Part III if additional	space is needed					
n) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
-		(e) Transfer of gift					
-	Transferee's name, address, and	Relationship of transferor to transferee					
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_							
	(e) Transfer of gift						
-	Transferee's name, address, and	Relationship of transferor to transferee					
a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
	(e) Transfer of gift						
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-			_				
	(e) Transfer of gift						
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
-							

FORM 990-PF INTEREST ON SAV	INGS ANI	тем	PORARY	CASH	INVESTMENTS	STATEMENT	1
SOURCE		(A) REVENUE PER BOOKS		NET	(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOM	
WELLS FARGO #7611		36.			36.		
TOTAL TO PART I, LINE 3				36.			
FORM 990-PF	I	EGAL	FEES			STATEMENT	2
DESCRIPTION	(A) EXPENS PER BO	SES	() NET II MENT :				
LEGAL FEES	1 ,	,540.	1,540.).		0.
TO FM 990-PF, PG 1, LN 16A	1,	,540.	:	1,540).		0.
FORM 990-PF	ACC	TYNUC	NG FEE:	S		STATEMENT	3
DESCRIPTION	(A) EXPENS PER BO	SES		B) NVEST- INCOME			
ACCOUNTING FEES	1	,725.		1,725	<u>.</u>		0.
TO FORM 990-PF, PG 1, LN 16B	1	,725.		1,725	<u>.</u> .		0.

4

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT

NAME OF CONTRIBUTOR

STEPHEN M. GORN

ADDRESS

124 SLADE AVENUE, STE 200