Form **990-PF**

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

OMB No. 1545-0052

2015

Department of the Treasury internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

			tax year beginning	<u>g</u>	, 2015	, and ending			
Name of f	AEL	B. RUKIN	CHARITABLE	FOUN	DATION		A	Employer identification nur 22-2992115	nber
Number a	nd stre	et (or P O. box numbe	er if mail is not delivered t	o street a	address)	Room/suite	В	Telephone number (see instr	uctions)
		RDON DRIVE	, and ZIP or foreign posta	d and a			<u> </u>	(610) 594-206	55
EXTO		e or province, country	, and ZIP or foreign posta	u coae	ת	10241	С	If exemption application is	pending, check here.
G Check all that apply. Initial return				Initial return of a forme	19341	-	, ,,	, .	
Final return			Amended return	er public criarity	D	1 Foreign organizations, che	ck here		
Address change				Name change		ł	2 Foreign organizations mee	ting the 85% test, check	
H Che	eck tv	pe of organization	<u> </u>		(c)(3) exempt private for	Indation	1	here and attach computation	on
		. •	nonexempt charita			rivate foundation	E	If private foundation status	was terminated
I Fair		t value of all assets			counting method: X C		1	under section 507(b)(1)(A)	, check here
-		II, column (c), line 1	6)		Other (specify)	اا	F	If the foundation is in a 60-	month termination
> \$		7,145	,977.	Part I,	column (d) must be on c	ash basis.)	1	under section 507(b)(1)(B)	
Part		nalysis of R			(a) Revenue and	(b) Net investmen	t	(c) Adjusted net	(d) Disbursement
	E	xpenses (The	total of amounts in nd (d) may not nec	1	expenses per books	income		ìncome	for charitable
	sa	rily equal the an	nounts in column (a	3)					purposes (cash basis only)
	(S	ее instructions).,				allock a will be a windle the bridge from the first		DECEL TATE OF THE SECTION AND WAS THE THE OTHER	
	1 2		nts, etc, received (attach sched	-	平台的外部区别公司电影 化甘油 自由社会的				
	~	A I I the for	undation is not required to atta	icu əch B	DOSONAL DE LA CONTRACTOR DE LA CONTRACTO	STEEN THE STATE OF			
	3	•	temporary cash investments						
	4		rom securities - · · ·		117,620.	117,62	20.		
	1 .	Gross rents Net rental income			WARRY CONTRACTOR OF THE PARTY O		研究	The second secon	
R	l	or (loss)	ale of assets not on line 10		705,716.	JE-6a Stemt			
Ê		Gross sales price fo			703,716.	Medoan Signic			
Ž	7	Capital gain netline	me (from Part IV line 2)	1.		705,71	6		
E N	8	Net short-term capit	al gain	.				0.	
U E	9	Income.modification	ns	78.		Barrer Carlo			
_	10 a	Gross sales less returns and N	DV 2 3 2016	ΙΫ́		阿斯斯斯斯斯			
	k	Less: Cost of	2010	8					
	١,	goods sold	ach schedule)	1 ==			N S		
	11	Other income (attac	h'schedule)					*	
		•	FROM K	-1′s	9,934.	9,93	34.		
	12	Total. Add lines 1	through 11. · · ·		833,270.	833,27		0.	MARKET AND
	13	•	ficers, directors, trustees,		35,000.	17,50	0.		17,50
	14		alaries and wages .					 	
	15		loyee benefits					 	
A			ach sch)L-16b		14,921.	7.46	1		7,46
M			ach sch) L-16C		48,851.	48,85			1,40
οŅ	17				8,544.	8,54			
P S E T	18	Taxes (attach schedule)	(see Instrs) See Line.1	8 Stmt	26,769.	1,16		 	3,10
RRA	19	Depreciation (attach			· · · · · · · · · · · · · · · · · · ·				
ŢŢ	20	• •	etion · · · · · ·						
G E	21	· ·	, and meetings		18,548.				18,54
A E	22	Printing and publica	tions		10,010.				10,0
A E N X D P	23	Other expenses (att	ach schedule)				-		
E N	1	See Line 23 St			15,752.	55	51.	<u> </u>	12,24
S	24	Total operating an expenses. Add line	d administrative		168,385.	84,00	9		50 05
S	25	•	nts pald		176,975.	04,0			58,85 176,97
	26	Total expenses an	-					Annual and the different and with the stream Plant and the part of	
		Add lines 24 and 25		· · · ·	345,360.	84,06	8.		235,82
	27	Subtract line 26 from							
	1	Excess of revenue and disbursement			487,910.				的可以
	[E		come (if negative, enter -	0-)		749,20)2.		SAME THE RESIDENCE OF THE PARTY
	1		me (if negative, enter -0-)	•					THE PERSON NAMED IN

Par	tills	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year	End of	year
		(See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1.	Cash - non-interest-bearing	373,323.	_536,355.	536,355.
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶		WEST STATE	
	1	Less: allowance for doubtful accounts			-
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (altach sch)			
A		Less: allowance for doubtful accounts		1000000	A STATE OF THE PARTY OF THE PAR
S	8	Inventories for sale or use			
A S S E T	9	Prepaid expenses and deferred charges			
S	10:	a Investments – U.S. and state government obligations (attach schedule)			
	۱ ۱	b Investments — corporate stock (attach schedule) . L=10.b. Stmt	5,482,202.	6,115,779.	6,280,210.
	1	c Investments — corporate bonds (attach schedule)	3/402/202.	0,113,773.	0,200,210.
	i	Investments — land, buildings, and			
	''	equipment: basis			
		Less. accumulated depreciation (attach schedule)			
	12				
	13	Investments — other (attach schedule) L=13 Stmt	668,690.	329,412.	329,412.
	14				
		Less: accumulated depreciation (attach schedule)			
	15 16	Other assets (describe Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	6,524,215.	6,981,546.	7,145,977.
L	17	Accounts payable and accrued expenses	0,524,215.	0,301,340.	
ļ	18	Grants payable			
A B	19	Deferred revenue			
!	20	Loans from officers, directors, trustees, & other disqualified persons			
ī	21	Mortgages and other notes payable (attach schedule)			
T	22	Other liabilities (describe			
]				国和中国
E S	23	Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
N F	24	Unrestricted			
E U T N	25	Temporarily restricted			
D	26	Permanently restricted			
A B S A E L		Foundations that do not follow SFAS 117, check here . ► X and complete lines 27 through 31.			
ĒĹ	27	Capital stock, trust principal, or current funds	6,524,215.	6,981,546.	
SN	28	Pald-in or capital surplus, or land, bldg., and equipment fund			
O E	29	Retained earnings, accumulated income, endowment, or other funds			
ŔŠ	30	Total net assets or fund balances (see instructions)	6,524,215.	6,981,546.	
	31	Total liabilities and net assets/fund balances (see instructions)	6,524,215.	6,981,546.	
Par	t <u>[</u> []]	Analysis of Changes in Net Assets or Fund Balanc			
		I net assets or fund balances at beginning of year — Part II, column of-year figure reported on prior year's return)		vith 1	6,524,215.
2	Ento	r amount from Part I, line 27a			487,910.
3				├ ─	407,910.
3 4		lines 1, 2, and 3 · · · · · · · · · · · · · · · · · ·			7 012 125
4 5		eases not included in line 2 (itemize) See Other Decreases S		5	7,012,125.
5 6		I net assets or fund balances at end of year (line 4 minus line 5) — P			30,579. 6,981,546.
	TOTA	The assets of fully paralles at elly of year (little 4 fillings little 5) - F	art ii, coluinii (b), iiile 30	<u> </u>	0,901,340.

	(a) Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ratio Irvided by col. (c))
	2014	31,421.	3,699,738.		0.008493
	2013	30,000.	3,141,247.		0.009550
	2012	19,000.	357,201.		0.053191
	2011	46,970.	117,806.		0.398706
	2010	10,700.	93,575.		0.114347
			on line 2 by 5, or by the	2	0.584287
	number of years the foundation	has been in existence if less than 5 ye	ears	3	0.116857
4	Enter the net value of noncharita	able-use assets for 2015 from Part X,	line 5	4	7,410,091.
5	Multiply line 4 by line 3			5	865,921.
6	Enter 1% of net investment inco	me (1% of Part I, line 27b)		6	7,492.
7	Add lines 5 and 6			7	873,413.
8	Enter qualifying distributions from	m Part XII, line 4		8	235,829.

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.

Par	松原蠍 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see	instr	uction	s)		<u> </u>
	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1	333				2.70
	Date of ruling or determination letter: (attach copy of letter if necessary — see instrs)	District Color	20002 59403		7-1-2	Car Criss
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	1			14,9	84
	check here . F and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable					
3	foundations only. Others enter -0-)	3	ļ		14,9	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			14,9	
-	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5			1 4 0	0.
	Credits/Payments:	MIGNIA	nan-a	DV:0-183289	4,9	84.
•						
	2015 estimated tax pmts and 2014 overpayment credited to 2015				1.25	
	Exempt foreign organizations — tax withheld at source				4	
	Tax paid with application for extension of time to file (Form 8868) 6c 0.				**	
	Backup withholding erroneously withheld				0.00	
7	Total credits and payments. Add lines 6a through 6d	7			<u>11,3</u>	<u>60.</u>
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8				19.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9_			3,6	<u>43.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				0.
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax	11				
Par	(AVIII Statements Regarding Activities					
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			300	Yes	No
	participate or intervene in any political campaign?			1 a	l	Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?			1 b		х
	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.					
d	Did the foundation file Form 1120-POL for this year?			1 c		×
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers > \$					11.52
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes			3	121.71A	X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4 a		X
	If 'Yes,' has it filed a tax return on Form 990-T for this year?			4 b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		Х
	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				4	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?			6	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	х	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)			8.4		
	MA - Massachusetts	-	_			
h	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	_	_			定署
	(or designate) of each state as required by General Instruction G? If 'No,' attach explanation			8 b	Χ	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If 'Yes,' complete Part')(5) (IV .		9	25.55	X
10	Did any persons become substantial contributors during the tax year? If Yes,' attach a schedule listing their names and addresses	<u></u> .	<u></u>	10		Х
RΔΔ				rm 990	DE (2015

Form	1990-PF (2015) MICHAEL B. RUKIN CHARITABLE FOUNDATION	22-299211	5	P	age 5
Pai	Statements Regarding Activities (continued)		,		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)		11		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified pe advisory privileges? If 'Yes,' attach statement (see instructions)	rson had	12		x
13	the state of the s	cation?	13	Х	
	Website address · · · · · · · · · · · · · · · · · ·				
14	The books are in care of MORREEN RUKIN BAYLES Telephone	e no. • <u>(610)</u>	<u> 594</u>	<u>-206</u>	<u>5</u>
45	Located at C/O CREATIVE RESTAURANT, 401E GORDON DRIVE EXTON PA ZIP + 4				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the year		• • •		Ш
		<u></u>		Yes	No
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority bank, securities, or other financial account in a foreign country?		16	163	X
fo	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country				
Par	twileB翼 Statements Regarding Activities for Which Form 4720 May Be Required		Lauren werte.		
4.	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			Yes	No
18	During the year did the foundation (either directly or indirectly):				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No	.)//	3,24	50.0
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' 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.)	Yes XNo			
t	o 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)?		1 b		
	Organizations relying on a current notice regarding disaster assistance check here	▶ []			7
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 2015?		1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):				
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?	Yes X No			33
	If 'Yes,' list the years ► 20 , 20 , 20 , 20 .				
t	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.)		2 b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			800	
	► 20 ,20 ,20 ,20				
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes X No			
t	o 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, Form 4720, to determine if the foundation had excess business holdings in 2015.)		3 b		
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4 a		х
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?		4 b		X
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Form 990-PF (2015) MICHAEL B. RUKIN (CHARITABLE FOUN	DATION	22-299	92115 Page 6
Part VII B Statements Regarding Activit		n 4720 May Be Req	uired (continued)	
5 a During the year did the foundation pay or incur a	-	_		
(1) Carry on propaganda, or otherwise attempt t	•	7 77		No No
(2) Influence the outcome of any specific public on, directly or indirectly, any voter registration				No No
(3) Provide a grant to an individual for travel, stu	dy, or other similar purpo	oses?	Yes X	No The State of th
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions).	a charitable, etc, organı	zation described	Yes X	No No
(5) Provide for any purpose other than religious educational purposes, or for the prevention of	, charitable, scientific, lite of cruelty to children or ar	erary, or nimals?		No A
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53.4945 or in a (see instructions)?	current notice regarding	disaster assistance		5b
Organizations relying on a current notice regardi	ng disaster assistance ch	neck here		
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsib	foundation claim exempt	tion from the	Yes	No
If 'Yes,' attach the statement required by Regular	tions section 53.4945-5(c	d).		
6 a Did the foundation, during the year, receive any to on a personal benefit contract?				No
b Did the foundation, during the year, pay premium If 'Yes' to 6b, file Form 8870.	ns, directly or indirectly, o	n a personal benefit con	tract?	6b X
7 a At any time during the tax year, was the foundati	on a party to a prohibited	tax shelter transaction?	□Yes ∇	No.
b If 'Yes,' did the foundation receive any proceeds				THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON N
PartVIII Information About Officers, D				
and Contractors				
1 List all officers, directors, trustees, foundation		ompensation (see inst		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c)Compensation (If not pald, enter -0-)	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MORREEN RUKIN BAYLES 401E GORDON DRIVE	TRUSTEE		_	
EXTON PA 19341	5.00	35,000.	0.	0.
2 Compensation of five highest-paid employee	s (other than those inc	luded on line 1 – see ii	nstructions). If none, e	lnter 'NONE.'
(a) Name and address of each employee	(b) Title, and average	(c) Compensation	(d)Contributions to	(e) Expense account,
paid more than \$50,000	hours per week devoted to position		employee benefit plans and deferred compensation	other allowances
NONE				
		1		
			L	
			ĺ	
			ļ	
Total number of other employees paid over \$50,000 .		<u> </u>	<u> </u>	None
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Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	

Form 990-PF (2015)

Rantix 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: 1a 6,487,529 1 b 536,355. 1 c 499,051 1 d 7,522,935 e Reduction claimed for blockage or other factors reported on lines 1a and 1c 2 Subtract line 2 from line 1d 7,522,935. Cash deemed held for charitable activities. Enter 1-1/2% of line 3 4 112,844. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 410,091. 6 370,505 PartXi 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.) 1 370,505. 2 a 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.)..... 2 c 14,984. Distributable amount before adjustments. Subtract line 2c from line 1. 3 355,521 Recoveries of amounts treated as qualifying distributions 4 5 355,521 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 355,521 Rart XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26 1 a 235,829. 1 b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. purposes. 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required)....... 3 a 3 b Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V. line 8, and Part XIII, line 4. 4 235,829 235,829

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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Form 990-PF (2015)

PartXIII Undistributed Income (see instructions)

Distributable amount for 2015 from Part XI, line 7	•	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
2 Undishibuted income is any, as of the end of 2015. a Enter annual for 2014 only. b Total for prior yeass: 20					355,521.
b Total for pier years: 20 _ 20 _ 20 _ 3	2 Undistributed income, if any, as of the end of 2015.	Commence of the state of the st			AND THE REAL PROPERTY.
3 Excess distributions carryover, if any, to 2015. a From 2010		The state of the s	A Transfer of the second	173,653.	
a From 2010 .				1	***************************************
b From 2011					
e From 2012					
d From 2014					
e From 2014 31, 421 79, 988 7 79, 988 7					
f Total of lines 3a through e 79,988 4. Qualifying distributions for 2015 from Patr XII, line 4: \$235,829 a Applied to 2014, but not more than line 2a. b Applied to 2014, but not more than line 2a. c Treated as distributions out of corpus (Election required — see instructions). d Applied to 2015 distributable amount. e Remaining amount distributed out of corpus Excess distributions carryover applied to 2015. (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:	<u> </u>				
4. Qualifying distributions for 2015 from Part XII, line 4: F S 235, 829 - Applied to 2014, but not more than line 2a		79 988			
XII, line 4: * \$ 235, 829 a Applied to 2014, but not more than line 2a . Deplied to undistributed income of prior years (Election required – see instructions). c Treated as distributions out of corpus (Election required – see instructions). d Applied to 2015 distributable amount e Remaining amount distributed out of corpus E Remaining amount distributed out of corpus 6 Enter the net total of each column as indicated below: a Corpus Addines 3f Ac, and 4e Subtract line 5. b Prior years' undistributed income subtract line 4b from line 2b. c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(e) tax has been previously assessed. d Subtract line 6c from line 6b. Taxable amount – see instructions. d Undistributed income for 2014 Subtract lines 4d from line 2a. Taxable amount – see instructions. f Undistributed income for 2015 Subtract lines 4d from line 2a. Taxable amount – see instructions. 8 Excess distributions carryour for 2016 subtract lines 4d and 5 from line 1 This amount must be distributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributions arrayour for 2018 subtract lines 7 and 8 from line 6a. 10 Analysis of line 9: Excess from 2011 . 0, b Excess from 2011 . 0, d Excess from 2011 . 0, d Excess from 2014 . 0,	-				The state of the s
a Applied to 2014, but not more than line 2a b Applied to undistributed income of prior years (Election required—see instructions) c Treated as distributions out of corpus (Election required—see instructions) d Applied to 2015 distributable amount e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2015 full an amount appears in column (pl.) the same amount must be shown in column (a).) 6 Enter the net total of each column as inclicated below: a Corpus Add lines 3f. 4c, and 4e Subtract line 5. b Prior years undistributed income. Subtract line 4b from line 2b. c Errier the amount of prior years undistributed income for official to the electric official to the electri	_				The state of the s
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C Treated as distributions out of corpus C Treated as distributions out of corpus G Applied to 2015 distributable amount. Remaining amount distributed out of corpus Excess distributions carryover applied to 2015 D Prior years undistributed income. Subtract line 4b from line 2b. 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 d Subtract line 6b from line 6b. Taxable amount – see instructions. d Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016 T Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(a)(a) (Election may be required – see instructions). Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). Excess distributions carryover from 2016. Subtract lines 4 from line 5 or line 7 (see instructions). Excess from 2012 . O Analysis of line 9: Excess from 2011 . O Excess from 2012 . O Excess from 2014 . O C	b Applied to undistributed income of prior years				THE STATE OF THE S
Clector required — see instructions)	(Election required – see instructions)				E. Britanis Similar
d Applied to 2015 distributable amount e Remaining amount distributed out of corpus 5 Excess distributions carryover for 2016. (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. b Prior years' undistributed income. Subtract line 4b from line 2b. 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) fax has been previously assessed d Subtract line 6c from line 6b. Taxable amount — see instructions. f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016. 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b) (1)F) or 493-2(g)(g) (Election may be required — see instructions). 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). 9 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). 10 Analysis of line 9: a Excess from 2011 . b Excess from 2011 . c Excess from 2013 . d Excess from 2014 .	c Treated as distributions out of corpus				The state of the s
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Company Comp		62,176.			
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a Corpus Add lines 3f, 4c, and 4e Subtract line 5				Will you was the in	
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income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	b Prior years' undistributed income. Subtract line 4b from line 2b		0.		The state of the s
been issued, or on which the section 4942(a) tax has been previously assessed	c Enter the amount of prior years' undistributed				Elian Control
d Subtract line 6c from line 6b. Taxable amount — see instructions	been issued, or on which the section 4942(a)				
amount — see instructions	tax has been previously assessed				1
e Undistributed income for 2014 Subtract line 4a from line 2a. Taxable amount — see instructions					
Ine 2a. Taxable amount — see instructions. f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016. 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions). 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	amount – see instructions	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.		
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016					
4d and 5 from line 1. This amount must be distributed in 2016	line 2a. Taxable amount — see instructions	THE RESERVE OF THE PERSON OF T			The Control of the Co
distributed in 2016		THE TREE TO SERVE			
Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)					213 357
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)		See The STARSTON ACTION A		The same of the sa	THE PARTY THE PARTY A
may be required — see instructions)	corpus to satisfy requirements imposed by				State of the state
B Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a Analysis of line 9: a Excess from 2011	may be required — see instructions)				
applied on line 5 or line 7 (see instructions)			Carrier to the state of the	67 '47	
Subtract lines 7 and 8 from line 6a	applied on line 5 or line 7 (see instructions)	0.	ENTERNISE DE	Maria Cara San Cara Cara Cara Cara Cara Cara Cara Ca	
10 Analysis of line 9: a Excess from 2011		0	The state of the s	The state of the s	The same of the sa
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b Excess from 2012	ا بيمه م سا		The state of the s		[148] 新建工作员
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d Excess from 2014 0					
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		ictions and Part 1	\/II_∆ augetion C	<u>,, </u>	N/A	
Private Operating Foundations (see instructions and Part VII-A, question 9) 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling.						
b Check box to indicate whether the foundati	•			4942(j)(3) or	4942(j)(5)	
2 a Enter the lesser of the adjusted net	Enter the lesser of the adjusted net					
income from Part I or the minimum investment return from Part X for each year listed	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total	
b 85% of line 2a						
Qualifying distributions from Part XII, line 4 for each year listed						
d Amounts included in line 2c not used directly for active conduct of exempt activities						
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			
(1) Value of all assets						
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)						
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed						
c 'Support' alternative test - enter:						
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)						
(2) Support from general public and 5 or more exempt organizations as provided in section 4942()(3)(B)(iii)						
(3) Largest amount of support from an exempt organization				ļ		
(4) Gross investment income			<u> </u>			
Rart XV Supplementary Information assets at any time during to	n (Complete this he year – see in	part only if the structions.)	foundation had	d \$5,000 or more	e in	
Information Regarding Foundation Mana a List any managers of the foundation who h close of any tax year (but only if they have NONE	ave contributed more	than 2% of the total of \$5,000). (See section	contributions receive on 507(d)(2).)	ed by the foundation b	efore the	
b List any managers of the foundation who o a partnership or other entity) of which the for NONE	wn 10% or more of th oundation has a 10%	e stock of a corporati or greater interest.	ion (or an equally lar	ge portion of the own	ership of	
2 Information Regarding Contribution, Grand Check here X if the foundation only requests for funds. If the foundation makes	nakes contributions to	preselected charitab	ole organizations and	d does not accept uns	colicited	
complete items 2a, b, c, and d.						
a The name, address, and telephone numbe	r or e-mail address of	tne person to whom	applications should	be addressed:		
b The form in which applications should be s	ubmitted and informa	tion and materials the	ey should include:			
c Any submission deadlines:						
d Any restrictions or limitations on awards, se	uch as by geographic	al areas, charitable fi	elds, kinds of institut	tions, or other factors:		

3 Grants and Contributions Paid During the Ye			t	
Recipient	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
Name and address (home or business) a Paid during the year	Substantial contributor			
PEF ENDOWMENT FUND INC	NONE			
317 MADISON AVENUE, SUITE 607	NONE			
NEW YORK NY 10017		NONPROFIT	UNRESTRICTED	20,000.
ALEX'S LEMONADE FOUNDATION	NONE			23,
333 E LANCASTER AVE #414				
WYNNEWOOD PA 19096		NONPROFIT	UNRESTRICTED	2,000.
COMMUNITY PLATES	NONE			
165 NEW CAANAN AVE		1	'	
NORWALK CT 06850		NONPROFIT	UNRESTRICTED	2,000.
JEWISH FEDERATION OF CLEVELAND	NONE			
25701 SCIENCE PARK DRIVE CLEVELAND OH 44122		NONDDORTE	INDECEDICATE	1,000.
CLEVELAND OH 44122 HAWKEN SCHOOL	NONE	MONPROFIT	UNRESTRICTED	1,000.
5000 CLUBSIDE ROAD	NONE	}		
LYNDHURST OH 44124		NONPROFIT	UNRESTRICTED	1,200.
UNIVERSITY HOSPITAL - KIDS KICKING CANCER FUND	NONE		,	,
11100 EUCLID AVE MCCO 5062				
CLEVELAND OH 44106	1	NONPROFIT	UNRESTRICTED	2,050.
NATIONAL BRAIN TUMOR SOCIETY	NONE			
55 CHAPEL STREET				
NEWTON MA 02458		NONPROFIT	UNRESTRICTED	1,800.
AGAHOZOSHALOM YOUTH VILLAGE	NONE			ı
498 SEVENTH AVENUE 15TH FL NEW YORK NY 10018		NONDBOETT	UNRESTRICTED	3,500.
HOMES FOR HOPE	NONE	NONEROLLI	ONKESTRICIED	3,300.
49 RICHMONDVILLE AVE SUITE 112				
WESTPORT CT 06880		NONPROFIT	UNRESTRICTED	1,000.
See Line 3a statement		1		i
				142,425.
	1			i
		1		
Total		<u> </u>	3a	176,975.
b Approved for future payment	T	T		170/373.
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RartXVI:AX Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Linrelate	ed business income	Eveludor	d by section 512, 513, or 514	<u> </u>
Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
a			ļ — i		
b					
С					
q					
е					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities	Y		14	117,620.	
5 Net rental income or (loss) from real estate:			7.0		
a Debt-financed property	[
b Not debt-financed property	[
6 Net rental income or (loss) from personal property					
7 Other investment income	• •				
8 Gain or (loss) from sales of assets other than inventory			18	705,889.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory .					
11 Other revenue:	新物 位部		開放器	TO THE TAX SE	
a FROM K-1'S			_16	9,934.	
b					
С					
d					
					
e				000 440	
e Subtotal. Add columns (b), (d), and (e)				833,443.	<u> </u>
13 Total. Add line 12, columns (b), (d), and (e).	<i></i> .			833,443.	833,443.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) . (See worksheet in line 13 instructions to verify calcula	<i></i> .			833,443. 13	833,443.
13 Total. Add line 12, columns (b), (d), and (e).	tions.)	······			833,443.
13 Total. Add line 12, columns (b), (d), and (e) . (See worksheet in line 13 instructions to verify calcula RankXVI:Bs Relationship of Activities to	tions.)	lishment of Exem	ot Purp	oses	
13 Total. Add line 12, columns (b), (d), and (e) . (See worksheet in line 13 instructions to verify calcula RankXVI:Bs Relationship of Activities to	tions.)	lishment of Exem	ot Purp	oses	
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcula Part XVI B Relationship of Activities to Line No. Explain below how each activity for which	tions.)	lishment of Exem	ot Purp	oses	
13 Total. Add line 12, columns (b), (d), and (e) . (See worksheet in line 13 instructions to verify calcula RankXVI:Bs Relationship of Activities to	tions.)	lishment of Exem	ot Purp	oses	
13 Total. Add line 12, columns (b), (d), and (e) . (See worksheet in line 13 instructions to verify calcula RankXVI:Bs Relationship of Activities to	tions.)	lishment of Exem	ot Purp	oses	
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13 Total. Add line 12, columns (b), (d), and (e) . (See worksheet in line 13 instructions to verify calcula RankXVI:Bs Relationship of Activities to	tions.)	lishment of Exem	ot Purp	oses	

Form 990-PF (2015) MICHAEL B. RUKIN CHARITABLE FOUNDATION 22-2992115 Part XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

de re a Tr (1 (2 b ()	escribed lating to ransfers Cash Cash Cash Cash Cash Cash Cash Cas	in section 501(c) political organiza from the reportin assets assets of assets to a no asses of assets fr al of facilities, equ bursement arrang s or loan guarante	ly or indirectly eng) of the Code (other ations? Ing foundation to a Incharitable exemptor a noncharitable sipment, or other a gements	er than section 50 noncharitable exe	O1(c)(3) organiza	tions) or i	in section 527,		1 b (1) X 1 b (2) X 1 b (3) X 1 b (4) X 1 b (5) X	
•	•		nent, mailing lists,	=					 	_
	_		_							_
th	e aoods	i, other assets, or	above is 'Yes,' со r services given by arrangement, sho	v the reporting fou	indation. If the fo	undation	received less that	an fair market va	ket value of alue in	
(a) Line	no	(b) Amount involved	I (c) Name	of noncharitable exer	npt organization	(d	Description of trans	sfers, transactions,	and sharing arrangements	_
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de	escribed	ndation directly or in section 501(c) omplete the follow	r indirectly affiliate) of the Code (other ving schedule.	ed with, or related er than section 50	to, one or more of 1(c)(3)) or in sec	tax-exemetion 527°	pt organizations		Yes X No	_
	(a)	Name of organiza	ation	(b) Type	of organization		(c) Description of	relationship	_
		- 					ļ			
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	Lindar no	nolling of names. I don't	Jaco that I have every	ad this seture, in aludina				at at any translation	and halvef at an torus	_
0.	correct, a	nd complete. Declarati	lare that I have examine ion of preparer (other the	an taxpayer) is based o	n all information of wh	ich preparei	has any knowledge.	st of my knowledge a	and pener, it is true,	
Sign Here	Y	noull	2		11/14/16	•	Trustee		May the IRS discuss this return with the preparer shown below (see instructions)?	7
	Signatu	re of officer or trustee	7		Date	-	itle		X Yes N	۱.
		Print/Type preparer's	name	Preparer's s	signature		Date	Check	if PTIN	_
Paid		BONNIE W K	ORENGEL, C	PA Bonnie 6	W. Koren	cel	09/20/16	self-employed	P00359498 _	
Prepa		Firm's name			ASSOCIATE.	Š, P.C		Firm's EIN ► 20)-1036865	
Use O		Firm's address		TIMORE PIKE						_
		<u> </u>	KENNETT SO			PA 19	348-2430	Phone no. (6	510) 444-3222	_
BAA									Form 990-PF (2015	5)

Net Gain or Loss From Sale of Assets

2015

Name Employer Identification Number MICHAEL B. RUKIN CHARITABLE FOUNDATION 22-2992115 Asset Information: Description of Property: SEI CAPITAL GAIN DISTRIBUTIONS Date Acquired: . How Acquired: . . . Date Sold: . . . Name of Buyer: . . . 343, 264. Cost or other basis (do not reduce by depreciation) . . . Sales Price: . . Sales Expense: . . Valuation Method: . . . Description of Property: SEI 9621 Date Acquired: . How Acquired: . . . Date Sold: . . . Name of Buyer: . . . Sales Price: . . 175, 498. Cost or other basis (do not reduce by depreciation) . . . 150, 205. Sales Expense: . . Valuation Method: . . . Description of Property: GOLDMAN SACHS 9588 CGD How Acquired: . . . Date Acquired: . Date Sold: . . . Name of Buyer: . . . 989. Cost or other basis (do not reduce by depreciation) . . . Sales Price: . . Sales Expense: . . Valuation Method: . . . Total Gain (Loss): . . 989. Accumulation Depreciation: . . . Description of Property: GOLDMAN SACHS 9588 How Acquired: . . . Date Acquired: . Date Sold: . . . Name of Buyer: . . . Sales Price: . . 32,596. Cost or other basis (do not reduce by depreciation) . . . 19,871. Sales Expense: . . Valuation Method: . . . Total Gain (Loss): . . 12,725. Accumulation Depreciation: . . Description of Property: GOLDMAN SACHS 9588 How Acquired: . . . Date Acquired: . Date Sold: . . . Name of Buyer: . . . Sales Price: . . ___30,092. Cost or other basis (do not reduce by depreciation) . . . 30, 800. Valuation Method: . . . Sales Expense: . . Total Gain (Loss): . . Description of Property: GOLDMAN SACHS 9570 CGD How Acquired: . . . Date Acquired: . Date Sold: . . . Name of Buyer: . . . 4,662. Cost or other basis (do not reduce by depreciation) . . . Sales Price: . . Sales Expense: . . Valuation Method: . . . Total Gain (Loss): . . 4,662. Accumulation Depreciation: . . . Description of Property: GOLDMAN SACHS 9570 How Acquired: . . . Date Acquired: . Name of Buyer: . . . Date Sold: . . . Cost or other basis (do not reduce by depreciation) . . . 609, 085. Sales Price: . . 702,335. Valuation Method: . . . Sales Expense: . . Total Gain (Loss): . . 93, 250. Accumulation Depreciation: . . Description of Property: See Net Gain or Loss from Sale of Assets Date Acquired: How Acquired: . . . Date Sold: . . . Name of Buyer: . . . Cost or other basis (do not reduce by depreciation) . . . Sales Price: . . Valuation Method: . . . Sales Expense: . . Total Gain (Loss): . . _____ Accumulation Depreciation: . .

Form 990-PF, Part I, Lines 6a Net Gain or Loss from Sale of Assets

Asset Information:
Description of Property GOLDMAN SACHS 9570
Business Code Exclusion Code 18
Date Acquired How Acquired
Date Sold Name of Buyer .
Check Box, if Buyer is a Business
Sales Price 739, 562. Cost or other basis (do not reduce by depreciation) 704, 236.
Sales Expense Valuation Method
Sales Expense
Description of Property GOLDMAN SACHS 9570
Business Code Exclusion Code 18
Date Acquired How Acquired .
Date Sold Name of Buyer
Date Sold Name of Buyer Check Box, if Buyer is a Business
Sales Price661, 979. Cost or other basis (do not reduce by depreciation)689, 741.
Sales Expense. Valuation Method
Sales Expense Valuation Method
Total Gain (Loss)27,762 . Accumulated Depreciation
Description of Property GOLDMAN SACHS 9562 CGD
Business Code Exclusion Code 18
Date Acquired
Date Sold Name of Buyer.
Check Box, if Buyer is a Business
Sales Price 304. Cost or other basis (do not reduce by depreciation)
Sales Expense Valuation Method
Total Gain (Loss)
Description of Property GOLDMAN SACHS 9562
Business Code Exclusion Code 18
Date Acquired
Date Sold Name of Buyer.
Check Box, if Buyer is a Business
Sales Price 131,105. Cost or other basis (do not reduce by depreciation) 61,793.
Sales Expense Valuation Method
Total Gain (Loss) 69, 312. Accumulated Depreciation
Description of Property GOLDMAN SACHS 9562
Business Code Exclusion Code 18
Date Acquired How Acquired How Acquired .
Date Sold Name of Buyer.
Check Box, if Buyer is a Business
Sales Price 210,150. Cost or other basis (do not reduce by depreciation) 163,713.
Sales Expense Valuation Method
Total Gain (Loss)
Description of Property GOLDMAN SACHS 9562
Business Code Exclusion Code 18
Date Acquired How Acquired
Date Sold Name of Buyer.
Check Box, if Buyer is a Business
Sales Price118,199. Cost or other basis (do not reduce by depreciation)126,891.
Sales Expense Valuation Method
Total Gain (Loss)8, 692. Accumulated Depreciation

Form 990-PF, Part I, Lines 6a Net Galn or Loss from Sale of Assets

Continued

Asset Information:
Description of Property GOLDMAN SACHS 9880
Business Code Exclusion Code 18
Date Acquired How Acquired
Date Sold Name of Buyer.
Check Box, if Buyer is a Business
Sales Price 26, 052. Cost or other basis (do not reduce by depreciation) 15, 926.
Sales Expense Valuation Method
Total Gain (Loss) 10,126. Accumulated Depreciation
Description of Property GOLDMAN SACHS 9880
Business Code Exclusion Code 18
Date Acquired
Date Sold Name of Buyer.
Check Box, if Buyer is a Business
Sales Price382,607. Cost or other basis (do not reduce by depreciation)302,981.
Sales Expense Valuation Method
Total Gain (Loss) 79, 626 . Accumulated Depreciation
Description of Property GOLDMAN SACHS 9880
Business Code Exclusion Code 18
Date Acquired
Date Sold Name of Buyer.
Check Box, if Buyer is a Business
Sales Price 14,379. Cost or other basis (do not reduce by depreciation) 14,750.
Sales Expense Valuation Method
Total Gain (Loss)371 . Accumulated Depreciation
Description of Property NORTHLAND PORFOLIO LP
Business Code Exclusion Code 18
Date Acquired How Acquired
Date Sold Name of Buyer.
Check Box, if Buyer is a Business
Sales Price48. Cost or other basis (do not reduce by depreciation)
Sales Expense Valuation Method
Total Gain (Loss)
Total Gain (Loss)
Business Code . Exclusion Code 18
Date Acquired
Date Sold Name of Buyer.
Check Box, if Buyer is a Business
Sales Price21,887. Cost or other basis (do not reduce by depreciation)
Sales Expense Valuation Method
Total Gain (Loss) 21,887. Accumulated Depreciation

Form 990-PF, Page 1, Part I, Line 18 Line 18 Stmt

Taxes	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
PAYROLL TAXES	3,105.			3,105.
OTHER TAXES	22,503.			
FOREIGN TAXES PAID	1,161.	1,161.		
				
Total	<u>26,769.</u>	1,161.		3,105.

Form 990-PF, Page 1, Part I, Line 23 Line 23 Stmt

Other expenses:	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
OUTSIDE SERVICES	10,000.			10,000.
OFFICE EXPENSES	183.			183.
DUES AND SUBSCRIPTIONS	1,200.			1,200.
PAYROLL SERVICE FEES	858.			858.
FROM K-1 CHARITABLE CONTRIBUTION	551.	551.		
FROM K-1 OTHER EXPENSES	2,960.			

Total 15,752. 551. 12,241.

Form 990-PF, Page 2, Part III, Line 5 Other Decreases Stmt

RETURN OF CAPITAL	7,120.
FROM K-1 NONDEDUCTIBLE EXPENSES	4,042.
TIMING DIFFERENCE	19,417.
Total	30,579.

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (a) thru (d)

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company)	(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
SALE OF STOCK	P	01/01/10	12/31/15
FROM K-1	P	01/01/10	12/31/15

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
858,454.		685,417.	173,037.
21,935.		0.	21,935.

Total _____685,417. ____194,972.

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (i) thru (i)

Complete only for assets by the foundation on 12/	(I) Gains (column (h)		
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	gain minus column (k), but not less than -0-) or losses (from column (h))
			173,037. 21,935.
Total			194,972.

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Recipient	If recipient is an individual,	Foun- dation	Purpose of grant or contribution	Person or Business
Name and address (home or business)	show any relationship to	status of re-	grant or contribution	Checkbox
	any foundation manager or substantial contributor	cipient		Amount
a Paid during the year				
GROSS SCHECTER DAY SCHOOL	NONE			Person or
27601 FAIRMOUNT BLVD	.			Business X
PEPPER PIKE OH 44124		NONPROFIT	UNRESTRICTED	650.
AMERICAN JEWISH	NONE			Person or
30 S 15TH ST #801	.			Business X
PHILADELPHIA PA 19102		NONPROFIT	UNRESTRICTED	76,500.
JIB PRODUCTIONS INC	NONE			Person or
88 PARTRICK RD	.			Business X
WESTPORT CT 06880	 	NONPROFIT	UNRESTRICTED	2,000.
BEACHWOOD KEHILLAT	.			Person or
25400 FAIRMOUNT BLVD	.			Business X
BEACHWOOD OH 44122	NONE	NONPROFIT	UNRESTRICTED	200.
BIRTHRIGHT	.			Person or
529 E LINCOLN HWY	.			Business X
COATESVILLE PA 19320		NONPROFIT	UNRESTRICTED	15,000.
BNAI JESHRUN CONGREGATION				Person or
27501 FAIRMOUNT BLVD	.			Business X
CLEVELAND OH 44124		NONPROFIT	UNRESTRICTED	180.
BOSTON JEWISH MUSIC FESTIVAL	.			Person or
123 GOULD ST	.}			Business X
NEEDHAM HEIGHTS MA 02494	NONE	NONPROFIT	UNRESTRICTED	11,500.
CHESTER COUNTY SPCA	.	\		Person or
1212 PHOENIXVILLE PIKE	.			Business X
WEST CHESTER PA 19380		NONPROFIT	UNRESTRICTED	150.
CHILDRENS TUMOR FOUNDATION	.]			Person or
120 WALL ST	.			Business X
NEW YORK NY 10005	NONE	NONPROFIT	UNRESTRICTED	500.

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Continued

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to	Foun- dation status of re-	Purpose of grant or contribution	Person or Business Checkbox
	any foundation manager or substantial contributor	cipient		Amount
a Paid during the year				
FOOTHILLS ANIMAL SHELTER				Person or
580 MC_INTYRE_ST				Business X
GOLDEN CO 80401	NONE	NONPROFIT	UNRESTRICTED	1,000.
IFF CHOOSE LOVE EVENT				Person or
90 OAK ST FOURTH FL		\		Business X
NEWTON UPPER FALLS MA 02464	NONE	NONPROFIT	UNRESTRICTED	425.
MICHAEL J FOX FOUNDATION		l		Person or
PO_BOX_4777				Business X
NEW YORK NY 10163	NONE	NONPROFIT	UNRESTRICTED	50.
MONTGOMERY SCHOOL				Person or
1141 KIMBERTON RD				Business X
CHESTER SPRINGS PA 19425	NONE	NONPROFIT	UNRESTRICTED	500.
PA FREE ENTERPRISE FOUNDATION				Person or
3076 W 12TH ST				Business X
ERIE PA 16505	NONE	NONPROFIT	UNRESTRICTED	1,800.
READING PARTNERS				Person or
180 GRAND AVENUE SUITE 800				Business X
OAKLAND CA 94612	NONE	NONPROFIT	UNRESTRICTED	1,500.
RESCUE VILLAGE				Person or
15463 CHILLICOTHE ROAD				Business X
NOVELTY OH 44072	NONE	NONPROFIT	UNRESTRICTED	180.
SELFHELP COMMUNITY SERVICE				Person or
520 8TH AVE #5				Business X
NEW YORK NY 10018	NONE	NONPROFIT	UNRESTRICTED	3,750.
SHARE OUR STRENGTH				Person or
PO BOX 75475	NONE	NOVERDO STE	LINDEGED TOTAL	Business X
BALTIMORE MD 21275	NONE	NONPROFIT	UNRESTRICTED	1,250.
STUYVESANT HIGH SCHOOL				Person or
345 CHAMBERS ST NEW YORK NY 10282	NONE	NONPROFIT	TIMDEGEDICHED	Business X
	NONE	MONPROFIT	UNRESTRICTED	20,000. Person or
TEMPLE BETH EL 301 POSSUM PARK ROAD				Business X
NEWARK DE 19711	NONE	NONPROFIT	UNRESTRICTED	180.
THE BLUE CARD	HONE	HOHENOETI	OMNEGINICIED	Person or
171 MADISON AVENUE SUITE 1405				Business X
NEW YORK NY 10016	NONE	NONPROFIT	UNRESTRICTED	3,750.
THE GATHERING PLACE	1101111	HOUTHOUT	OHNDOINICIED	Person or
800 SHARON DRIVE				Business X
WESTLAKE OH 44145	NONE	NONPROFIT	UNRESTRICTED	500.
	1101111	HOMENOF II	OHIVEOTICE THE	Person or
THETS UNIVERSITY				
TUFTS UNIVERSITY 419 BOSTON AVENUE			[Business X

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Continued

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foun- dation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				

Total

142,425.

Form 990-PF, Page 1, Part I Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING SERVICES	ACCOUNTING SERVICES	14,921.	7,461.		7,460.
Total		14,921.	7,461.		7,460.

Form 990-PF, Page 1, Part I

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	CUSTODY/MANAGEMENT FEES	48,851.	48,851.		

Total

48,851. 48,851.

Form 990-PF, Page 2, Part II, Line 10b L-10b Stmt

	End of Year		
Line 10b - Investments - Corporate Stock:	Book Value	Fair Market Value	
SEI 9621 SECURITIES	2,694,716.	2,845,007.	
GS 958-8 SECURITIES	429,273.	439,725.	
GS 957-0 SECURITIES	2,456,192.	2,457,859.	
GS 956-2 SECURITIES	428,215.	439,965.	
GS 988-0 SECURITIES	107,383.	97,654.	

Total

6,115,779. 6,280,210.

Form 990-PF, Page 2, Part II, Line 13 L-13 Stmt

		End of Year		
	Line 13 - Investments - Other:	Book Value	Fair Market Value	
PARTNERSHIP	INTERESTS	329,412.	329,412.	
Total		329,412.	329,412.	