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OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

For	caler	ndar year 2015, or tax year beginning 01-	01-2015	, and ending 1	2-31-2015			
	e of four	ndation oundation Trust		A Employer ide	entification numbe	er		
111	е зена г	oundation Trust		22-6638737				
	ber and Box 397	street (or P O box number if mail is not delivered to street address 7	Room/suite	B Telephone nur	nber (see instruction	s)		
	or town, ton, NJ	state or province, country, and ZIP or foreign postal code 07860		C If exemption	application is pendin	g, check here 🕨 🦵		
e Ch	neck all	I that apply Finitial return Finitial return of a	former public charity			_		
G C1	ieck dii	Final return Address change Name change	offiler public charity	2. Foreign or	ganizations, check hoganizations meeting k here and attach co	the 85%		
H_Ch Se	eck ty ction 4	pe of organization	le private foundation	E If private fou under section	indation status was to 507(b)(1)(A), chec	erminated		
		et value of all assets at end The counting method	✓ Cash	F II the lounus	ition is in a 60-mont			
		rom Part II, col. (c), \$ 4,749,335 (Part I, column (d) must	be on cash basıs.)	under section	n 507(b)(1)(B), chec	ck here		
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	Revenue and expenses per (a) books	Net investment (b) income	Adjusted net (c) income	Disbursements for charitable purposes (d) (cash basis only)		
	1	Contributions, gifts, grants, etc , received (attach						
		schedule)						
	2	Check $\blacktriangleright \slash\hspace{-0.4cm} \overline{\hspace{-0.4cm} \hspace{-0.4cm} \hspace{-0.4cm} \hspace{-0.4cm} \hspace{-0.4cm} \hspace{-0.4cm} \overline{\hspace{-0.4cm} \hspace{-0.4cm} -0.4$						
		Sch B						
	3	Interest on savings and temporary cash investments	1,594	1,594	1,594			
	4	Dividends and interest from securities	64,413	64,413	64,413			
	5a	Gross rents						
	b	Net rental income or (loss)						
₽	6a	Net gain or (loss) from sale of assets not on line 10	20,140					
Revenue	b	Gross sales price for all assets on line 6a 22,686						
	7	Capital gain net income (from Part IV, line 2)		20,140				
	8	Net short-term capital gain						
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	b	Less Cost of goods sold						
	C	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)	l —					
	12	Total.Add lines 1 through 11	86,147	86,147	66,007			
	13	Compensation of officers, directors, trustees, etc						
	14	Other employee salaries and wages						
φ	15	Pension plans, employee benefits						
	16a	Legal fees (attach schedule)	l					
Expenses	b	Accounting fees (attach schedule)	1,250					
	C	Other professional fees (attach schedule)						
ğ	17	Interest						
Administrative	18	Taxes (attach schedule) (see instructions)	% 534					
≣	19	Depreciation (attach schedule) and depletion						
틀	20	Occupancy						
4	21	Travel, conferences, and meetings						
and	22	Printing and publications						
	23	Other expenses (attach schedule)	360					
Operating	24	Total operating and administrative expenses. Add lines 13 through 23	2,144	0		0		
ŏ	25	Contributions, gifts, grants paid				260,220		
	26	Total expenses and disbursements. Add lines 24 and	·			,		
		25	262,364	0		260,220		
_	27	Subtract line 26 from line 12						
	a	Excess of revenue over expenses and disbursements	-176,217					
	ь	Net investment income (if negative, enter -0-)		86,147				
	С	Adjusted net income(If negative, enter -0-)			66,007			

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		of year
		should be for end-or-year amounts only (see instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	63,935	185,68	
	2	Savings and temporary cash investments	5,113,723	4,563,64	4,563,646
	3	Accounts receivable			
		Less allowance for doubtful accounts -			
	4	Pledges receivable 🟲			
		Less allowance for doubtful accounts 🟲			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts -			
9	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	C	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis 🟲			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis 🕨			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe 🟲)			
	16	Total assets(to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	5,177,658	4,749,33	4,749,335
	17	Accounts payable and accrued expenses			
	18	Grants payable			
<u> </u>	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
혈	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe •)			
	23	Total liabilities(add lines 17 through 22)		ĺ	D
		Foundations that follow SFAS 117, check here 🕨 🦵			
ě		and complete lines 24 through 26 and lines 30 and 31.			
핅	24	Unrestricted			
핆	25	Temporarily restricted			
필	26	Permanently restricted			
킖		Foundations that do not follow SFAS 117, check here 🕨 🔽			
Net Assets or Fund Balance		and complete lines 27 through 31.			
Ž	27	Capital stock, trust principal, or current funds	5,177,658	4,749,33	5
Š	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
회	30	Total net assets or fund balances(see instructions)	5,177,658	4,749,33	5
	31	Total liabilities and net assets/fund balances(see instructions)	5,177,658	4,749,33	5
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	<u> </u>		
1		Total net assets or fund balances at beginning of year—Part II, column	(a), line 30 (must agr	ree	
		with end-of-year figure reported on prior year's return)			5,177,658
2		Enter amount from Part I, line 27a			-176,217
3		Other increases not included in line 2 (itemize)		3	·
4		Add lines 1, 2, and 3		4	5,001,441
5		Decreases not included in line 2 (itemize)		% 5	252,106
6		Total net assets or fund balances at end of year (line 4 minus line 5)—P		e 30 . 6	4,749,335

011111	JO 11 (2013)					raye	
Part :	IV Capital Gains and Lo	sses for Tax on Investme	ent Income				
		d(s) of property sold (e g , real es or common stock, 200 shs MLC	How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr)	Date sold (d) (mo , day, yr		
1 a	29 bbx Capital Corp			Р	1997-04-10	2015-04-30	
b	724 COMMUNITY BK SYST	EM	Р	2015-12-14	2010-07-01		
С	4824 HUDSON CITY BANC	ORP INC	Р	2001-09-05	2015-11-09		
d	665 M&T BANK CORP		Р	2001-09-05	2015-11-09		
e	3000 ONEIDA FINANCIAL	CORP	Р	2010-07-01	2015-12-01		
(e) Gross sales price		Depreciation allowed (f) (or allowable)		or other basis expense of sale		n or (loss) (f) minus (g)	
a	580			2,501		-1,92	
b	14			14			
С	5,232					5,23	
d	80			31		4	
е	16,780					16,78	
Сс	omplete only for assets showing	gain in column (h) and owned by	the foundation	on 12/31/69		(h) gaın mınus	
(i)	FMV as of 12/31/69			ess of col (ı) col (j), ıf any	col (k), but not less than -0-) ((I) Losses (from col (h))		
a						-1,92	
b							
С						5,23	
d						4	
e						16,78	
2	Capital gain net income or (n			n Part I , line 7 in Part I , line 7	2	20,14	
3	Net short-term capital gain o	or (loss) as defined in sections 12	222(5) and (6)	1			
	If gaın, also enter ın Part I, lı ın Part I, lıne 8	ne 8, column (c) (see instruction	ıs) If(loss), e	nter -0 -	3		
Part	V Qualification Under	Section 4940(e) for Redu	ced Tay on	Net Investme			

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income) If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

┌ Yes ┌ No

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

		, ,	,		
	(a) e period years Calendar or tax year beginning in)	(b) Adjusted qualifying distributions			(d) Distribution ratio (col (b) divided by col (c))
	2014	247,022	4,797,862		0 05149
	2013	170,200	3,723,998		0 04570
	2012	147,927	2,856,969		0 05178
	2011	124,592	2,632,456		0 04733
	2010	109,200	2,437,027		0 04481
2	Total of line 1, colum	n (d)		2	0 241106
3	the number of years	ratio for the 5-year base period—di the foundation has been in existence	e ıf less than 5 years	3	0 048221
4		f noncharitable-use assets for 2015	·	4	5,280,147
5	Multiply line 4 by line	e 3		5	254,614
6	Enter 1% of net inve	stment income (1% of Part I, line 2	7b)	6	861
7	Add lines 5 and 6.			7	255,475
8	Enter qualifying distr	ributions from Part XII, line 4		8	260,220
	If line 8 is equal to o the Part VI instruction		in Part VI, line 1b, and complete tha	at part	using a 1% tax rate See

	990-PF (2015) t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4	940(e)	, or 4948—se	ee page	e 18 of	the inst	ructio		age 4
1a	Exempt operating foundations described in section 4940(d)(2), check here		<u>* </u>	<u> </u>					
	and enter "N/A" on line 1	'							
	Date of ruling or determination letter			}					
-	(attach copy of letter if necessary-see instructions)	اممام			4				0.64
b	Domestic foundations that meet the section 4940(e) requirements in Part V	, спеск	•)	1				861
_	here 🟲 🔽 and enter 1% of Part I, line 27b			•					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organiz Part I, line 12, col (b)	ations	enter 4% of						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable fou enter -0-)	ndatıon	ns only Othe	ers	2				
3	Add lines 1 and 2			•	3				861
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable fou enter -0-)	ındatıor	ns only Oth	ers	4				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, 6	enter - ()		5			-	861
6	Credits/Payments			-	<u> </u>				
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	1	980					
b	Exempt foreign organizations—tax withheld at source	6b		,,,,					
c	Tax paid with application for extension of time to file (Form 8868)	6c							
d	Backup withholding erroneously withheld	6d							
7	Total credits and payments Add lines 6a through 6d				7				980
8	Enter any penalty for underpayment of estimated tax. Check here if Form				8				
9	Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed .			•	9				
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount			•	10				119
11	Enter the amount of line 10 to be Credited to 2015 estimated tax	119	Refunded	•	11				
	t VII-A Statements Regarding Activities					<u> </u>			
1a	During the tax year, did the foundation attempt to influence any national, state	e, or lo	cal legislation	n or di	d			Yes	No
	it participate or intervene in any political campaign?						1a		No
ь	Did it spend more than \$100 during the year (either directly or indirectly) for	politica	al purposes (see In	structi	ons			
	for definition)?	· 					1b		No
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities	s and co	opies of any i	materia	ls				
	published or distributed by the foundation in connection with the activities.								
С	Did the foundation file Form 1120-POL for this year?						1c		No
d	Enter the amount (If any) of tax on political expenditures (section 4955) impo	sed du	rıng the yea	r					
	(1) On the foundation \blacktriangleright \$ (2) On foundation managers	> \$ _							
e	Enter the reimbursement (if any) paid by the foundation during the year for pol	litical e	xpenditure 1	ax ımp	osed				
	on foundation managers 🕨 \$								
2	Has the foundation engaged in any activities that have not previously been re	ported	to the IRS?				2		No
	If "Yes," attach a detailed description of the activities.								
3	Has the foundation made any changes, not previously reported to the IRS, in	its gove	erning instru	ıment,	articles	5			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conf	formed	copy of the c	hanges			3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more α	during t	the year?.				4a	igsqcut	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?						4b		No
5	Was there a liquidation, termination, dissolution, or substantial contraction during the substantial contraction during	ırıng th	e year [?]				5		No
	If "Yes," attach the statement required by General Instruction T.								
6	Are the requirements of section 508(e) (relating to sections 4941 through 49	945)sa	itisfied eithe	r					
	By language in the governing instrument, or			•					
	By state legislation that effectively amends the governing instrument so the state of the s								
_	that conflict with the state law remain in the governing instrument?						6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year and Part XV.		s," complete		, col. (c _.), 	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered	(see ins	structions)						
	<u> </u>								
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 9 $$	90-PF	to the Attor	ney					
	General (or designate) of each state as required by General Instruction G? $\it If$	"No," at	ttach explana	tion .			8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the $% \left(1\right) =\left(1\right) \left(1\right) \left($	meanır	ng of section	4942	(၂)(3)				
	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (s	see ins	tructions for	Part X	(VII)				
	If "Yes," complete Part XIV						9	\bigsqcup	No
10	Did any persons become substantial contributors during the tax year? If "Yes	," attaci	h a schedule	listing	their n	ames			
	and addresses.						10		No

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		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12	<u> </u>	No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ► <u>N/A</u>			
14	The books are in care of ►GEORGE J SELLA JR Telephone no ►(973)) 383	-9515	
	Located at PO BOX 397 Newton NJ ZIP+4 P07860			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here		▶ □	-
13	and enter the amount of tax-exempt interest received or accrued during the year	•	- ,	
				
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over	مدا	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	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 V No			
ь	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
_	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		No
	Organizations relying on a current notice regarding disaster assistance check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2015?	1c		No
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))			
а	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?			
	If "Yes," list the years > 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions)	2b		No
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 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?			
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, Form 4720, to determine			
_	If the foundation had excess business holdings in 2015.).	3b	 	No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
Ь	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?	4b	1 '	No

Pa	rt VIII-B Statements Rega	arding Activities to	or vvn	ich Form 4/20	мау ве кеqu	irea (Com	mue	<i>1)</i>		
5a	During the year did the foundation	on pay or incurany amoi	unt to							
	(1) Carry on propaganda, or othe	erwise attempt to influer	nce legi	ıslatıon (section 494	45(e))?	┌ Yes ┌	√ No			
	(2) Influence the outcome of any	specific public election	n (see s	section 4955), or to	carry					
	on, directly or indirectly, any						No			
	(3) Provide a grant to an individu					┌ Yes ┡				
	(4) Provide a grant to an organiz				scribed	,				
	in section 4945(d)(4)(A)? (s					. Г Yes 🗟	- No			
	(5) Provide for any purpose othe					. , ,				
	educational purposes, or for					┌ Yes ┡	- No			
b	If any answer is "Yes" to 5a(1)-									
_	Regulations section 53 4945 or						_	5b	No	
	Organizations relying on a curre					_	_	0.5	110	
_	If the answer is "Yes" to question									
	tax because it maintained expen					□ Ves □	- No			
						. Tes	NO			
.	If "Yes," attach the statement requ									
6a	Did the foundation, during the ye		•		•		.			
	a personal benefit contract?					┌ Yes ┌		C.I.		
b	Did the foundation, during the ye	ar, pay premiums, direc	tiy or ii	ndirectly, on a perso	nai benefit cont	act/	•	6b	No	
	If "Yes" to 6b, file Form 8870.									
7a	At any time during the tax year,								-	
<u>b</u>	If yes, did the foundation receive							7b	No	
Da	71	ıt Officers, Directo	rs, Tr	ustees, Founda	tion Manage	rs, Highly	Paid	Employe	ees,	
	ATTITUTE AND CONTRACTORS									
	and Contractors	es, foundation manager	and ti	heir compensation (see instructions					
	and Contractors List all officers, directors, trustee									
	List all officers, directors, trustee	Title, and averag	e (c)	Compensation (If	(d) Contribut	ons to		xpense ac	•	
	and Contractors		e (c)		(d) Contribut employee bei	ons to nefit plans		xpense aco	•	
1	List all officers, directors, trustee (a) Name and address	Title, and averag hours per week (b) devoted to position	e (c)	Compensation(If not paid, enter -0-)	(d) Contribut	ons to nefit plans		•	•	
1 GEOR	(a) Name and address	Title, and averag hours per week	e (c)	Compensation(If not paid, enter	(d) Contribut employee bei	ons to nefit plans		•	•	
GEOR PO E	(a) Name and address GE J SELLA JR 30 X 397	Title, and averag hours per week (b) devoted to position TRUSTEE	e (c)	Compensation(If not paid, enter -0-)	(d) Contribut employee bei	ons to nefit plans		•	•	
GEOR PO E	(a) Name and address	Title, and averag hours per week (b) devoted to position TRUSTEE 2 00	e (c)	Compensation(If not paid, enter -0-)	(d) Contribut employee bei and deferred co	ons to nefit plans mpensation	(e) (other allowa	•	
GEOR PO E	(a) Name and address GE J SELLA JR 30 X 397 (T O N, NJ 07860 Compensation of five highest-pai	Title, and average hours per week (b) devoted to position TRUSTEE 2 00	n those	Compensation(If not paid, enter -0-)	(d) Contribut employee bei and deferred co	ons to nefit plans mpensation	(e) (other allowa	•	
GEOR POENEW 2	List all officers, directors, trustee (a) Name and address GE J SELLA JR BO X 397 TON, NJ 07860 Compensation of five highest-pai	Title, and average hours per week (b) devoted to position TRUSTEE 2 00 demployees (other that Title, and average hours per week to position the transfer of transfer of the transfer of transfer o	e (c)	Compensation(If not paid, enter -0-)	Contribut employee ber and deferred co	ons to nefit plans mpensation). If none, enditions to yee benefit	(e) o	IONE."	count,	
GEOR POENEW 2	(a) Name and address GE J SELLA JR 30 X 397 (T O N, NJ 07860 Compensation of five highest-pai	Title, and average hours per week (b) devoted to position TRUSTEE 2 00 demployees (other that Title, and average hours per week to position the transfer of transfer of the transfer of transfer o	n those	Compensation(If not paid, enter -0-) 0 e included on line 1-	Contribut employee ber and deferred co	ons to nefit plans mpensation). If none, endity ibutions to yee benefit and deferred	(e) o	other allows	count,	
GEOR PO E NEW 2	List all officers, directors, trustee (a) Name and address GE J SELLA JR BOX 397 TON, NJ 07860 Compensation of five highest-pai (a) me and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 2 00 d employees (other that paid hours per week)	n those	Compensation(If not paid, enter -0-) 0 e included on line 1-	Contribut employee ber and deferred co	ons to nefit plans mpensation). If none, enditions to yee benefit	(e) o	IONE."	count,	
GEOR POENEW 2	List all officers, directors, trustee (a) Name and address GE J SELLA JR BOX 397 TON, NJ 07860 Compensation of five highest-pai (a) me and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 2 00 d employees (other that paid hours per week)	n those	Compensation(If not paid, enter -0-) 0 e included on line 1-	Contribut employee ber and deferred co	ons to nefit plans mpensation). If none, endity ibutions to yee benefit and deferred	(e) o	IONE."	count,	
GEOR PO E NEW 2	List all officers, directors, trustee (a) Name and address GE J SELLA JR BOX 397 TON, NJ 07860 Compensation of five highest-pai (a) me and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 2 00 d employees (other that paid hours per week)	n those	Compensation(If not paid, enter -0-) 0 e included on line 1-	Contribut employee ber and deferred co	ons to nefit plans mpensation). If none, endity ibutions to yee benefit and deferred	(e) o	IONE."	count,	
GEOR PO E NEW 2	List all officers, directors, trustee (a) Name and address GE J SELLA JR BOX 397 TON, NJ 07860 Compensation of five highest-pai (a) me and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 2 00 d employees (other that paid hours per week)	n those	Compensation(If not paid, enter -0-) 0 e included on line 1-	Contribut employee ber and deferred co	ons to nefit plans mpensation). If none, endity ibutions to yee benefit and deferred	(e) o	IONE."	count,	
GEOR PO E NEW 2	List all officers, directors, trustee (a) Name and address GE J SELLA JR BOX 397 TON, NJ 07860 Compensation of five highest-pai (a) me and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 2 00 d employees (other that paid hours per week)	n those	Compensation(If not paid, enter -0-) 0 e included on line 1-	Contribut employee ber and deferred co	ons to nefit plans mpensation). If none, endity ibutions to yee benefit and deferred	(e) o	IONE."	count,	
GEOR PO E NEW 2	List all officers, directors, trustee (a) Name and address GE J SELLA JR BOX 397 TON, NJ 07860 Compensation of five highest-pai (a) me and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 2 00 d employees (other that paid hours per week)	n those	Compensation(If not paid, enter -0-) 0 e included on line 1-	Contribut employee ber and deferred co	ons to nefit plans mpensation). If none, endity ibutions to yee benefit and deferred	(e) o	IONE."	count,	
GEOR PO E NEW 2	List all officers, directors, trustee (a) Name and address GE J SELLA JR BOX 397 TON, NJ 07860 Compensation of five highest-pai (a) me and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 2 00 d employees (other that paid hours per week)	n those	Compensation(If not paid, enter -0-) 0 e included on line 1-	Contribut employee ber and deferred co	ons to nefit plans mpensation). If none, endity ibutions to yee benefit and deferred	(e) o	IONE."	count,	
GEOR PO E NEW 2	List all officers, directors, trustee (a) Name and address GE J SELLA JR BOX 397 TON, NJ 07860 Compensation of five highest-pai (a) me and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 2 00 d employees (other that paid hours per week)	n those	Compensation(If not paid, enter -0-) 0 e included on line 1-	Contribut employee ber and deferred co	ons to nefit plans mpensation). If none, endity ibutions to yee benefit and deferred	(e) o	IONE."	count,	
GEOR PO E NEW 2	List all officers, directors, trustee (a) Name and address GE J SELLA JR BOX 397 TON, NJ 07860 Compensation of five highest-pai (a) me and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 2 00 d employees (other that paid hours per week)	n those	Compensation(If not paid, enter -0-) 0 e included on line 1-	Contribut employee ber and deferred co	ons to nefit plans mpensation). If none, endity ibutions to yee benefit and deferred	(e) o	IONE."	count,	
GEOR PO E NEW 2	List all officers, directors, trustee (a) Name and address GE J SELLA JR BOX 397 TON, NJ 07860 Compensation of five highest-pai (a) me and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 2 00 d employees (other that paid hours per week)	n those	Compensation(If not paid, enter -0-) 0 e included on line 1-	Contribut employee ber and deferred co	ons to nefit plans mpensation). If none, endity ibutions to yee benefit and deferred	(e) o	IONE."	count,	
GEOR PO E NEW 2	List all officers, directors, trustee (a) Name and address GE J SELLA JR BOX 397 TON, NJ 07860 Compensation of five highest-pai (a) me and address of each employee more than \$50,000	Title, and averag hours per week (b) devoted to position TRUSTEE 2 00 d employees (other that hours per week) (b) devoted to position (b) devoted to position TRUSTEE 2 00	n those	Compensation(If not paid, enter -0-) 0 e included on line 1-	Contribut employee ber and deferred co	ons to nefit plans mpensation). If none, endity ibutions to yee benefit and deferred	(e) o	IONE."	count,	

Part VIII Information About Officers, Directors, Truste and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (IE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
otal number of others receiving over \$50,000 for professional services.		•
Part IX-A Summary of Direct Charitable Activities		
ist the foundation's four largest direct charitable activities during the tax year. Include rele	evant statistical information such as the numbe	r of
rganizations and other beneficiaries served, conferences convened, research papers produ	uced, etc	Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during t	the tax year on lines 1 and 2	A mount
1		
2		
All other program-related investments See instructions		
3		
-		
otal. Add lines 1 through 3		<u>▶</u>

Part X Minimum Investment Return

Pa	(All domestic foundations must complete this part. Foreign foundations, see instruction	s.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	A verage monthly fair market value of securities	1a	4,942,165
b	A verage of monthly cash balances	1b	418,390
c	Fair market value of all other assets (see instructions)	1 c	0
d	Total (add lines 1a, b, and c)	1d	5,360,555
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	5,360,555
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	80,408
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	5,280,147
6	Minimum investment return. Enter 5% of line 5	6	264,007
Pai	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cer check here ► and do not complete this part.)	rtaın f	oreign organizations
1	Mınımum ınvestment return from Part X, line 6	1	264,007
2a	Tax on investment income for 2015 from Part VI, line 5 2a 861		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
c	Add lines 2a and 2b	2c	861
3	Distributable amount before adjustments Subtract line 2c from line 1	3	263,146
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	263,146
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	263,146
Par	t XII Qualifying Distributions (see instructions)		
1	A mounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	260,220
b	Program-related investments—total from Part IX-B	1b	
2	A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	A mounts set aside for specific charitable projects that satisfy the		
а	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	260,220
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	861
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	259,359
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	er the	foundation qualifies for

Р	art XIII Undistributed Income (see inst	ructions)			
		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1	Distributable amount for 2015 from Part XI, line 7				263,146
	Undistributed income, if any, as of the end of 2015				
a					
	Total for prior years 20				
	Excess distributions carryover, if any, to 2015				
a	From 2010				
b	From 2011				
c	From 2012				
d	From 2013				
	From 2014	1			
f	Total of lines 3a through e	114			
4	Qualifying distributions for 2015 from Part				
	XII, line 4 🕨 \$ 260,220				
а	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)	0			
d	Applied to 2015 distributable amount				260,220
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2015	114			114
	(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:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
	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				
a	Subtract line 6c from line 6b Taxable amount —see instructions				
6	Undistributed income for 2014 Subtract line				
Ī	4a from line 2a Taxable amount—see				
	instructions				
f	Undistributed income for 2016 Subtract				
	lines 4d and 5 from line 1. This amount must				2,812
7	be distributed in 2015				
′	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				
10	Analysis of line 9				
	Excess from 2011				
	Excess from 2012				
	Excess from 2013				
	Excess from 2014				
	Excess from 2015				

- c Any submission deadlines
- **d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Information(continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 260,220 **b** Approved for future payment

Form 990-PF (2015) Part XVI-A Analysis of Income-Produc	ina Activitie)			Page 12	
Enter gross amounts unless otherwise indicated		usiness income	Excluded by section	1 512, 513, or 514	(e)	
1 Program service revenue	(a)	(b)	(c) Exclusion code	(d)	Related or exemp function income (See	
-	Business code	A mount	Exclusion code	A mount	instructions)	
a b						
c d						
e						
f g Fees and contracts from government agencies						
 2 Membership dues and assessments. 3 Interest on savings and temporary cash investments. 			14	1,594		
4 Dividends and interest from securities			14	64,413		
5 Net rental income or (loss) from real estate a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory					20,140	
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue a						
c						
d e						
12 Subtotal Add columns (b), (d), and (e).				66,007	20,140	
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify (1		86,147	
Part XVI-B Relationship of Activities to	the Accom					
Line No. Explain below how each activity for whith the accomplishment of the foundation's instructions)						

Part	XVII	Noncharitable					saction	is and	Relationsnips	with			
		rganization directly or i	ndırectly e	ngage	ın any of t	the following wit						Yes	No
org	anızat	cions?											
a Tra	nsfers	s from the reporting four	ndation to	a nonc	harıtable e	exempt organiz	atıon of						
(1)	Casl	h									1a(1)		No
(2)	Othe	erassets									1a(2)		No
b Oth	ner tra	nsactions											
(1)	Sale	s of assets to a noncha	rıtable exe	empt or	ganızatıor	n					1b(1)		No
(2)	Purc	hases of assets from a	noncharit	able ex	empt orga	nization					1b(2)		No
(3)	Rent	al of facilities, equipme	nt, or othe	rasset	ts						1b(3)		No
(4)	Reim	nbursement arrangemer	nts								1b(4)		No
(5)	Loan	ns or loan guarantees.									1b(5)		No
(6)	Perfor	mance of services or m	embership	or fun	draising s	olicitations					1b(6)		No
c Sha	arıng o	of facilities, equipment,	maılıng lıs	ts, oth	er assets,	or paid employ	ees				1c		No
of t	he god	swer to any of the above ods, other assets, or se ansaction or sharing arr	rvices give angement,	en by t , show i	he reporti In column	ng foundation I (d) the value o	f the fou	ndation r	eceived less thai	n fair marke	et value		
(a) Line	No No	(b) Amount involved	(c) Name	of nonch	narıtable exe	empt organization	(d)	Description	of transfers, transact	ions, and sha	ırıng arra	ngemen	nts
des	cribe	undation directly or indid in section 501(c) of the complete the following (a) Name of organization	ne Code (o schedule		an section		ın sectio			otion of relati		s V	No.
Sign Here	the Info	der penalties of perjury, best of my knowledge a rmation of which prepai ******	nd belief,	ıt ıs tru	ıe, correct				reparer (other tha	n taxpaye May t return	r) is bas he IRS di	sed on	all
	,	Signature of officer or t	rustee			Date	r	Title		below (see ı	nstr)? 🗸	Yes	lo.
	•	Print/Type preparer's David P Henderson CPA	name	Prepa	rer's Sıgn	ature	Date		Check if self- employed ▶	PTIN P	000100)68	
Paid Prepa Use Only	arer	Firm's name FCC Caristia Kulsar & Wad	e LLC				1		Firm's EIN ►				
Only		Firm's address 🕨 336 Sparta Ave Sparta, NJ 07871							Phone no (973)729-8968				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year				
SCARC FOUNDATION INC 11 US ROUTE 206 SUITE 100 AUGUSTA,NJ 07822			FAMILY SUPPORT	20,000
FAIRLEIGH DICKINSON UNIV 1000 RIVER ROAD TEANECK,NJ 07666			TO PROVIDE A REMEDIAL PROGRAMS FOR THE EDUCATION OF CHILDREN WITH LEARNING DISABILITIES	58,000
MARTIN LUTHER KING COMM CNTR 20 DR MARCUS F WHEATLAND BLV NEWPORT,RI 02840			UNDERPRIVILEGED SUPPORT	3,000
NEWPORT COUNTY WOMEN'S RESOURCE CEN 114 TOURO STREET NEWPORT,RI 02840			UNDERPRIVILEGED WOMEN	2,000
OURAY COUNTY HISTORICAL SOC BOX 151 OURAY,CO 81427			HISTORICAL SOCIETY	3,000
HOLE IN THE WALL GANG CAMP FND 246 POST EAST - PO BOX 791 WESTPORT, CT 06881			DISABLED CHILDREN	5,000
GINNIE'S HOUSE 4 HIGH STREET NEWTON,NJ 07860			Children's advocacy	3,000
ST MICHAEL'S COUNTRY DAY SCH 180 RHODE ISLAND AVENUE NEWPORT,RI 02840			EDUCATION	9,000
ST JUDE CHILD RESEARCH HOSP 501 ST JUDE PALCE MEMPHIS,TN 38105			MEDICAL RESEARCH	5,000
DIOCESE OF PATERSON 777 VALLEY ROAD CLIFTON,NJ 07013			CATHOLIC CHARITIES	1,100
Gırls Athletic Leadership Schools 740 Bella Vista Drive Louisville,CO 80027			Charter School	20,000
LAKELAND CHARITIES CO LAKELAND BANK 48 SPARTA AVENUE SPARTA,NJ 07871			FUNDRAISING	1,000
MONTROSE COMMUNITY COLLEGE PO BOX 3571 MONTROSE,CO 81402			COMMUNITY PROGRAMS	10,000
RED LODGE AREA COMMUNITY FOUNDATION PO BOX 1871 RED LODGE,MT 59068			COMMUNITY PROGRAMS	5,000
THE FDN FOR SUSSEX CTY COM COLLEGE One College Hill Road NEWTON,NJ 07860			EDUCATION	11,120
Total			▶ 3a	260,220

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CYSTIC FIBROSIS FOUNDATION 7506 E INDEPENDENCE BLVD CHARLOTTE,NC 28227			HEALTH	1,000
UNIVERSAL PROMISE PO BOX 128 NEWPORT,RI 02840			EDUCATION FOR AFRICA	1,000
St Joseph Regional School 17 Elm Street Newton,NJ 07860			Education	20,000
Carbon County Arts Guild PO Box 585 Red Lodge,MT 59068			Education	3,000
Louisville Dixie League PO Box 383 Richburg, SC 29729			Children's Athletic Program	5,000
Gateway Residential Services 3346 Ash Mesa Road Delta,CO 81416			Underprivileged Children	5,000
IYRS School of Technology Trades 449 Thames Street Suite 111 Newport, RI 02840			Education	2,000
Sail Newport Rhode Island Public Sa 60 Fort Adams Drive Newport,RI 02840			Educational program	2,000
Domestic Abuse Services Inc PO Box 805 Newton,NJ 07860			A bused women	3,000
Bristol Glen Inc 3311 Highway 33 Neptune, NJ 07753			Care for Elderly	5,000
Wesley Chapel Weddington Athletic A PO Box 76252 Charlotte, NC 28271			Children's health and athletic programs	15,000
Turning Point PO Box 952 Monroe,NC 28110			abused women	5,000
Sail to Prevail PO Box 1264 Newport,RI 02840			education	1,000
Center for Prevention Counseling 61 Spring Street Newton,NJ 07860			adult counseling	10,000
Birth Haven 4 Academy Street Newton,NJ 07860			unwed mothers	4,000
Total				260,220

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

TOTHI 990PT PAIL XV LINE 3 - GI	ants and contributions	raid During	the real of Approved for	i atare rayment
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	A mount
a Paid during the year				
Rhode Island Coalition for the Home 1070 Main Street Pawtucket, RI 02860			homeless people	2,000
Boys Town 14100 Crawford Street Boys Town, NE 68010			education	3,000
DOMESTIC AND SEX VIOL CTR OF CARBON PO BOX 314 RED LODGE,MT 59068			COMMUNITY PROGRAMS	5,000
ST DANIELS CHURCH PO BOX 565 OURAY,CO 81427			RELIGIOUS	2,000
THE DOLPHIN HOUSE 236 3RD STREET 311 MONTROSE,CO 81401			COMMUNITY PROGRAMS	5,000
ST MAURUS HANGE ABBEY CO PIRMIN HGO 1002 L AVE LA GRANDA,OR 97650			EDUCATION	5,000
Total			▶ 3a	260,220

TY 2015 Accounting Fees Schedule

Name: The Sella Foundation Trust

EIN: 22-6638737

Software ID: 15000324

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Tax Preparation Fees	1,250	0	0	0

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TY 2015 Other Decreases Schedule

Name: The Sella Foundation Trust

EIN: 22-6638737

Software ID: 15000324

Description	Amount
unrealized losses on investments	252,106

TY 2015 Other Expenses Schedule

Name: The Sella Foundation Trust

EIN: 22-6638737

Software ID: 15000324

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES PAID	320			
investment expenses	40			

TY 2015 Taxes Schedule

Name: The Sella Foundation Trust

EIN: 22-6638737

Software ID: 15000324

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SECTION 4940 EXCISE TAX	534			