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Form

990-PF

Department of the Treasury  
Internal Revenue Service

Return of Private Foundation

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

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Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015, and ending 12-31-2015

Name of foundation EDWARD B DUNLAP JR FOUNDATION		A Employer identification number 25-6361678	
Number and street (or P O box number if mail is not delivered to street address) 12 GRANDVIEW CIRCLE		Room/suite	B Telephone number (see instructions)  (724) 743-7747
City or town, state or province, country, and ZIP or foreign postal code CANONSBURG, PA 15317			
G Check all that apply <div><input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change</div>		C If exemption application is pending, check here <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 1,429,418		J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule) . . . . .	1,250,000			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments	2,392	2,392	2,392	
	4 Dividends and interest from securities . . . . .				
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2) . . .				
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .				
	12 <b>Total.</b> Add lines 1 through 11 . . . . .	1,252,392	2,392	2,392	
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule). . . . .				
	b Accounting fees (attach schedule). . . . .	4,310			
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . .	50			
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings. . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule). . . . .	241			
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	4,601	0		0
	25 Contributions, gifts, grants paid . . . . .	1,065,500			1,065,500
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	1,070,101	0		1,065,500
	27 Subtract line 26 from line 12				
	a <b>Excess of revenue over expenses and disbursements</b>	182,291			
	b <b>Net investment income</b> (if negative, enter -0-)		2,392		
	c <b>Adjusted net income</b> (if negative, enter -0-) . . .			2,392	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing . . . . .			
	2	Savings and temporary cash investments . . . . .	1,247,127	1,429,418	1,429,418
	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 ▶ _____			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	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 instructions Also, see page 1, item I)	1,247,127	1,429,418	1,429,418	
Liabilities	17	Accounts payable and accrued expenses . . . . .			
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule). . . . .			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities(add lines 17 through 22) . . . . .		0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds . . . . .			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	1,247,127	1,429,418	
	30	Total net assets or fund balances(see instructions) . . . . .	1,247,127	1,429,418	
	31	Total liabilities and net assets/fund balances(see instructions) . . . . .	1,247,127	1,429,418	

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return) . . . . .	1	1,247,127
2	Enter amount from Part I, line 27a . . . . .	2	182,291
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3 . . . . .	4	1,429,418
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6	1,429,418

Part IV

Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr )	Date sold (d) (mo , day, yr )
1a				
b				
c				
d				
e				

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a			
b			
c			
d			
e			

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 . . . . . }		3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(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? ☐ Yes ☒ No  
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	1,299,273	698,492	1 860111
2013	1,294,296	603,126	2 145979
2012	1,303,969	846,388	1 540628
2011	1,099,700	848,254	1 296428
2010	1,189,575	828,534	1 435759

2	Total of line 1, column (d). . . . .	2	8 278905
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	1 655781
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5. . . . .	4	949,087
5	Multiply line 4 by line 3. . . . .	5	1,571,480
6	Enter 1% of net investment income (1% of Part I, line 27b). . . . .	6	24
7	Add lines 5 and 6. . . . .	7	1,571,504
8	Enter qualifying distributions from Part XII, line 4. . . . .	8	1,065,500

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

Part VI

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a

Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1  
Date of ruling or determination letter \_\_\_\_\_  
(attach copy of letter if necessary—see instructions)

b

Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☐ and enter 1% of Part I, line 27b . . . . .

c

All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)

2

Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

2

3

Add lines 1 and 2. . . . .

3

48

4

Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

4

5

Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- . . . . .

5

48

6

Credits/Payments

a

2015 estimated tax payments and 2014 overpayment credited to 2015

6a

66

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

66

8

Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.

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 overpaid. . . . .

10

18

11

Enter the amount of line 10 to be Credited to 2015 estimated tax 18 Refunded

11

Part VII-A

Statements Regarding Activities

1a

During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .

1a

No

b

Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . .  
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.

1b

No

c

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) imposed during the year:  
(1) On the foundation \$ \_\_\_\_\_ (2) On foundation managers \$ \_\_\_\_\_

e

Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ \_\_\_\_\_

2

Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .  
If "Yes," attach a detailed description of the activities.

2

No

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

No

4a

Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .

4a

No

b

If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .

4b

5

Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .  
If "Yes," attach the statement required by General Instruction T.

5

No

6

Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  
• By language in the governing instrument, or  
• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .

6

Yes

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

Yes

8a

Enter the states to which the foundation reports or with which it is registered (see instructions):  
PA

b

If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .

8b

Yes

9

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)?  
If "Yes," complete Part XIV . . . . .

9

No

10

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

10

No

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Part VII-A

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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶N/A	13	Yes	
14	The books are in care of ▶EDWARD B DUNLAP JR Telephone no ▶(724) 743-7747 Located at ▶12 GRANDVIEW CIRCLE CANONSBURG PA ZIP+4 ▶15317			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶	15		
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 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 ▶	16	Yes	No

Part 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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 ). . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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)? . . . . . <input type="checkbox"/>	1b		
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? . . . . . <input type="checkbox"/>	1c		
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? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions ). . . . . <input type="checkbox"/>	2b		
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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?( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.</i> ) . . . . . <input type="checkbox"/>	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	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		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a

During the year did the foundation pay or incur any amount to

(1)

Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

Yes

✓

No

(2)

Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

Yes

✓

No

(3)

Provide a grant to an individual for travel, study, or other similar purposes?

Yes

✓

No

(4)

Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).

Yes

✓

No

(5)

Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

Yes

✓

No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here.

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

Yes

No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes

✓

No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

Yes

✓

No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
EDWARD B DUNLAP JR 2071 HYCROFT DR PITTSBURGH, PA 152412248	TRUSTEE 1 00	0	0	0
ANNA B DUNLAP 2071 HYCROFT DR PITTSBURGH, PA 15241	TRUSTEE 0 25	0	0	0
TIMOTHY DUNLAP 213 KING RICHARD MCMURRAY, PA 15317	TRUSTEE 0 50	0	0	0

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

Total

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

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**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

<b>3</b> Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

**Total** number of others receiving over \$50,000 for professional services. . . . . 

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B** Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b> N/A	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	

**Total.** Add lines 1 through 3 . . . . . 



Part X

Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations,see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities. . . . .	1a	0
b	Average of monthly cash balances. . . . .	1b	963,540
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	Total (add lines 1a, b, and c). . . . .	1d	963,540
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	
2	Acquisition indebtedness applicable to line 1 assets. . . . .	2	
3	Subtract line 2 from line 1d. . . . .	3	963,540
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	14,453
5	Net value of noncharitable-use assets.Subtract line 4 from line 3 Enter here and on Part V, line 4	5	949,087
6	Minimum investment return.Enter 5% of line 5. . . . .	6	47,454

Part XI

Distributable Amount

(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

1	Minimum investment return from Part X, line 6. . . . .	1	47,454
2a	Tax on investment income for 2015 from Part VI, line 5. . . . .	2a	48
b	Income tax for 2015 (This does not include the tax from Part VI ). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	48
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	47,406
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	
5	Add lines 3 and 4. . . . .	5	47,406
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	47,406

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	1a	1,065,500
b	Program-related investments—total from Part IX-B. . . . .	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required). . . . .	3a	
b	Cash distribution test (attach the required schedule). . . . .	3b	
4	Qualifying distributions.Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,065,500
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	5	
6	Adjusted qualifying distributions.Subtract line 5 from line 4. . . . .	6	1,065,500

**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

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				47,406
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2015				
a From 2010.	1,148,281			
b From 2011.	1,057,409			
c From 2012.	1,261,714			
d From 2013.	1,264,176			
e From 2014.	1,264,380			
f Total of lines 3a through e.	5,995,960			
4 Qualifying distributions for 2015 from Part XII, line 4	\$ 1,065,500			
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.				47,406
e Remaining amount distributed out of corpus	1,018,094			
5 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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	7,014,054			
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) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions.				
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions.				
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.				0
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).	1,148,281			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.	5,865,773			
10 Analysis of line 9				
a Excess from 2011.	1,057,409			
b Excess from 2012.	1,261,714			
c Excess from 2013.	1,264,176			
d Excess from 2014.	1,264,380			
e Excess from 2015.	1,018,094			

## Part XIV

**b** Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

**b** 85% of line 2a . . . . .

**d** Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .

**3** Complete 3a, b, or c for the alternative test relied upon

**a** "Assets" alternative test—enter

(1) Value of all assets . . . . .

(2) Value of assets qualifying  
under section 4942(j)(3)(B)(i)

**b** "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .

c "Support" alternative test—enter

**(1)** Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . .

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .

**(3)** Largest amount of support from an exempt organization

**(4) Gross investment income**

## Part XV

## 1 Information Regarding Foundation Managers:

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☒ If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed

**b** The form in which applications should be submitted and information and materials they should include

**c** Any submission deadlines

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

[illegible]

### 3 Grants and Contributions Paid During the Year or Approved for Future Payment

Form **990-PF** (2015)

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b>	Program service revenue					
<b>a</b>	_____					
<b>b</b>	_____					
<b>c</b>	_____					
<b>d</b>	_____					
<b>e</b>	_____					
<b>f</b>	_____					
<b>g</b>	Fees and contracts from government agencies					
<b>2</b>	Membership dues and assessments. . . . .					
<b>3</b>	Interest on savings and temporary cash investments . . . . .					2,392
<b>4</b>	Dividends and interest from securities. . . . .					
<b>5</b>	Net rental income or (loss) from real estate					
<b>a</b>	Debt-financed property. . . . .					
<b>b</b>	Not debt-financed property. . . . .					
<b>6</b>	Net rental income or (loss) from personal property . . . . .					
<b>7</b>	Other investment income. . . . .					
<b>8</b>	Gain or (loss) from sales of assets other than inventory . . . . .					
<b>9</b>	Net income or (loss) from special events					
<b>10</b>	Gross profit or (loss) from sales of inventory . . . . .					
<b>11</b>	Other revenue <b>a</b> _____					
<b>b</b>	_____					
<b>c</b>	_____					
<b>d</b>	_____					
<b>e</b>	_____					
<b>12</b>	Subtotal Add columns (b), (d), and (e). . . . .					2,392
<b>13</b>	<b>Total.</b> Add line 12, columns (b), (d), and (e). . . . . (See worksheet in line 13 instructions to verify calculations )					2,392

[illegible]

**d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

	Yes	No
1a(1)		No
1a(2)		No
1b(1)		No
1b(2)		No
1b(3)		No
1b(4)		No
1b(5)		No
1b(6)		No
1c		No

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

# Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

\* \* \* \* \*

2016-05-16

\* \* \* \* \*

Signature of officer or trustee

Date

## Title

May the IRS discuss this return with the preparer shown below  
(see instr )? ☒ Yes ☐ No

**Paid  
Preparer  
Use  
Only**

Print/Type preparer's name WARREN W KIPLING	Preparer's Signature	Date 2016-05-10	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00074045
Firm's name <input checked="" type="checkbox"/> LEONARD F POLK & CO PC			Firm's EIN <input checked="" type="checkbox"/> 23-2872380	
Firm's address <input checked="" type="checkbox"/> 650 WASHINGTON ROAD SUITE 407 PITTSBURGH , PA 15228			Phone no (412) 563-1141	

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
1889 FOUNDATION 4 VALLEY PIKE JOHNSTOWN,PA 15905	N/A	PUBLIC	OPERATING EXPENSES	25,000
ALZHEIMER'S ASSOCIATION 23215 COMMERCE PARK DR BEACHWOOD,OH 441225843	N/A	PUBLIC	OPERATING EXPENSES	1,000
AMERICAN DIABETES ASSOCIATION 100 W STATION SQUARE DR PITTSBURGH,PA 15219	N/A	PUBLIC	OPERATING EXPENSES	2,500
AMERICAN MARKETING ASSOCIATION PO BOX 2859 PITTSBURGH,PA 15219	N/A	PUBLIC	OPERATING EXPENSES	2,000
ANCHORPOINT COUNSELING MINISTRY 800 MCKNIGHT DR STE 802 PITTSBURGH,PA 15235	N/A	PUBLIC	OPERATING EXPENSES	6,000
ANGEL'S PLACE 2615 NORWOOD AVENUE PITTSBURGH,PA 15214	N/A	PUBLIC	OPERATING EXPENSES	5,000
ANIMAL CARE & ASSISTANCE FUND 807 CAMP HORNE ROAD PITTSBURGH,PA 15237	N/A	PUBLIC	OPERATING EXPENSES	12,500
ASHTABULA ARTS CENTER 2928 W 13TH STREET ASHTABULA,OH 440042498	N/A	PUBLIC	OPERATING EXPENSES	1,000
ASHTABULA DREAM CENTER 604 W 57TH STREET ASHTABULA,OH 44004	N/A	PUBLIC	OPERATING EXPENSES	5,000
ASSOCIATION OF OPERATING ROOM NURSE 3014 MIDDLETOWN ROAD PITTSBURGH,PA 15204	N/A	PUBLIC	OPERATING EXPENSES	2,000
BEAVER COUNTY HUMANE SOCIETY 3394 BRODHEAD RD CENTER TWP,PA 15001	N/A	PUBLIC	OPERATING EXPENSES	12,500
BOB PRINCE TENT 29 WOODRIDGE DRIVE CARNEGIE,PA 151063030	N/A	PUBLIC	OPERATING EXPENSES	8,000
BRASHEAR HIGH SCHOOL 590 CRANE AVENUE PITTSBURGH,PA 15216	N/A	PUBLIC	OPERATING EXPENSES	1,320
CALIFORNIA UNIVERSITY OF PA 250 UNIVERSITY AVENUE CALIFORNIA,PA 15419	N/A	PUBLIC	OPERATING EXPENSES	5,000
CANCER CARING CENTER 4117 LIBERTY AVENUE PITTSBURGH,PA 15224	N/A	PUBLIC	OPERATING EXPENSES	1,500
<b>Total . . . . .</b>				1,065,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CATHOLIC CHARITIES 8 NORTH STATE ST STE 455 PAINESVILLE, OH 44077	N/A	PUBLIC	OPERATING EXPENSES	1,000
CATHOLIC CHARITIES FREE HEALTH CARE 212 NINTH ST 6TH FLOOR PITTSBURGH, PA 15222	N/A	PUBLIC	OPERATING EXPENSES	930
CENTRAL BASTIST CHURCH 2200 WYLIE AVENUE PITTSBURGH, PA 15219	N/A	PUBLIC	OPERATING EXPENSES	5,000
CENTRAL CATHOLIC HIGH SCHOOL 4720 5TH AVENUE PITTSBURGH, PA 15213	N/A	PUBLIC	OPERATING EXPENSES	2,500
CHI ETA PHI SORORITY 1429 BEULAH ROAD PITTSBURGH, PA 15235	N/A	PUBLIC	OPERATING EXPENSES	3,000
CHILDRENS HOSP OF PGH FOUNDATION 4401 PENN AVE PITTSBURGH, PA 15224	N/A	PUBLIC	OPERATING EXP - VOID CHECK	-500
CHOICES PREGNANCY CENTER 626 FIFTH AVENUE CORAOPOLIS, PA 15108	N/A	PUBLIC	OPERATING EXPENSES	2,000
COMMUNITY HUMAN SERVICES PO BOX 7549 PITTSBURGH, PA 15213	N/A	PUBLIC	OPERATING EXPENSES	4,000
COVENANT CHURCH ON THE HILL 67 SOUTHERN AVENUE PITTSBURGH, PA 15211	N/A	PUBLIC	OPERATING EXPENSES	1,100
CROHN'S & COLITIS FOUNDATION 300 PENN CENTER BLVD STE PITTSBURGH, PA 15235	N/A	PUBLIC	OPERATING EXPENSES	500
CROSSROADS CHURCH 1000 CROSSROADS DRIVE OAKDALE, PA 15071	N/A	PUBLIC	OPERATING EXPENSES	10,000
CROSSROADS FOUNDATION 2915 WEBSTER AVENUE PITTSBURGH, PA 15219	N/A	PUBLIC	OPERATING EXPENSES	5,000
DOWNTOWN PAINESVILLE ORGANIZATION ONE VICTORIA PL STE 265- PAINESVILLE, OH 44077	N/A	PUBLIC	OPERATING EXPENSES	1,000
EAST LIBERTY FAMILY HEALTH CARE 7171 CHURCHLAND STREET PITTSBURGH, PA 15206	N/A	PUBLIC	OPERATING EXPENSES	3,000
FRICK ART & HISTORICAL CENTER 7227 REYNOLDS STREET PITTSBURGH, PA 15208	N/A	PUBLIC	OPERATING EXPENSES	2,000
<b>Total . . . . .</b>			<b>3a</b>	1,065,500



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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GO COMMUNITY DEVELOPMENT CORPORAT PO BOX 1173 ASHTABULA,OH 44005	N/A	PUBLIC	OPERATING EXPENSES	10,000
GENESIS OF PITTSBURGH 550 CALIFORNIA AVENUE PITTSBURGH,PA 15202	N/A	PUBLIC	OPERATING EXPENSES	5,000
GOODWILL PO BOX 2926 ASHTABULA,OH 440052926	N/A	PUBLIC	OPERATING EXPENSES	1,000
HEARTH 3724 MOUNT ROYAL BLVD ST GLENSHAW,PA 15116	N/A	PUBLIC	OPERATING EXPENSES	16,000
HOLY TRINITY ROMAN CATHOLIC CHURCH 5718 STEUBENVILLE PIKE MCKEES ROCKS,PA 15136	N/A	PUBLIC	OPERATING EXPENSES	1,000
IRELAND INSTITUTE OF PITTSBURGH 1601 MARYS AVENUE PITTSBURGH,PA 15215	N/A	PUBLIC	OPERATING EXPENSES	5,000
JAMESON'S ARMY PO BOX 46 CECIL,PA 15321	N/A	PUBLIC	OPERATING EXPENSES	5,500
JAMIE'S DREAM TEAM 4304 WALNUT ST STE 2 MCKEESPORT,PA 15132	N/A	PUBLIC	OPERATING EXPENSES	8,000
JOSEPH A MASSARO JR ALZHEIMERS RES 537 N NEVILLE STREET AP PITTSBURGH,PA 15213	N/A	PUBLIC	OPERATING EXPENSES	25,000
JUNIOR ACHIEVEMENT 1 ALLEGHENY SQ STE 430 PITTSBURGH,PA 15212	N/A	PUBLIC	OPERATING EXPENSES	3,200
KENT STATE UNIVERSITY 800 E SUMMIT ST KENT,OH 44240	N/A	PUBLIC	OPERATING EXPENSES	50,000
KEYNOTES OF MT LEBANON 339 PARKWAY DRIVE PITTSBURGH,PA 15228	N/A	PUBLIC	OPERATING EXPENSES	1,000
LAKE COUNTY PORT AUTHORITY ONE VICTORIA SQ STE 265- PAINESVILE,OH 44077	N/A	PUBLIC	OPERATING EXPENSES	5,000
LAKE HEALTH FOUNDATION 7590 AUBURN ROAD CONCORD TOWNSHIP,OH 440779176	N/A	PUBLIC	OPERATING EXPENSES	18,000
LAKE HOSPITAL FOUNDATION 10 EAST WASHINGTON STREET PAINESVILLE,OH 440779829	N/A	PUBLIC	OPERATING EXPENSES	5,000
<b>Total . . . . .</b>			<b>3a</b>	1,065,500

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 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				
LAKE-GEAUGA RECOVERY CENTERS ONE VICTORIA PL STE 205 PAINESVILLE, OH 44077	N/A	PUBLIC	OPERATING EXPENSES	20,000
LENDING HEARTS 114 HOODRIDGE DRIVE PITTSBURGH, PA 15228	N/A	PUBLIC	OPERATING EXPENSES	10,000
LEUKEMIA & LYMPHOMA SOCIETY 333 E CARSON STREET PITTSBURGH, PA 15219	N/A	PUBLIC	OPERATING EXPENSES	13,500
LIGHTHOUSE HARVEST FOUNDATION 2710 STATE ROAD ASHTABULA, OH 44004	N/A	PUBLIC	OPERATING EXPENSES	5,000
LITTLE SISTERS OF THE POOR 1028 BENTON AVENUE PITTSBURGH, PA 15212	N/A	PUBLIC	OPERATING EXPENSES	5,000
LUTHERAN SENIOR LIFE 191 SCHARBERRY LANE MARS, PA 16046	N/A	PUBLIC	OPERATING EXPENSES	650
MARCH OF DIMES 162 FULTON ROAD CANONSBURG, PA 15317	N/A	PUBLIC	OPERATING EXPENSES	1,500
MARIAN MANOR 2695 WINCHESTER DRIVE PITTSBURGH, PA 152204099	N/A	PUBLIC	OPERATING EXPENSES	35,000
MCGUIRE MEMORIAL FOUNDATION 200 NORTH MERCER AVE NEW BRIGHTON, PA 15066	N/A	PUBLIC	OPERATING EXPENSES	3,500
METRO PITTSBURGH YOUTH FOR CHRIST 6314 LIBRARY ROAD SOUTH PARK, PA 15129	N/A	PUBLIC	OPERATING EXPENSES	5,000
MICHAEL'S PLACE 1243 NORTH FRANKLIN PLACE PITTSBURGH, PA 15233	N/A	PUBLIC	OPERATING EXPENSES	2,000
MIDTOWN CLEVELAND INC 5000 EUCLID AVE STE 100 CLEVELAND, OH 44103	N/A	PUBLIC	OPERATING EXPENSES	5,000
MT LEBANON POLICE ASSOCIATION 555 WASHINGTON ROAD PITTSBURGH, PA 15228	N/A	PUBLIC	OPERATING EXPENSES	2,500
MT WASHINGTON CDC 301 SHILOH STREET PITTSBURGH, PA 15211	N/A	PUBLIC	OPERATING EXPENSES	3,500
NAMI OF LAKE COUNTY ONE VICTORIA SQUARE SUIT PAINESVILLE, OH 44077	N/A	PUBLIC	OPERATING EXPENSES	3,500
Total . . . . . 3a				1,065,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
NATIONAL KIDNEY FOUNDATION 3109 FORBES AVE STE 101 PITTSBURGH,PA 152133000	N/A	PUBLIC	OPERATING EXPENSES	2,500
NEIGHBORING MENTAL HEALTH SERVICES 5930 HEISLEY ROAD MENTOR,OH 440601834	N/A	PUBLIC	OPERATING EXPENSES	20,000
OUR CAMPAIGN FOR THE CHURCH ALIVE 111 BOULEVARD OF THE ALLI PITTSBURGH,PA 152221618	N/A	PUBLIC	OPERATING EXPENSES	75,000
OUR LADY OF VICTORY MARONITE CHURCH 1000 LINDSAY ROAD CARNEGIE,PA 15106	N/A	PUBLIC	OPERATING EXPENSES	5,000
PARTNERS IN QUALITY FOUNDATION 250 CLEVER ROAD MCKEES ROCKS,PA 15136	N/A	PUBLIC	OPERATING EXPENSES	3,500
PEAL CENTER 1119 PENN AVE STE 400 PITTSBURGH,PA 15222	N/A	PUBLIC	OPERATING EXPENSES	4,300
PITTSBURGH BLACK NURSES IN ACTION P O BOX 5554 PITTSBURGH,PA 15206	N/A	PUBLIC	OPERATING EXPENSES	3,500
PITTSBURGH CLO GUILD 719 LIBERTY AVENUE PITTSBURGH,PA 15222	N/A	PUBLIC	OPERATING EXPENSES	2,500
PITTSBURGH CLUB OF NANBPW PO BOX 5056 PITTSBURGH,PA 15206	N/A	PUBLIC	OPERATING EXPENSES	2,500
PITTSBURGH YOUTH PHILHARMONIC ORCHE PO BOX 15675 PITTSBURGH,PA 15244	N/A	PUBLIC	OPERATING EXPENSES	2,500
PLAYHOUSE SQUARE FOUNDATION 1501 EUCLID AVENUE CLEVELAND,OH 44115	N/A	PUBLIC	OPERATING EXPENSES	10,500
PREGNANCY RESOURCE CENTER 101 DRAKE RD SUITE A PITTSBURGH,PA 15241	N/A	PUBLIC	OPERATING EXPENSES	1,000
RESURRECTION CHURCH 1100 CREEDMOOR AVENUE PITTSBURGH,PA 15226	N/A	PUBLIC	OPERATING EXPENSES	5,000
ROBERT MORRIS UNIVERSITY FOOTBALL P 6001 UNIVERSITY BOULEVARD MOON TOWNSHIP,PA 151081189	N/A	PUBLIC	OPERATING EXPENSES	2,500
ROTARY CLUB OF PITTSBURGH 555 GRANT ST STE 328 PITTSBURGH,PA 15219	N/A	PUBLIC	OPERATING EXPENSES	2,500
<b>Total . . . . .</b>				1,065,500


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 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				
SAINT BENEDICT EDUCATION FOUNDATION 300 FRASER PURCHASE ROAD LATROBE,PA 156502690	N/A	PUBLIC	OPERATING EXPENSES	5,000
SAMARITAN COUNSELING CENTER 414 GRANT STREET SEWICKLEY,PA 15143	N/A	PUBLIC	OPERATING EXPENSES	4,500
SCRIPTURE UNION PITTSBURGH 320 FORT DUQUESNE BLVD S PITTSBURGH,PA 15222	N/A	PUBLIC	OPERATING EXPENSES	3,000
SERRA CLUB OF PITTSBURGH 2900 NOBLESTOWN ROAD PITTSBURGH,PA 15205	N/A	PUBLIC	OPERATING EXPENSES	5,250
SISTERS OF ST JOSEPH 1020 STATE STREET BADEN,PA 15005	N/A	PUBLIC	OPERATING EXPENSES	5,000
SISTERS OF THE HUMILITY OF MARY P O BOX 534 VILLA MARIA,PA 161550534	N/A	PUBLIC	OPERATING EXPENSES	35,000
SMALL SEEDS DEVELOPMENT 6033 BROAD STREET PITTSBURGH,PA 15206	N/A	PUBLIC	OPERATING EXPENSES	5,650
ST ANN CATHOLIC SCHOOL 324 NORTH OLIVE AVENUE WEST PALM BEACH,FL 33401	N/A	PUBLIC	OPERATING EXPENSES	1,000
ST ANNE PARISH 400 HOODRIDGE DRIVE PITTSBURGH,PA 15234	N/A	PUBLIC	OPERATING EXPENSES	30,000
ST CLAIR HOSPITAL FOUNDATION 1000 BOWER HILL ROAD PITTSBURGH,PA 15243	N/A	PUBLIC	OPERATING EXPENSES	125,000
ST GABRIEL CHURCH 9925 JOHNNYCAKE RIDGE ROA CONCORD TWP,OH 44060	N/A	PUBLIC	OPERATING EXPENSES	5,000
ST LOUISE DE MARILLAC CHURCH 320 MCMURRAY ROAD PITTSBURGH,PA 152411616	N/A	PUBLIC	OPERATING EXPENSES	140,000
ST LUCY'S AUXILIARY 151 PEPPERTREE DRIVE NEW KENSINGTON,PA 15068	N/A	PUBLIC	OPERATING EXPENSES	5,500
ST MARY CATHOLIC CHURCH 242 NORTH STATE STREET PAINESVILLE,OH 44077	N/A	PUBLIC	OPERATING EXPENSES	10,000
ST MARY OF THE MOUNT 403 GRANDVIEW AVENUE PITTSBURGH,PA 15211	N/A	PUBLIC	OPERATING EXPENSES	22,500
Total . . . . . 3a				1,065,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ST MICHAEL CHURCH 1316 ST PAUL ROAD WEST SALISBURY,PA 15558	N/A	PUBLIC	OPERATING EXPENSES	10,000
ST THOMAS A' BECKET CHURCH 139 GILL HALL ROAD JEFFERSON HILLS,PA 15025	N/A	PUBLIC	OPERATING EXPENSES	1,000
ST VINCENT ARCHABBEY 300 FRASER ROAD LATROBE,PA 15650	N/A	PUBLIC	OPERATING EXPENSES	15,000
ST LOUISE DE MARILLAC SCHOOL 310 MCMURRAY ROAD UPPER ST CLAIR,PA 15241	N/A	PUBLIC	OPERATING EXPENSES	1,500
ST PAUL CENTER FOR BIBLICAL THEOLO 1468 PARKVIEW CIRCLE STEUBENVILLE,OH 439521739	N/A	PUBLIC	OPERATING EXPENSES	8,000
SURGICORPS INTERNATIONAL 3392 SAXONBURG BLVD STE GLENSHAW,PA 15116	N/A	PUBLIC	OPERATING EXPENSES	2,000
SUSAN G KOMEN BREAST CANCER FOUNDA 1133 SOUTH BRADDOCK AVENU PITTSBURGH,PA 15218	N/A	PUBLIC	OPERATING EXPENSES	4,500
THE CHALLENGE PROGRAM 1910 MINNO DR STE 100 JOHNSTOWN,PA 15905	N/A	PUBLIC	OPERATING EXPENSES	3,000
THE CHILDREN'S HOME & LEMIEUX FAMIL 5324 PENN AVENUE PITTSBURGH,PA 15224	N/A	PUBLIC	OPERATING EXPENSES	500
THE HOPE CHEST ONE VICTORIA SQ STE 321 PAINESVILLE,OH 44077	N/A	PUBLIC	OPERATING EXPENSES	1,000
THE SALVATION ARMY 700 NORTH BELL AVENUE CARNEGIE,PA 15106	N/A	PUBLIC	OPERATING EXPENSES	6,000
THREE RIVERS ADOPTION 307 FOURTH AVE SUITE 310 PITTSBURGH,PA 15222	N/A	PUBLIC	OPERATING EXPENSES	2,000
THREE RIVERS ROWING ASSOCIATION 300 WATERFRONT DRIVE PITTSBURGH,PA 15222	N/A	PUBLIC	OPERATING EXPENSES	2,500
UNITED WAY OF MON VALLEY 304 CHAMBER PLAZA CHARLEROI,PA 150221607	N/A	PUBLIC	OPERATING EXPENSES	5,500
UNIVERSITY OF PITTSBURGH 127 N BELLEFIELD AVE PITTSBURGH,PA 15260	N/A	PUBLIC	OPERATING EXPENSES	20,000
<b>Total . . . . .</b>				1,065,500

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
VILLA ANGELA-ST JOSEPH HIGH SCHOOL 18491 LAKE SHORE BLVD CLEVELAND, OH 44119	N/A	PUBLIC	OPERATING EXPENSES	5,000
VISIT PITTSBURGH 120 FIFTH AVE STE 2800 PITTSBURGH, PA 15222	N/A	PUBLIC	OPERATING EXPENSES	2,500
VOCATIONAL GUIDANCE 2239 EAST 55TH STREET CLEVELAND, OH 441034451	N/A	PUBLIC	OPERATING EXPENSES	5,000
WASHINGTON AREA HUMANE SOCIETY P O BOX 66 EIGHTY FOUR, PA 15330	N/A	PUBLIC	OPERATING EXPENSES	1,000
WESTERN RESERVE COUNSELING SERVICE ONE VICTORIA SQ STE 105 PAINESVILLE, OH 44077	N/A	PUBLIC	OPERATING EXPENSES	5,000
WORKFORCE DEVELOPMENT GLOBAL ALLIAN 9725 FRANKSTOWN ROAD PITTSBURGH, PA 15235	N/A	PUBLIC	OPERATING EXPENSES	1,600
X-TREAM STREET MISSIONS 519 WEST JEFFERSON STREET JEFFERSON, OH 44047	N/A	PUBLIC	OPERATING EXPENSES	10,000
YWCA 305 WOOD STREET PITTSBURGH, PA 15222	N/A	PUBLIC	OPERATING EXPENSES	2,500
<b>Total.</b> . . . . .  <b>3a</b>				1,065,500

TY 2015 Accounting Fees Schedule

**Name:** EDWARD B DUNLAP JR FOUNDATION

**EIN:** 25-6361678

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREPARATION FEE	4,310			

**TY 2015 Other Expenses Schedule****Name:** EDWARD B DUNLAP JR FOUNDATION**EIN:** 25-6361678

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
BANK SERVICE CHARGES	31			
OFFICE EXPENSE	210			



TY 2015 Taxes Schedule

**Name:** EDWARD B DUNLAP JR FOUNDATION

**EIN:** 25-6361678

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FED EXCISE TAX ON INV INCOME	50			

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>	<div>OMB No 1545-0047</div> <div>2015</div>
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<div>Name of the organization</div> <div>EDWARD B DUNLAP JR FOUNDATION</div>	<div>Employer identification number</div> <div>25-6361678</div>
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Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>	<div>Section:</div> <div><div><input type="checkbox"/> 501(c)( ) (enter number) organization</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation</div><div><input type="checkbox"/> 527 political organization</div><div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div><div><input type="checkbox"/> 501(c)(3) taxable private foundation</div></div>
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Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer “No” on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

<b>Name of organization</b> EDWARD B DUNLAP JR FOUNDATION	<b>Employer identification number</b> 25-6361678
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Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EDWARD B DUNLAP	\$ 1,250,000	Person <input checked="" type="checkbox"/>
	2071 HYCROFT DRIVE		Payroll <input type="checkbox"/>
	PITTSBURGH, PA 152412248		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

<b>Employer identification number</b>
25-6361678

<b>Part II</b>	<b>Noncash Property</b> (see instructions) Use duplicate copies of Part II if additional space is needed
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[illegible]

Name of organization EDWARD B DUNLAP JR FOUNDATION	Employer identification number 25-6361678
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Part III

*Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	--		
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	--		
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	--		
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
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