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Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

FOI	<u>calen</u>	dar year 2015 or tax year beginning	!	, 2015, a	ind ending		, 20
Na	me of for	undation			A Employe	r identification numbe	r
Sın	ikiss F	amily Foundation			25-68379	39	
Nu	mber and	d street (or P O box number if mail is not delivered to street address)		Room/sui	te B Telephon	e number (see instruction	ons)
656	Golf	Club Road	İ		215-569-5	5721	
Cit	y or towr	n, state or province, country, and ZIP or foreign postal code	•		C If exempt	ion application is pendi	ng, check here ▶ □
Ne	wtown	Square, PA 19073				,,	0
_			of a former p	oublic ch	arity D 1. Foreign	organizations, check h	nere ► □
		☐ Final return ☐ Amended r	eturn		1	•	_
		Address change Name char	nge			n organizations meeting here and attach compu	
Н	Check	type of organization: X Section 501(c)(3) exempt p	rivate founda	ıtion	E If private	foundation status was t	erminated under
		n 4947(a)(1) nonexempt charitable trust			on section 5	07(b)(1)(A), check here	▶□
Ī		arket value of all assets at J Accounting method			leur	ndation is in a 60-month	, tampinatian
		year (from Part II, col. (c), Other (specify)			1 11 11 11 10 10 10	tion 507(b)(1)(B), check	
	line 16		on cash basis)			
Р	art I	Analysis of Revenue and Expenses (The total of					(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue : expenses p		o) Net investment income	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions))	books	l	income	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	100	,000,		-	
	2	Check ► ☐ if the foundation is not required to attach Sch. B		,- · · ·	,	,	,
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities				RECE	VED 1
	5a	Gross rents					Q.
	b	Net rental income or (loss)	· · ·			8 MAY 18	2016
Ð	6a	Net gain or (loss) from sale of assets not on line 10				THE MAY	2010 (%)
Revenue	b	Gross sales price for all assets on line 6a				ill and the second section of	- Service Report
even	7	Capital gain net income (from Part IV, line 2)	-		0	Madei	i lit
a B	8	Net short-term capital gain			····		Management of a State of State
•	9	Income modifications		- +			
	10a	Gross sales less returns and allowances				.,	· · · · · · · · · · · · · · · · · · ·
	b	Less: Cost of goods sold					- 1
-	c	Gross profit or (loss) (attach schedule)		0			· · · · · · · · · · · · · · · · · · ·
<u>u</u>	11	Other income (attach schedule)			····		a come and
	12	Total. Add lines 1 through 11	100	0,000	0	0	
7	13	Compensation of officers, directors, trustees, etc		,,,,,,			
Sesuedx	14	Other employee salaries and wages					
D S.	15	Pension plans, employee benefits					
ğ	16a	Legal fees (attach schedule)	2	2,752	·		2,752
ш	b	Accounting fees (attach schedule)		,			_,
<u>ĕ</u>	c	Other professional fees (attach schedule)					
Operating and Administrative	17	Interest					
str	18	Taxes (attach schedule) (see instructions)					
ΞΞ	19	Depreciation (attach schedule) and depletion					· · · · · · · · · · · · · · · · · · ·
튽	20	Occupancy				· <u> </u>	
ĕ	21	Travel, conferences, and meetings			.		
힏	22	Printing and publications			· · · · · · · · · · · · · · · · · · ·		
e B	23	Other expenses (attach schedule)		15	<u>.</u>		
ij	24	Total operating and administrative expenses.					
<u>ra</u>		Add lines 13 through 23	1	2,767	0	0	2,752
be	25	Contributions, gifts, grants paid		7,600	<u>~</u>		17,600
0	26	Total expenses and disbursements. Add lines 24 and 25		0,367	0	0	
_	27	Subtract line 26 from line 12:	† <u>-</u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>	20,552
	a a	Excess of revenue over expenses and disbursements	70	0,633			1 2
	b	Net investment income (if negative, enter -0-)		,,000	0	 	-
	1	Adjusted net income (if negative, enter -0-)	· · · · · · · · · · · · · · · · · · ·			0	· ` ` ·
	, <u>u</u>	Adjusted het moonte in negative, enter -0-7	 			 	

Pэ	rt II	Attached schedules and amounts in the description column	Beginning of year		End of	··
		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	- 1	(c) Fair Market Value
ĺ	1	Cash—non-interest-bearing	4,836	6	,853	6,853
	2	Savings and temporary cash investments				
	3	Accounts receivable ►				
		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 ▶				
ts	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)				
	С	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment basis ▶			<i>3</i> '	
		Less: accumulated depreciation (attach schedule) ▶	R A A W O H HOUSENSON IN SHIRES SE IN MENTER. SHIRESANDS. CORP.			أحد مستم مدخوسين وسيد محيوس المهاسات
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14	l and building and antiquent base				
		Language under the design of the second seco				
	15	Other assets (describe Life insurance policies)	675,368	752	,985	484,043
	16	Total assets (to be completed by all filers—see the	073,300		,,,,,,	101,015
ł		instructions. Also, see page 1, item I)	680,204	759	,838	490,896
\neg	17	Accounts payable and accrued expenses			,	
	18	Grants payable				, w
<u>e</u>	19	Deferred revenue				, -
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
a	21	Mortgages and other notes payable (attach schedule)				* *
ן בׂ	22					_
	23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)	0		0	,
		Foundations that follow SFAS 117, check here			-	~
es		and complete lines 24 through 26 and lines 30 and 31.				
2	24	Unrestricted	680,204	750	,838	
alances	25	Temporarily restricted	000,20+	137	,030	
	26	Permanently restricted				a de la companya de l
힏	20	Foundations that do not follow SFAS 117, check here ▶				
Ξ		and complete lines 27 through 31.				h.
5	27	Capital stock, trust principal, or current funds				У 19.
Net Assets or Fund B	28	Paid-in or capital surplus, or land, bldg., and equipment fund				-
Set	28 29		-			,
AS	30	Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances (see instructions)	680,204	750	,838	,
et l	30 31	Total liabilities and net assets/fund balances (see	000,204	/ 35	,038	,
ž	J I	instructions)	690 204	750	,838	
Da	o+ III.	Analysis of Changes in Net Assets or Fund Balances	680,204	/ 35	,038	
	rt III	Analysis of Changes in Net Assets or Fund Balances in net assets or fund balances at beginning of year—Part II, colu	mn (a) line 30 (milet	agree with		
'		of-year figure reported on prior year's return)				600 204
_					1	680,204
2		er amount from Part I, line 27a			2	79,633
3	Othe	er increases not included in line 2 (itemize) Rounding			3	750.030
4	_	lines 1, 2, and 3			4	759,838
5	Decr	reases not included in line 2 (itemize) ▶ Il net assets or fund balances at end of year (line 4 minus line 5)—	Dort II. column (h) !	20	5	750.000
O	ıota	ir het assets of furid balances at end of year (line 4 minus line 5) —	rari II, column (b), lin	⊌ 3∪	6	759,838

Part	(a) List and describe the 2-story brick warehouse	Losses for Tax on Investm kind(s) of property sold (e.g., real estate e, or common stock, 200 shs MLC Co)	•	(b) How acquired P—Purchase D—Donation		acquired day, yr)	(d) Date sold (mo , day, yr)
1a	N/A						
b							
С							
d							
е							
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		est or other basis expense of sale			or (loss)) minus (g)
a							0
<u>b</u>					<u> </u>		
<u>C</u>							
<u>d</u>							
е_							
	Complete only for assets show	ring gain in column (h) and owned l	by the founda	ation on 12/31/69			(h) gain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		excess of col (i) er col (j), if any	co		less than -0-) or om col (h))
a							
b							
С							
d							
е							
2	Capital gain net income or			Part I, line 7	2		
3	Net short-term capital gain	or (loss) as defined in sections			-		0
•		, line 8, column (c) (see instruc					
				· · · · · · · · · · · · · · · · · · ·	3		C
Part		er Section 4940(e) for Redu					
		ection 4942 tax on the distribu qualify under section 4940(e). D			base per	iod?	☐ Yes 🗓 No
1		unt in each column for each yea			aking an	y entries.	
	(a)	(b)	<u> </u>	(c)	<u>_</u>		(d)
Cale	Base penod years endar year (or tax year beginning in)	Adjusted qualifying distribution	s Net va	ilue of nonchantable-use a	assets		ribution ratio divided by col (c))
	2014	20	.249	400	0,293		0.0506
	2013		774		8,999		0.0445
	2012		,340		5,146		0.0460
	2011		,488		8,026		0.0405
	2010		,020		0,072		0.0347
2	Total of line 1, column (d)			<i></i>	. 2	2	0.2163
3		or the 5-year base period—divi					
	number of years the founda	ation has been in existence if le	ss than 5 y	ears	[3	3	.0432
4	Enter the net value of nonc	haritable-use assets for 2015 f	rom Part X,	line 5	. 4	1	457,017
	Multiply line 4 by line 3 .				<u>L</u> ŧ	5	19,743
5							
5					1		
5 6	Enter 1% of net investment	t income (1% of Part I, line 27b)		📜	3	
6		t income (1% of Part I, line 27b)				10.710
	Enter 1% of net investment Add lines 5 and 6	t income (1% of Part I, line 27b)			7	19,743
6 7	Add lines 5 and 6					7	19,743
6	Add lines 5 and 6 Enter qualifying distribution	t income (1% of Part I, line 27b				7	19,743 20,352

Part	VI. Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494	8-see	instru	ction	1s)
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)		*6*		-
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		0	
_	here ► 🖾 and enter 1% of Part I, line 27b				
С					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2		0	
3	Add lines 1 and 2	3		0	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4		0	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5		0	
6	Credits/Payments:				1
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 0	ļ			
b	Exempt foreign organizations—tax withheld at source 6b				
c	Tax paid with application for extension of time to file (Form 8868) . 6c 0				-
d	Backup withholding erroneously withheld 6d 0			`	
7	Tatal and the sunday areas at Addd O. H. J. O.	7			·)
8	Enter any penalty for underpayment of estimated tax. Check here	8	-	0	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax	11		0	
	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	-	Yes	No
	participate or intervene in any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos				
	Instructions for the definition)?		1b		X
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any number published or distributed by the foundation in connection with the activities.	naterials			
С	Did the foundation file Form 1120-POL for this year?		1c		X
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. ▶ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax im on foundation managers. ► \$	nposed			
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		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, a	rticles of	•	,	
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	\vdash	X
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?	• •	5	 	X
•	If "Yes," attach the statement required by General Instruction T.		<u> </u>	ļ	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			<u>.</u>	
_	By language in the governing instrument, or		×.		,
	 By state legislation that effectively amends the governing instrument so that no mandatory directively. 	ons that		-' ,	
	conflict with the state law remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and	d Part XV	7	X	
8а	Enter the states to which the foundation reports or with which it is registered (see instructions)	ar an Ar	}- <u>-</u> -		
	2.113. 113 States to Which the regulation reports of with Which it is registered (500 mathematical)			ļ	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney	General		,	
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 494	12(i)(3) 0.		1	
3	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)?				
	complete Part XIV	, 63,	9		$ _{X}$
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule list	tina their		 	1
	names and addresses	-	10		$ _{\mathbf{X}}$

Part	VII-A Statements Regarding Activities (continued)			
			Yes	No
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		X
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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
4.4	Website address ▶			
14	The books are in care of ► Sharon Merhige, Trustee Telephone no. ► 610-293			·
45	Located at ► 656 Golf Club Road, Newtown Square, PA ZIP+4 ► 19073-1			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here		.	▶ ∟
16	and enter the amount of tax-exempt interest received or accrued during the year		Yes	No
16	over a bank, securities, or other financial account in a foreign country?	$\overline{}$	168	
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	16	_	X
	the foreign country ▶		*	
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	L		1
	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 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?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes 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)?			
	(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.)			
b	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	N	14
	Organizations relying on a current notice regarding disaster assistance check here		ļ. ·	
C	were not corrected before the first day of the tax year beginning in 2015?	1c	<u></u> -	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	16	-	A
_	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, 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		<u> </u>	
	all years listed, answer "No" and attach statement—see instructions.)	2b	N	A_
С	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 , 20	1	, " '	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	İ		
		,	<i>\$</i> . •	
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	1		
	foundation had excess business holdings in 2015.)	3b	- NI	A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	13/	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			1
_	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		X

Part	VII-B	Statements Regarding Activities	for W	/hich Form	4720	May Be R	equire	d (contii	nued)			
5a	During t	he year did the foundation pay or incur a										
•	(1) Carr	y on propaganda, or otherwise attempt t	o influe	nce legislatio	on (sect	ion 4945(e))? .	☐ Yes	⊠ No	1		.
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on,								ĺ			
	directly or indirectly, any voter registration drive?									٠.		
	(3) Prov	ide a grant to an individual for travel, stu	dv. or d	other similar i	ourpose	es?		Yes	⊠ No			. 1
		ide a grant to an organization other than										
		ion 4945(d)(4)(A)? (see instructions)						□Yes	⊠ No			
		ide for any purpose other than religious						_				
		oses, or for the prevention of cruelty to						Yes	X No	ĺ		
b		nswer is "Yes" to 5a(1)-(5), did any of the							_		:	
		ons section 53.4945 or in a current notice								5b	2	A
	_	ations relying on a current notice regardi	_	_		·			▶ □	100	-121	-
С	_	nswer is "Yes" to question 5a(4), does t	-									
		e it maintained expenditure responsibility							X No		,	
		attach the statement required by Regula		_				<u> </u>	NA MO			
6a		foundation, during the year, receive any					miumo					
Va		rsonal benefit contract?					zi i ii u i i i s		X No	1		
L								∐ Yes			- 1	- /
b		foundation, during the year, pay premiur	ns, aire	ctly or indire	ctiy, on	a personal	beneti	contract	:? .	6b	2	# ,
7-		to 6b, file Form 8870.							(57)			
		me during the tax year, was the foundation						Yes				<u></u>
		did the foundation receive any proceed								7b	17	<u> </u>
Par	VIII	Information About Officers, Direct	tors, i	rustees, F	ounda	tion mana	agers,	Hignly i	Paid E	mpioy	ees,	
	Liet all	and Contractors officers, directors, trustees, foundatio		anara and th	oir oon		. (000 i		\			
	Listaii	bilicers, directors, trustees, loulidatio		e, and average	~ 	mpensation		Contribution				
		(a) Name and address	hou	rs per week	(If r	not paid,	emplo	yee benefit	plans	(e) Expe	nse ac allowar	
T - 1	A C1.			ed to position	en	ter -0-)	and def	erred compe	ensation			
	A. Sımkı		Truste			0						_
		d, Malvern, PA 19355	1 hr/v			0			0			0
	n Merhi	<u> </u>	Truste			0			0			0
050 C	olf Club	Road, Newtown Square, PA 19073	1 hr/v	week		0			0			0
			ļ									
					İ		Į					
	0	mastice of five binks at maid amounts.		41 41	<u> </u>	and and a second	<u> </u>			-> 16 -		
2	"NONE.	nsation of five highest-paid employed	es (otn	er than tho	se inci	uaea on II	ne 1 —	see instr	uction	s). IT N	one,	enter
	HONE	· · ·		· · · · · · · · · · · · · · · · · · ·		1		1				
	(=) Nama and	ad addf		(b) Title, and	average	(=) (>=====		(d) Contrib employee		(e) Expe	nse ac	count.
,	(a) Name ar	nd address of each employee paid more than \$50,00	Ю	hours per v		(c) Compe	nsation	plans and	deferred		allowar	
						_		compen	Sation			
NON	<u>E</u>					ļ						
					 							
						<u> </u>		<u> </u>				
		· · · · · · · · · · · · · · · · · · ·		<u></u>		L			_			
Total	number o	of other employees paid over \$50,000 .							. ▶			

- Edi	and Contractors (continued)	pioyees,
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NO	NE	
Tota	Il number of others receiving over \$50,000 for professional services	
Pa	t IX-A Summary of Direct Charitable Activities	
Li Oi	st the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	The Foundation is a private, non-operating Foundation and as such, its sole activity is to make grants or contributions to other 501(c)(3) organizations, principally to pubic charities.	
2		
_		
3		
4		
Pa	t IX-B Summary of Program-Related Investments (see instructions)	<u>L.</u>
	escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	N/A	
2		
A	other program-related investments. See instructions	
3	N/A	
	······	
Tota	II. Add lines 1 through 3	

Part	X . Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	gn four	ndations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	39,299
С	Fair market value of all other assets (see instructions)	1c	424,678
d	Total (add lines 1a, b, and c)	1d	463,977
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	463,977
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	6,960
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	457,017
6	Minimum investment return. Enter 5% of line 5	6	22,851
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations check here ► and do not complete this part.)	oundati	ions
1	Minimum investment return from Part X, line 6	1	22,851
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.) 2b 0		
C	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	22,851
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	22,851
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	22,851
Part	XII Qualifying Distributions (see instructions)	•	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	10	20,352
a b	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a 1b	20,332
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	10	
~	purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	—	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	3b	20,352
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		20,332
•	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	20,352
•	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating		
	qualifies for the section 4940(e) reduction of tax in those years	ig wileti	iei trie rouridation

	VIII Undistributed Income (see instruction	ns)			Page 3
ſ	Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
•	line 7				22,851
2	Undistributed income, if any, as of the end of 2015:				22,031
а	Enter amount for 2014 only			17,533	
b	Total for prior years: 20 ,20 ,20				
3	Excess distributions carryover, if any, to 2015:				
а	From 2010				
b	From 2011				
C	From 2012				
d	From 2013				
е	From 2014				
f	Total of lines 3a through e	0			
4	Qualifying distributions for 2015 from Part XII, line 4: ▶ \$ 20,352				
_					
a	Applied to 2014, but not more than line 2a Applied to undistributed income of prior years			17,533	
D	(Election required—see instructions)		ا		
С			0		
Ŭ	required—see instructions)	0			
d	Applied to 2015 distributable amount				2,819
e		0			2,017
5	Excess distributions carryover applied to 2015	0			0
	(If an amount appears in column (d), the same	<u>-</u>			
	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	0			
b			0		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0		
d	Subtract line 6c from line 6b. Taxable				
	amount - see instructions		0		
е	Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f	Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				20.022
7	Amounts treated as distributions out of corpus				20,032
•	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)	0			
8	Excess distributions carryover from 2010 not				
	applied on line 5 or line 7 (see instructions).	0			
9	Excess distributions carryover to 2016.				
	Subtract lines 7 and 8 from line 6a	0			
10	Analysis of line 9:				
а	Excess from 2011				
b	Excess from 2012				
C	Excess from 2013				
d	Excess from 2014				
е	Excess from 2015 0		1	1	

Dogo	1	r
Page		·

Part .	XIV. Private Operating Founda	tions (see instru	ctions and Part	VII-A, question 9)	
1a `	If the foundation has received a ruling foundation, and the ruling is effective for					
b	Check box to indicate whether the four		-		ection	3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	<u> </u>	Prior 3 years		
	income from Part I or the minimum investment return from Part X for	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	each year listed					
b	85% of line 2a					
C	Qualifying distributions from Part XII,					
	line 4 for each year listed		-			
d	Amounts included in line 2c not used directly for active conduct of exempt activities .					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c		N/A			
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test-enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
b	section 4942(j)(3)(B)(i)		<u> </u>			
_	of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test—enter:					
	(1) Total support other than gross	į				
	investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)		ţ			
	(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		<u> </u>			
Part		on (Complete th	nis part only if t	he foundation h	ad \$5,000 or m	ore in assets at
	any time during the year-	-see instruction	ns.)			
1	Information Regarding Foundation					
а	List any managers of the foundation before the close of any tax year (but of	who have contribi only if they have c	uted more than 29 ontributed more th	% of the total cont han \$5,000). (See s	ributions received section 507(d)(2).)	by the foundation
	NE	Mary -		 		
b	List any managers of the foundation	who own 10% o	or more of the sto	ck of a corporatio	n (or an equally la	rge portion of the
NIC	ownership of a partnership or other e	nuty) of which the	noundation has a	10% or greater in	erest.	
2	NE Information Regarding Contribution	Grant Gift Los	an Scholarshin	etc Programs:	· · · · · · · · · · · · · · · · · ·	
	Check here ▶ ☒ if the foundation unsolicited requests for funds If the other conditions, complete items 2a,	only makes cont foundation makes b, c, and d.	ributions to presessifits, grants, etc.	elected charitable (see instructions)	to individuals or o	rganizations under
а	The name, address, and telephone n	umber or e-mail a	ddress of the pers	son to whom applic	cations should be a	addressed:
	N/A					
b	The form in which applications should	d be submitted ar	id information and	i materials they sho	ould include:	
С	Any submission deadlines:	 				
d	Any restrictions or limitations on a factors:	wards, such as b	by geographical a	areas, charitable f	ields, kinds of ins	titutions, or other

Part XV, Supplementary Information (cont	inued)			······································
3 Grants and Contributions Paid During t		ed for Fut	ture Payment	,
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
See schedule attached				
Total			▶ 3a	17.600
b Approved for future payment		· · · ·	▶ 3a	17,600
b Approved for fature payment				
N/A				
14/11				
	•			
Total			> 2h	. [

	I-A Analysis of Income-Producing Ac			I		
Enter gros	s amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by section	(e)	
1 Prog	ram service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
a _						
b _						
C _						
d _						
e • -						
' - -						
_	ees and contracts from government agencies	h			~~~~~	
	bership dues and assessments est on savings and temporary cash investments					
	lends and interest from securities					
	rental income or (loss) from real estate:	· · · · · · · · · · · · · · · · · · ·		7.	Dr. ₃	
	Debt-financed property			,		
	Not debt-financed property					
	rental income or (loss) from personal property					
	er investment income					
	or (loss) from sales of assets other than inventory					
	ncome or (loss) from special events					
	ss profit or (loss) from sales of inventory					
	er revenue: a					
b						
c						
ď						
e						
40 0 1						
12 Sub	otal. Add columns (b), (d), and (e)		0	l	0]0
13 Tota	II. Add line 12, columns (b), (d), and (e)		0		0 13	0
13 Tota (See work	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	ıs.)				
13 Tota (See work Part XV	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	is.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	is.) .ccomplishm	ent of Exemp	t Purposes	13	C
13 Tota (See work Part XV	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	is.) .ccomplishm	ent of Exemp	t Purposes	13	C
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	is.) .ccomplishm	ent of Exemp	t Purposes	13	C
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pure	is.) .ccomplishm	ent of Exemp	t Purposes	13	C
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	is.) .ccomplishm	ent of Exemp	t Purposes	13	C
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pure	is.) .ccomplishm	ent of Exemp	t Purposes	13	(
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13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pure	is.) .ccomplishm	ent of Exemp	t Purposes	13	(
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pure	is.) .ccomplishm	ent of Exemp	t Purposes	13	(
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13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pure	is.) .ccomplishm	ent of Exemp	t Purposes	13	(
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pure	is.) .ccomplishm	ent of Exemp	t Purposes	13	(
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13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pure	is.) .ccomplishm	ent of Exemp	t Purposes	13	(
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pure	is.) .ccomplishm	ent of Exemp	t Purposes	13	C
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pure	is.) .ccomplishm	ent of Exemp	t Purposes	13	C
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pure	is.) .ccomplishm	ent of Exemp	t Purposes	13	C
13 Tota (See work Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pure	is.) .ccomplishm	ent of Exemp	t Purposes	13	C

Part	XVII		n Regarding Trar ganizations	nsfers To	and Trans	saction	ns and R	elationshi	ps With I	Noncha	ritabl	е	
1	in se	the organization of	directly or indirectly be Code (other than								- 4	Yes	No
а	(1)	Cash	porting foundation to								1a(1)		X
b	Othe	er transactions:	a noncharitable exe								1a(2) 1b(1)		X
	(2) F (3) F	Purchases of asse Rental of facilities	ets from a noncharit , equipment, or othe	able exem er assets	npt organizat	ion .	 				1b(2) 1b(3)		X
	(5) 1		rrangements Irantees ervices or membersi							 	1b(4) 1b(5) 1b(6)		X X X
c đ	If the	e answer to any e e of the goods, o	quipment, mailing li of the above is "Ye ther assets, or serv on or sharing arrang	es," comple ices given	ete the follo	wing so	hedule. C undation.	Column (b) s If the found	should alw ation rece	ays shov ived less	than	faır m	arket
(a) Line		(b) Amount involved	(c) Name of nonc					ption of transfe					
									•				
			·		.								
			-										
			N	I/A									
2a b	des	cribed in section (ectly or indirectly at 501(c) of the Code (e following schedule	other than					pt organiza] Yes		No
		(a) Name of organ			(b) Type of orga	anization			(c) Description	n of relatio	nship		
		NT / A											
		N/A		<u> </u>				· · · · · · · · · · · · · · · · · · ·					
							+						
Sign Here	con		10000-20			formation o	of which prepa			May the II with the p	RS discu	iss this shown	return below
Paid		Print/Type preparer	r's name	Preparer'	's signature	(A)		Date /s /	Chec	k 🛛 ıf	PTIN		
Prep	arer	Lawrence S. C		James	mest (More		2/9/1	b self-e	employed		004	
Jse		Firm's name	Blank Rome LLD	,	Dla.1a 3-1-1	DA 4	9103		Firm's EIN	≥ 23-131			
	_	Europha address =	INUIN IXTH NO SE	'a FIOOt 1	rntiadel n hia	PAI	9105		Dhone no	ノーラーうひり-	つつひじ		

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Employer identification number

Simkiss Family Foundation 25-68			25-6837939			
Organi	zation type (check	one).				
Filers o	ers of: Section:					
Form 990 or 990-EZ		☐ 501(c)() (enter number) organization			
		☐ 4947(a)(1) no	onexempt charitable trust not treated as a	private foundation		
		☐ 527 political	l organization			
Form 99	90-PF	∑ 501(c)(3) exe	empt private foundation			
		4947(a)(1) no	onexempt charitable trust treated as a priva	ate foundation		
		501(c)(3) tax	cable private foundation			
Check	f vour organization	is covered by the G	Seneral Rule or a Special Rule.			
	Only a section 501(c	•	anization can check boxes for both the Gen	eral Rule and a Special Rule See		
Genera	ıl Rule					
X		y or property) from a	990-EZ, or 990-PF that received, during the any one contributor. Complete Parts I and I			
Specia	l Rules					
	regulations under 13, 16a, or 16b, a	sections 509(a)(1) a and that received fro	tion 501(c)(3) filing Form 990 or 990-EZ tha and 170(b)(1)(A)(vi), that checked Schedule om any one contributor, during the year, tot) Form 990, Part VIII, line 1h, or (ii) Form 990	A (Form 990 or 990-EZ), Part II, line tal contributions of the greater of (1)		
	contributor, durin	g the year, total con	tion 501(c)(7), (8), or (10) filing Form 990 or 9 atributions of more than \$1,000 <i>exclusively</i> for the prevention of cruelty to children or ar	for religious, charitable, scientific,		
	contributor, durin contributions tota during the year fo General Rule ap	ig the year, contribualed more than \$1,00 or an exclusively reliques to this organizations.	tion 501(c)(7), (8), or (10) filing Form 990 or ations exclusively for religious, charitable, et 100. If this box is checked, enter here the to gious, charitable, etc., purpose Do not cor ation because it received nonexclusively repear	tc., purposes, but no such tal contributions that were received nplete any of the parts unless the		
Cautio	n . An organization t	that is not covered t	by the General Rule and/or the Special Rule	es does not file Schedule B (Form 990,		

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

Sımkıss 1	Family Foundation	25-	6837939
Part I	Contributors (see instructions) Use duplicate co	pies of Part I if additional space is	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	John A. Sımkıss, Jr. 320 Boot Road Malvern, PA 19355	\$ 50,000	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Kathleen M. Sımkıss 320 Boot Road Malvern, PA 19355	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
•••••		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization
Sımkıss Family Foundation

Employer identification number

25-6837939

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

Name of organization

Employer identification number

Part III	(10) that total more than \$1,000 for	the year from any one colons completing Part III, ent	izations described in section 501(c)(7), (8), or entributor. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. ion once. See instructions.)
	Use duplicate copies of Part III if addi		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	ift
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
/a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ift
	Transferee's name, address, an	d 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 gi	ift
	Transferee's name, address, an	d 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 gi	ift
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee

Simkiss Family Foundation
 Employer Identification Number: 25-6837939
 2015 Form 990-PF, Return of Private Foundation

Part XV - Supplementary Information 3.a. Grants and Contributions Paid During the Year

Name and Address	Fdn Status	Purpose	Amount
The Haverford School 450 Lancaster Avenue Haverford, PA 19041	PC	General	\$5,000 00
Natural Lands Trust 1031 Palmers Mill Rd Media, PA 19132	PC	General	\$250 00
Paoli Hospital Foundation 255 W Lancaster Ave Paoli, PA 19301	PC	General	\$2,000 00
Melmark 2600 Wayland Road Berwyn, PA 19312	PC	General	\$1,000 00
Washington Memorial Chapel P O Box 98 Valley Forge, PA 19481	PC	General	\$300 00
Thorncroft 190 Line Road Malvern, PA 19355	PC	General	\$600 00
St Joseph's University 5600 City Avenue Philadelphia, PA 19131-1395	PC	General	\$2,000 00
Amigos de Jesus 118 Woodland Avenue Malvern, PA 19355	PC	General	\$1,000 00
Willistown Conservation Trust 925 Providence Rd Newtown Square, PA 19073	PC	General	\$1,500 00
Community Volunteers in Medicine 300 B Lawrence Drive West Chester, PA 19380	PC	General	\$350 00
St Raymond School 7940 Williams Avenue Philadelphia, PA 19150	PC	General	\$200 00
Claremont Institute 937 W Foothill Blvd , Suite E Claremont, CA 91711	PC	General	\$250 00
Cato Institute 1000 Massachusetts Avenue, NW Washington, DC 20001-5403	PC	General	\$300 00
Historic Sugartown 690 Sugartown Rd , P O Box 1423 Malvern, PA 19355	POF	General	\$200 00

 Friedman Foundation for Educational Choice One American Square, Suite 2420 Indianapolis, IN 46282 	PC	General	\$250 00
Heritage Foundation 214 Massachusetts Avenue, NE Washington, DC 20002	PC	General	\$250 00
Mises Institute 518 W Magnolia Avenue Auburn, AL 36832-4501	PC	General	\$200 00
Wounded Warriors Project, Inc P O Box 758517 Topeka, KS 66675	PC	General	\$600 00
Salvation Army National Headquarters P O Box 269 Alexandria, VA 22314	PC	General	\$250 00
Ronald McDonald House 26345 Newark Place Chicago, IL 60673-1263	PC	General	\$250 00
St Patrick's Church 104 Channing Avenue Malvern, PA 19355	PC	General	\$600 00
St Martin De Porres School 2300 West Lehigh Avenue Philadelphia, PA 19132	PC	General	\$250 00
Total			\$17,600 00

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Part II. Balance Sheets Line 15. Other Assets

Life Insurance Policies

	Boo	<u>ok Value</u>		<u>Fai</u>	<u>r Market Value</u>	2
2013 Ending Balance	\$	675,368.10				
Hartford	\$	26,629 44	Premiums paid	\$	277,453.63	Interpolated Terminal Reserve
Mass Mutual	\$	22,565 22	Premiums paid	\$	68,438.51	Interpolated Terminal Reserve
Prudential	\$	28,422.00	Premiums paid	\$	138,150 66	Interpolated Terminal Reserve
2014 Ending Balance	\$	752,984.76	-	\$	484,042.80	

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Part I, Line 16a Legal Fees

Blank Rome, LLP

\$ 2,751 75

Part I, Line 23. Other Expenses

Commonwealth of Pennsylvania \$ 15.00

Filing Fee