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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

For	calend	far year 2015 or tax year beginning $07/16/15$ ,	and ending 12	/31/15			
	ame of fou		A Empl	oyer identification number			
		LE LANDIS FOUNDATION FOR SOCI	AL				
	CTI	ON	· · · · · · · · · · · · · · · · · · ·		47	-3970899	
		d street (or PO box number if mail is not delivered to street address)		Room/suite		hone number (see instruction	s)
		BOX 432			61	<u>0-525-5978</u>	
		s state or province, country, and ZIP or foreign postal code  RFORD PA 19041			C If exe	mption application is pending,	check here ▶
_					-{		
G	Check a		m of a former public	charity	D 1 F	oreign organizations, check he	ere 🕨 📋
		Final return Amended			1	oreign organizations meeting t	
		Address change Name cha			85	5% test, check here and attact	computation
H	Check t	ype of organization. $\mathbf{X}$ Section 501(c)(3) exempt private	foundation			rate foundation status was terr	ninated under
	Section	1 4947(a)(1) nonexempt chantable trust Other taxable	e private foundation		section	on 507(b)(1)(A), check here	. •
		ket value of all assets at J Accounting method	X Cash	ccrual	F If the	foundation is in a 60-month te	mination
е	nd of ye	ear (from Part II, col. (c), Other (specify)			under	r section 507(b)(1)(B), check h	ere 🕨 📘
	ne 16) I	▶ \$ 110,661 (Part I, column (d) must t	pe on cash basis)			· · · · · · · · · · · · · · · · · · ·	
P	art i	Analysis of Revenue and Expenses The total of	(a) Revenue and	(b) Net ≀r	vestment	(c) Adjusted net	(d) Disbursements for chantable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )	expenses per books		ome	income	purposes
	1	Contributions, gifts, grants, etc., received (attach schedule)	175,0	<del></del>			(cash basis only)
	2	Check Inf the foundation is <b>not</b> required to attach Sch B	173,0	<del>,,,</del>			
	3	·		6	6	6	
	4	Interest on savings and temporary cash investments  Dividends and interest from securities		<u> </u>		0	
	5a						
	1 .	Gross rents					<u> </u>
Revenue	b	Net rental income or (loss)					
e.	6a b	Net gam or (loss) from sale of assets not on line RECEIVED	18		···		
6	-	Gross sales price for all assets on line 6a					
œ		Capital gain net income (from Bart IV, line 2) 6 2016	<u> </u>		0		
	8	Net Short-term capital gain [60]	<u> </u>			0	
	9	Income modifications  Gross sales less returns and allowances  OGDEN, UT	<del> </del>		·····		<u> </u>
	10a	<u></u>	J	···-			
	b	Less Cost of goods sold	-		······		
	C	Gross profit or (loss) (attach schedule)					[
	11	Other income (attach schedule)	175.0	<u> </u>			
	12	Total. Add lines 1 through 11	175,0		6	6	
S	13	Compensation of officers, directors, trustees, etc.		0			
penses	14	Other employee salaries and wages	<del></del>			<del> </del>	<del> </del>
- De	1	Pension plans, employee benefits	74.6			<del> </del>	74.543
일(U, / j And MaministrativeExp	16a	Legal fees (attach schedule) STMT 1	14,6	13	<del></del>	<del> </del>	14,643
<b>9</b>	b	Accounting fees (attach schedule)					<u> </u>
	17	Other professional fees (attach schedule)		<del></del>		<del>                                     </del>	
	17	Interest					
FE	18	Taxes (attach schedule) (see instructions)		-			
ζĒ	19	Depreciation (attach schedule) and depletion			<del></del>	<del>                                     </del>	<del></del>
₽₹	20	Occupancy					
Œġ	21	Travel, conferences, and meetings			<del></del>		
a_	22	Printing and publications		,,			
jg	23	Other expenses (att. sch.) STMT 2	13,4	/ /		-	13,477
ati.	24	Total operating and administrative expenses.		اء	_	_	
≅ĕ		Add lines 13 through 23	28,1		0	0	28,120
ာင်	25	Contributions, grits, grants paid	36,2				36,225
	26	Total expenses and disbursements Add lines 24 and 25	64,3	15	0	0	64,345
	27	Subtract line 26 from line 12:					<b>!</b>
	a	Excess of revenue over expenses and disbursements	110,6	51			
	b	Net investment income (if negative, enter -0-)			6	·	
	c	Adjusted net income(if negative, enter -0-)	1	<b></b>		6	E .

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2015)

_	Part II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
_	ratt #	should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
-	1	Cash – non-interest-bearing			
ı	2	Savings and temporary cash investments STMT 4		110,661	110,661
ł	3	Accounts receivable ▶	,		.,
١		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
- 1		Less: allowance for doubtful accounts ▶		1	
	5	Grants receivable			
- {	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see			
ĺ		instructions)		ľ	
ļ	7	Other notes and loans receivable (att. schedule)			
1		Less: allowance for doubtful accounts ▶ 0			
္တ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
B		Investments – U.S. and state government obligations (attach schedule)			
		Investments – corporate stock (attach schedule)			
		Investments – corporate bonds (attach schedule)			
		Investments – land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)		1	
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis			
į		Less accumulated depreciation (attach sch.)			
	15	Other assets (describe ▶			
		Total assets (to be completed by all filers – see the			
		instructions Also, see page 1, item I)	0	110,661	110,661
	17	Accounts payable and accrued expenses			
Į	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
lab	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ▶ )			
	23	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.			
5	24	Unrestricted		110,661	
ᇛ	25	Temporanly restricted			
<b>8</b> 0	26	Permanently restricted			
Š		Foundations that do not follow SFAS 117, check here	}		
느		and complete lines 27 through 31.			
8	27	Capital stock, trust principal, or current funds			
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
As	29	Retained earnings, accumulated income, endowment, or other funds	<u> </u>		
Net Assets or Fund Balanc	30	Total net assets or fund balances(see instructions)	0	110,661	
_	31	Total liabilities and net assets/fund balances(see			
_		instructions)	0	110,661	
	Part II			<del></del>	
1		net assets or fund balances at beginning of year – Part II, column (a), line 30 (must	agree with		•
_		f-year figure reported on prior year's return)		1 2	110 661
_		amount from Part I, line 27a		2	110,661
3		increases not included in line 2 (itemize)		3	110 661
_		nes 1, 2, and 3		4	110,661
5		eases not included in line 2 (itemize)	line 30	5	110,661
_	iotal	net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b).	iiile 30		110,661 Form <b>990-PF</b> (2015

Form 990-PF (2015) CAROLE LANDIS FOUNDATION FOR SOCIAL 47-3970899 Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired (a) List and describe the kind(s) of property sold (e.g., real estate, (c) Date acquired (d) Date sold P - Purchase 2-story brick warehouse, or common stock, 200 shs, MLC Co.) (mo., day, yr) (mo, day, yr) D - Donation N/A b С d е (h) Gain or (loss) (f) Depreciation allowed (g) Cost or other basis (e) Gross sales pnce (e) plus (f) minus (g) (or allowable) plus expense of sale а b C d е Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col (h) gain minus col (k), but not less than -0-)or (j) Adjusted basis (k) Excess of col (i) (i) F M V as of 12/31/69 Losses (from col (h)) as of 12/31/69 over col (j), if any а b C d е If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) 2 If (loss), enter -0- in Part I, line 7 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 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. N/A Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part. 1 Enter the appropriate amount in each column for each year; see the instructions before making any entries. (a) (b) (c) Base period years Distribution ratio Adjusted qualifying distributions Net value of noncharitable-use assets Calendar year (or tax year beginning in) (col (b) divided by col (c)) 2014 2013 2012 2011 2010 2 Total of line 1, column (d) 2 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 Enter the net value of nonchantable-use assets for 2015 from Part X, line 5 4 Multiply line 4 by line 3 5 Enter 1% of net investment income (1% of Part I, line 27b) 6 7 Add lines 5 and 6 7 8 Enter qualifying distributions from Part XII, line 4 8 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

Form	990-PF (2015) CAROLE LANDIS	FOUNDATION FOR S	OCIAL 47-3	970899			Page 6
P	ert VII-B Statements Regarding	<b>Activities for Which Form</b>	n 4720 May Be Red	quired (contin	ued)		
5a	During the year did the foundation pay or inc	cur any amount to:	••				
	(1) Carry on propaganda, or otherwise atte	mpt to influence legislation (section	1 4945(e))?	Y	es X No		
	(2) Influence the outcome of any specific pu	ublic election (see section 4955); o	r to carry on,				
	directly or indirectly, any voter registration	on drive?		Y	es X No		
	(3) Provide a grant to an individual for trave	l, study, or other similar purposes?	•	Y	es 🗓 No		
	(4) Provide a grant to an organization other	than a charitable, etc., organization	n described in	_	_		
	section 4945(d)(4)(A)? (see instructions	)		☐ Y	es X No		
	(5) Provide for any purpose other than relig	ious, charitable, scientific, literary,	or educational	_	_		
	purposes, or for the prevention of cruelt	y to children or animals?		☐ Y	es X No		
b	If any answer is "Yes" to 5a(1)-(5), did any	of the transactions fail to qualify un	der the exceptions desc	ribed in	_		
	Regulations section 53.4945 or in a current	notice regarding disaster assistant	ce (see instructions)?		N/A	5b	
	Organizations relying on a current notice reg	garding disaster assistance check	here		▶ 🗍		
С	If the answer is "Yes" to question 5a(4), doe	s the foundation claim exemption f	rom the tax		_		
	because it maintained expenditure responsi	bility for the grant?		N/A 🗌 Y	'es 🗌 No		
	If "Yes," attach the statement required by Re	egulations 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?			Y	'es 🏻 No		1
ь	Did the foundation, during the year, pay pre	miums, directly or indirectly, on a p	ersonal benefit contract	?		6b	X
	If "Yes" to 6b, file Form 8870			_			
7a	At any time during the tax year, was the fou	ndation a party to a prohibited tax	shelter transaction?	<u> </u>	'es 🔀 No		
<u>b</u>	If "Yes," did the foundation receive any proc				N/A	7b	
Pa	art VIII Information About Offic	ers, Directors, Trustees, l	Foundation Manag	ers, Highly Pa	aid Employee:	s,	
	and Contractors						
1 1	ist all officers, directors, trustees, found	ation managers and their comp	ensation (see instruc	tions).			
			(b) Title, and average	(c) Compensation	(d) Contributions to	(a) Ev	nonco nomunt
	(a) Name and add	dress	hours per week	(If not paid,	employee benefit plans and deferred		pense account, er allowances
					employee benefit		
	ROLE LANDIS	HAVERFORD	hours per week devoted to position PRES./CHAIRW	(If not paid,	employee benefit plans and deferred		
P.	ROLE LANDIS O. BOX 432	HAVERFORD PA 19041	hours per week devoted to position  PRES./CHAIRW  30.00	(If not paid,	employee benefit plans and deferred		
P.	ROLE LANDIS O. BOX 432 CS R. GARNAS	HAVERFORD	hours per week devoted to position  PRES./CHAIRW 30.00  DIRECTOR	(If not paid, enter -0-)	employee benefit plans and deferred compensation	othe	r allowances
P.	ROLE LANDIS O. BOX 432 CS R. GARNAS O. BOX 432	HAVERFORD PA 19041 HAVERFORD PA 19041	hours per week devoted to position  PRES./CHAIRW 30.00  DIRECTOR 5.00	(If not paid, enter -0-)	employee benefit plans and deferred	othe	
P. LE	CROLE LANDIS O. BOX 432 CS R. GARNAS O. BOX 432 CSA A. HORST	HAVERFORD PA 19041 HAVERFORD PA 19041 HAVERFORD	hours per week devoted to position  PRES./CHAIRW 30.00  DIRECTOR 5.00  DIRECTOR	(If not paid, enter -0-) 0	employee benefit plans and deferred compensation	othe	or allowances  0
P. LE	COLE LANDIS O. BOX 432 CS R. GARNAS O. BOX 432 CSA A. HORST O. BOX 432	HAVERFORD PA 19041 HAVERFORD PA 19041 HAVERFORD PA 19041	hours per week devoted to position  PRES./CHAIRW 30.00  DIRECTOR 5.00  DIRECTOR 5.00	(If not paid, enter -0-)	employee benefit plans and deferred compensation	othe	r allowances
P. LI P. LI P.	ROLE LANDIS O. BOX 432 CS R. GARNAS O. BOX 432 CSA A. HORST O. BOX 432 LRON C. JACKSON	HAVERFORD  PA 19041  HAVERFORD  PA 19041  HAVERFORD  PA 19041  HARRISBURG	hours per week devoted to position  PRES./CHAIRW 30.00  DIRECTOR 5.00  DIRECTOR 5.00  DIRECTOR	(If not paid, enter -0-)  0	employee benefit plans and deferred compensation	othe	or allowances  O  O
P. LI P. LI P.	CROLE LANDIS O. BOX 432 CS R. GARNAS O. BOX 432 CSA A. HORST O. BOX 432 CRON C. JACKSON O. N. 2ND ST. STE 500	HAVERFORD  PA 19041  HAVERFORD  PA 19041  HAVERFORD  PA 19041  HARRISBURG  PA 17101	hours per week devoted to position  PRES./CHAIRW 30.00  DIRECTOR 5.00  DIRECTOR 5.00  DIRECTOR 5.00  DIRECTOR 5.00	(If not paid, enter -0-)  0  0	employee benefit plans and deferred compensation	othe	or allowances  0
P. LI LI P.	ROLE LANDIS O. BOX 432 CS R. GARNAS O. BOX 432 CSA A. HORST O. BOX 432 LRON C. JACKSON O. M. 2ND ST. STE 500  Compensation of five highest-paid emp	HAVERFORD  PA 19041  HAVERFORD  PA 19041  HAVERFORD  PA 19041  HARRISBURG  PA 17101	hours per week devoted to position  PRES./CHAIRW 30.00  DIRECTOR 5.00  DIRECTOR 5.00  DIRECTOR 5.00  DIRECTOR 5.00	(If not paid, enter -0-)  0  0	employee benefit plans and deferred compensation	othe	or allowances  O  O
P. LI LI P.	CROLE LANDIS O. BOX 432 CS R. GARNAS O. BOX 432 CSA A. HORST O. BOX 432 CRON C. JACKSON O. N. 2ND ST. STE 500	HAVERFORD  PA 19041  HAVERFORD  PA 19041  HAVERFORD  PA 19041  HARRISBURG  PA 17101	hours per week devoted to position  PRES./CHAIRW 30.00  DIRECTOR 5.00  DIRECTOR 5.00  DIRECTOR 5.00  LIRECTOR 5.00  DIRECTOR 5.00  DIRECTOR 5.00  LIRECTOR 5.00  DIRECTOR 5.00  DIRECTOR 5.00	(If not paid, enter -0-)  0  0	employee benefit plans and deferred compensation	othe	or allowances  O  O
P. LI LI P.	COLE LANDIS O. BOX 432 CS R. GARNAS O. BOX 432 CSA A. HORST O. BOX 432 CRON C. JACKSON O. N. 2ND ST. STE 500  Compensation of five highest-paid emp	HAVERPORD PA 19041 HAVERPORD PA 19041 HAVERPORD PA 19041 HARRISBURG PA 17101 Bloyees (other than those include	hours per week devoted to position  PRES./CHAIRW 30.00  DIRECTOR 5.00  DIRECTOR 5.00  DIRECTOR 5.00  led on line 1 — see ins  (b) Title, and average	(If not paid, enter -0-)  0  0  tructions). If non	employee benefit plans and deferred compensation  Compensation  Compensation  Compensation  Compensation  Compensation  Compensation	(e) Ex	0 0 0 pense account,
P. LI P. LI P.	ROLE LANDIS O. BOX 432 CS R. GARNAS O. BOX 432 CSA A. HORST O. BOX 432 LRON C. JACKSON O. M. 2ND ST. STE 500  Compensation of five highest-paid emp	HAVERPORD PA 19041 HAVERPORD PA 19041 HAVERPORD PA 19041 HARRISBURG PA 17101 Bloyees (other than those include	hours per week devoted to position  PRES./CHAIRW 30.00  DIRECTOR 5.00  DIRECTOR 5.00  DIRECTOR 5.00  LIRECTOR 5.00  DIRECTOR 5.00  DIRECTOR 5.00  LIRECTOR 5.00  DIRECTOR 5.00  DIRECTOR 5.00	(If not paid, enter -0-)  0  0	employee benefit plans and deferred compensation  Compensa	(e) Ex	0 0 0
P. LI P. AA	COLE LANDIS O. BOX 432 CS R. GARNAS O. BOX 432 CSA A. HORST O. BOX 432 CRON C. JACKSON OS N. 2ND ST. STE 500  Compensation of five highest-paid emp "NONE."	HAVERPORD PA 19041 HAVERPORD PA 19041 HAVERPORD PA 19041 HARRISBURG PA 17101 Bloyees (other than those include	hours per week devoted to position  PRES./CHAIRW 30.00  DIRECTOR 5.00  DIRECTOR 5.00  DIRECTOR 5.00  LIRECTOR 5.00  DIRECTOR 5.00  DIRECTOR 5.00  LIRECTOR 5.00  DIRECTOR 5.00	(If not paid, enter -0-)  0  0  tructions). If non	employee benefit plans and deferred compensation  Compensation  Compensation  Compensation  Compensation  Compensation  Compensation	(e) Ex	0 0 0 pense account,
P. LI P. AA	COLE LANDIS O. BOX 432 CS R. GARNAS O. BOX 432 CSA A. HORST O. BOX 432 CRON C. JACKSON O. N. 2ND ST. STE 500  Compensation of five highest-paid emp	HAVERPORD PA 19041 HAVERPORD PA 19041 HAVERPORD PA 19041 HARRISBURG PA 17101 Bloyees (other than those include	hours per week devoted to position  PRES./CHAIRW 30.00  DIRECTOR 5.00  DIRECTOR 5.00  DIRECTOR 5.00  LIRECTOR 5.00  DIRECTOR 5.00  DIRECTOR 5.00  LIRECTOR 5.00  DIRECTOR 5.00	(If not paid, enter -0-)  0  0  tructions). If non	employee benefit plans and deferred compensation  Compensa	(e) Ex	0 0 0 pense account,
P. LI P. AA	COLE LANDIS O. BOX 432 CS R. GARNAS O. BOX 432 CSA A. HORST O. BOX 432 CRON C. JACKSON OS N. 2ND ST. STE 500  Compensation of five highest-paid emp "NONE."	HAVERPORD PA 19041 HAVERPORD PA 19041 HAVERPORD PA 19041 HARRISBURG PA 17101 Bloyees (other than those include	hours per week devoted to position  PRES./CHAIRW 30.00  DIRECTOR 5.00  DIRECTOR 5.00  DIRECTOR 5.00  LIRECTOR 5.00  DIRECTOR 5.00  DIRECTOR 5.00  LIRECTOR 5.00  DIRECTOR 5.00	(If not paid, enter -0-)  0  0  tructions). If non	employee benefit plans and deferred compensation  Compensa	(e) Ex	0 0 0 pense account,
P. LI P. AA	COLE LANDIS O. BOX 432 CS R. GARNAS O. BOX 432 CSA A. HORST O. BOX 432 CRON C. JACKSON OS N. 2ND ST. STE 500  Compensation of five highest-paid emp "NONE."	HAVERPORD PA 19041 HAVERPORD PA 19041 HAVERPORD PA 19041 HARRISBURG PA 17101 Bloyees (other than those include	hours per week devoted to position  PRES./CHAIRW 30.00  DIRECTOR 5.00  DIRECTOR 5.00  DIRECTOR 5.00  LIRECTOR 5.00  DIRECTOR 5.00  DIRECTOR 5.00  LIRECTOR 5.00  DIRECTOR 5.00	(If not paid, enter -0-)  0  0  tructions). If non	employee benefit plans and deferred compensation  Compensa	(e) Ex	0 0 0 pense account,
P. LI P. AA	COLE LANDIS O. BOX 432 CS R. GARNAS O. BOX 432 CSA A. HORST O. BOX 432 CRON C. JACKSON OS N. 2ND ST. STE 500  Compensation of five highest-paid emp "NONE."	HAVERPORD PA 19041 HAVERPORD PA 19041 HAVERPORD PA 19041 HARRISBURG PA 17101 Bloyees (other than those include	hours per week devoted to position  PRES./CHAIRW 30.00  DIRECTOR 5.00  DIRECTOR 5.00  DIRECTOR 5.00  LIRECTOR 5.00  DIRECTOR 5.00  DIRECTOR 5.00  LIRECTOR 5.00  DIRECTOR 5.00	(If not paid, enter -0-)  0  0  tructions). If non	employee benefit plans and deferred compensation  Compensa	(e) Ex	0 0 0 pense account,
P. LI P. AA	COLE LANDIS O. BOX 432 CS R. GARNAS O. BOX 432 CSA A. HORST O. BOX 432 CRON C. JACKSON OS N. 2ND ST. STE 500  Compensation of five highest-paid emp "NONE."	HAVERPORD PA 19041 HAVERPORD PA 19041 HAVERPORD PA 19041 HARRISBURG PA 17101 Bloyees (other than those include	hours per week devoted to position  PRES./CHAIRW 30.00  DIRECTOR 5.00  DIRECTOR 5.00  DIRECTOR 5.00  LIRECTOR 5.00  DIRECTOR 5.00  DIRECTOR 5.00  LIRECTOR 5.00  DIRECTOR 5.00	(If not paid, enter -0-)  0  0  tructions). If non	employee benefit plans and deferred compensation  Compensa	(e) Ex	0 0 0 pense account,
P. LI P. AA	COLE LANDIS O. BOX 432 CS R. GARNAS O. BOX 432 CSA A. HORST O. BOX 432 CRON C. JACKSON OS N. 2ND ST. STE 500  Compensation of five highest-paid emp "NONE."	HAVERPORD PA 19041 HAVERPORD PA 19041 HAVERPORD PA 19041 HARRISBURG PA 17101 Bloyees (other than those include	hours per week devoted to position  PRES./CHAIRW 30.00  DIRECTOR 5.00  DIRECTOR 5.00  DIRECTOR 5.00  LIRECTOR 5.00  DIRECTOR 5.00  DIRECTOR 5.00  LIRECTOR 5.00  DIRECTOR 5.00	(If not paid, enter -0-)  0  0  tructions). If non	employee benefit plans and deferred compensation  Compensa	(e) Ex	0 0 0 pense account,
P. LI P. AA	COLE LANDIS O. BOX 432 CS R. GARNAS O. BOX 432 CSA A. HORST O. BOX 432 CRON C. JACKSON OS N. 2ND ST. STE 500  Compensation of five highest-paid emp "NONE."	HAVERPORD PA 19041 HAVERPORD PA 19041 HAVERPORD PA 19041 HARRISBURG PA 17101 Bloyees (other than those include	hours per week devoted to position  PRES./CHAIRW 30.00  DIRECTOR 5.00  DIRECTOR 5.00  DIRECTOR 5.00  LIRECTOR 5.00  DIRECTOR 5.00  DIRECTOR 5.00  LIRECTOR 5.00  DIRECTOR 5.00	(If not paid, enter -0-)  0  0  tructions). If non	employee benefit plans and deferred compensation  Compensa	(e) Ex	0 0 0 pense account,
P. LI P. AA	COLE LANDIS O. BOX 432 CS R. GARNAS O. BOX 432 CSA A. HORST O. BOX 432 CRON C. JACKSON OS N. 2ND ST. STE 500  Compensation of five highest-paid emp "NONE."	HAVERPORD PA 19041 HAVERPORD PA 19041 HAVERPORD PA 19041 HARRISBURG PA 17101 Bloyees (other than those include	hours per week devoted to position  PRES./CHAIRW 30.00  DIRECTOR 5.00  DIRECTOR 5.00  DIRECTOR 5.00  LIRECTOR 5.00  DIRECTOR 5.00  DIRECTOR 5.00  LIRECTOR 5.00  DIRECTOR 5.00	(If not paid, enter -0-)  0  0  tructions). If non	employee benefit plans and deferred compensation  Compensa	(e) Ex	0 0 0 pense account,

0

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

Form 990-PF (20		47-3970899	Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	Managers, Hignly Paid Em	iployees,
3 Five high	est-paid independent contractors for professional services (see instruction	s). 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		
	's four largest direct chantable activities during the tax year. Include relevant statistical information such as to other beneficianes served, conferences convened, research papers produced, etc.	he number of	Expenses
1 N/A			
2		<del></del>	
-			
3			
<u> </u>			
4			
Part IX-B	Summary of Program-Related Investments (see instructions	3)	
	argest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
2			
•			
All other program-r	related investments. See instructions		
<b>.</b>		•	
Total. Add lines	1 through 3		-

Form 990-PF (2015)

r	990-PF (2015) CAROLE LANDIS FOUNDATION FOR SOCIAL 47-3970899		•
	1990-PF (2015) CAROLE LANDIS FOUNDATION FOR SOCIAL 47-3970899  Left X Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundati	Page l
_	see instructions.)		
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	(
b	Average of monthly cash balances	1b	137,695
С	Fair market value of all other assets (see instructions)	1c	(
d	Total (add lines 1a, b, and c)	1d	137,695
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	137,695
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see		
	instructions)	4	2,065
5	Net value of noncharitable-use assets.Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	135,630
6	Minimum investment return.Enter 5% of line 5	6	3,140
Pa	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for		
	and certain foreign organizations check here ▶ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	3,140
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.)		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	3,140
4	Recovenes of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	3,140
6	Deduction from distributable amount (see instructions)	6	3/11
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
•	line 1	7	3,140
		,	3,110
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		•
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	64,345
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.		
а	Suitability test (pnor 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	64,345
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	(

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Form **990-PF** (2015)

64,345

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

61,205

Excess from 2014 Excess from 2015

_Pa	rt XIV Private Operating Fou	ndations (see ins	structions and Par	t VII-A, question 9	3)	
1a	If the foundation has received a ruling or d		•	g		
	foundation, and the ruling is effective for 2				· L	<del></del>
b	Check box to indicate whether the foundat		ng foundation describe		4942(j)(3) or 49	942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year (a) 2015	(b) 2014	Prior 3 years (c) 2013	(d) 2012	(e) Total
	income from Part I or the minimum	(a) 2015	(b) 2014	(6) 2013	(a) 2012	<del> </del>
	investment return from Part X for		į			
_	each year listed	<del></del>		<del>                                     </del>	<del> </del>	
Ь	85% of line 2a					<del></del>
С	Qualifying distributions from Part XII,					
d	Inne 4 for each year listed  Amounts included in line 2c not used directly	·· <del>·····</del>	<del></del>	<del> </del>	<del></del>	<del></del>
u	for active conduct of exempt activities		ļ			
е	Qualifying distributions made directly		<del></del>	<del>                                     </del>	<del></del>	<del></del>
-	for active conduct of exempt activities.		1			
	Subtract line 2d from line 2c		ĺ	1		ł
3	Complete 3a, b, or c for the			<del>                                     </del>		<del> </del>
•	alternative test relied upon					}
а	"Assets" alternative test – enter					
_	(1) Value of all assets					
	(2) Value of assets qualifying under			<del>                                     </del>	<del> </del>	<del> </del>
	section 4942(i)(3)(B)(i)					
b	"Endowment" alternative test – enter 2/3			<del> </del>	<del>                                     </del>	<del></del>
	of minimum investment return shown in				İ	
	Part X, line 6 for each year listed		]		Ì	
С	"Support" alternative test – enter:					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on		ĺ			
	securities loans (section					
	512(a)(5)), or royalties)			<del> </del>		<del></del>
	(2) Support from general public and 5 or more exempt		ĺ			
	organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization		<u> </u>			
	(4) Gross investment income		<u> </u>	<u> </u>		
Pa	ort XV Supplementary Inform	•		the foundation h	ad \$5,000 or more	in assets at
	any time during the ye		ions.)			<del></del>
1	Information Regarding Foundation Ma	•				
а	List any managers of the foundation who l					
	before the close of any tax year (but only i	if they have contributed	d more than \$5,000). (	See section 507(d)(2)	.)	A175 000
<del></del>	CAROLE LANDIS		<del></del>	<del></del>		\$175,000
b	List any managers of the foundation who		•		portion of the	
	ownership of a partnership or other entity) <b>N/A</b>	of which the foundation	on has a 10% or greate	er interest		
2	Information Regarding Contribution, (	Grant Gift Loan Sc	holarchin etc. Bros	rome:		<del></del>
_	Check here ► X if the foundation only				lane not accept	
	unsolicited requests for funds. If the found		•	<del>-</del>	•	
	other conditions, complete items 2a, b, c,		ns, etc. (see insuded)	ris) to tridividuals of o	rganizations under	
	The name, address, and telephone number		the person to whom a	innlications should be	addressed	
u	N/A	o. or o mair address th	are person to whom a	ippiioduoria arioulu be	udar 03300	
	<b>,</b>					
ь	The form in which applications should be	submitted and informa	tion and materials they	should include		
-	N/A		and materials tre	Citale mondo.		
	Any submission deadlines					
•	N/A					
d	Any restrictions or limitations on awards,	such as by geographic	al areas, chantable fie	lds, kinds of institution	ns. or other	
-	factors.				-, -· - <del></del>	
	N/A					
DAA						Form 990-PF (201

Form 990-PF (2015) CAROLE LANDIS FOUNDATION FOR SOCIAL 47-3970899

Part XV Supplementary Information (continued)

Grants and Contributions Paid During the  Recipient	If recipient is an individual,		Foundation	Primare of arrest or	
	show any relationship to any foundation manager		status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor			<del>                                     </del>	
a Paid during the year BRYN MAWR COLLEGE					
101 NORTH MERION AVENUE		501	(c) (3)		
BRYN MAWR PA 19010		1301		naritable	21,000
DAIN MANK IA 19010			C.	arreable	21,000
ANTI DEFAMATION LEAGUE OF E	ASTERNPA				
1500 MARKET STREET		501	(c)(3)	1	
PHILADELPHIA PA 19102			C)	naritable	3,000
GERSHWYN Y; JEWISH FILM FES	PTVAT.	-			
401 S. BROAD STREET	. 1 4 1 1 1	501	(c)(3)	{	
PHILADELPHIA PA 19147				naritable	5,000
		}			2,00
JEWISH FEDERATION OF GREATE	R PHILA				
2100 ARCH STREET		501			
PHILADELPHIA PA 19103			C	naritable	4,000
HOLE IN THE WALL GANG CAMP					
555 LONG WHARF DRIVE		501	(c)(3)		
NEW HAVEN CT 06511				haritable	2,500
PHILABUNDANCE					
3616 S. GALLOWAY STREET		501	(c)(3)		
PHILADELPHIA PA 19148	<u> </u>		C.	haritable	22!
NARBERTH COMMUNITY FOOD BAN	7				
201 SABINE AVENUE		501	(c)(3)		
NARBERTH PA 19072				haritable	50
				ì	
		ļ		1	
		1		1	
		ł			
Total				▶ 3a	36,22
b Approved for future payment					
N/A					
		1			
		-		1	
Total			·	▶ 3b	·

Form 990-PF (2015)	CAROLE	LANDIS	FOUNDATION	FOR	SOCIAL	47-3970899	
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Part AVEA Analysis of Incom	ic-i roudeling Ac	LIVILIES			<del></del>	·
inter gross amounts unless otherwise indicate	ed.	Unrelate (a) Business code	d business income (b) Amount	(c) Exclusion code	by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue:						(See instructions )
a		- }				<del></del>
b		-				·
c		-		<del>-</del>		
d		- }		<del></del>		
e		-		<del>-</del>		
f	<del></del>	-				
g Fees and contracts from government	agencies	<del></del>	<del></del>			
Membership dues and assessments				14	6	
Interest on savings and temporary cash in Dividends and interest from securities	ivesuments	ļ		+ + + + + + + + + + + + + + + + + + + +		
	•			-		
5 Net rental income or (loss) from real estate	e.					<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
a Debt-financed property     b Not debt-financed property		<del></del>	<del></del>			<del></del>
Net rental income or (loss) from personal i	nronorti/	<del></del>	<del></del>			
Net rental income or (loss) from personal p     Other investment income	property		<del></del>	+-		<del></del>
Gain or (loss) from sales of assets other the	han inventory		<del></del>	+	<del></del>	<del></del>
Net income or (loss) from special events	nan inventory		<del></del>	<del></del>		
O Gross profit or (loss) from sales of invento	NDV			<del>   </del>		
1 Other revenue: a	-			+		
b		-		<del></del>		·
c		-		<del></del>		
d			<del></del>	<del> </del>		·
e		-	<del></del>	<del>                                     </del>		
2 Subtotal Add columns (b), (d), and (e)				0	6	<del> </del>
3 Total. Add line 12, columns (b), (d), and (	e)				13	
See worksheet in line 13 instructions to verify					_	
Part XVI-B Relationship of A		ccomplishme	nt of Exempt P	urposes		
Line No. Explain below how each ac					ed importantly to the	<del></del>
▼ accomplishment of the four						)
N/A						<del> </del>
			<u> </u>			
						<del></del>
		·				
		<del></del>				<del></del>
	<del></del>					
	<del></del>					
		<del></del>			<del></del>	

orm 990-PF (2015) C	AROLE	LANDIS	FOUNDATION	FOR	SOCIAL	47-3970899
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Pa		Information Rega Exempt Organiza	-	nsfers To and	Transaction	s and Relationships With	Noncharitable			
				in any of the follow					Voc	No
1	_			-	_	er organization described		,	Yes	NO
	organization	• •	man section	501(c)(3) organiza	mons) or in secu	on 527, relating to political				
а	•	om the reporting founda	tion to a none	chantable exempt o	organization of:				1	
_	(1) Cash			•				1a(1)	Ī	X
	(2) Other as	ssets	•		•	•		1a(2)		X
b	Other transa		• •			-				
	(1) Sales of	assets to a noncharital	ble exempt o	rganization				1b(1)		X
	(2) Purchas	es of assets from a nor	nchantable ex	kempt organization				1b(2)		X
	(3) Rental of	of facilities, equipment, o	or other asse	ts				1b(3)		X
	(4) Reimbui	rsement arrangements						1b(4)		<u> </u>
	(5) Loans o	r loan guarantees						1 <u>b(5)</u>		<u> </u>
	(6) Perform	ance of services or me	mbership or f	undraising solicitati	ions			1b(6)		<u> </u>
	•	icilities, equipment, ma		•				1c		<u> </u>
d		•				(b) should always show the fair m				
		=	_			e foundation received less than fail				
						e goods, other assets, or services				
	(a) Line no	(b) Amount involved	(c) Nam	e of nonchantable exemp	pt organization	(d) Description of transfers, tr	ansactions, and sharing ar	rangeme	ents	
N/2				<del></del>						
			<del> </del>							
			<del> </del>		•					
							<del></del>			
	· · · · · · · · · · · · · · · · · · ·		<u> </u>	. <u></u>	<u>-</u>		, , , , , , , , , , , , , , , , ,			
		<u> </u>	L							
2a		ation directly or indirect	-			. •		_	-	
		section 501(c) of the C	•	nan section 501(c)(	3)) or in section	527?		Ye	s X	No
<u>b</u>		nplete the following sch	edule.			<del></del>	<del></del>			
		a) Name of organization		(b) Type of o	rganization	(c) Descrip	otion of relationship			
	N/A									
	<del></del>						<del></del>			
	Under per	nalties of penury, I declare th	at I have examin	l ed this return, including	accompanying sche	edules and statements, and to the best of m	y knowledge and belief, r	t is true.		
	correct, a	nd complete Declaration of p	reparer (other th	nan taxpayer) is based o	on all information of v	vhich preparer has any knowledge	May the IRS disc	uss this ri	etum	
Sigi	.						with the preparer	shown be	elow _	_ [
Her		1001	Λ			\	(see instructions)	13 X	Yes	No
	Ĭ   <b>N</b> (	CNAX GX	1			MILIO PRES	./CHAIRWOM	iAN		
	Sign	ature of officer or trustee		· · · · · · · · · · · · · · · · · · ·	Date					
	Pnnt/Tv	pe preparer's name			Preparer's signatu	ire_	Date		CL	<u></u>
						1//			Check self-er	nployed
Paid -	(BARR)	Y L. SPEVAK, C	PA.		///		10-31	K		
•	arer Firm's			AK & ASSO	CXATES//	LTD.	PTIN PO	0199	449	
Use	Only Firm's			ER PLAZA		03		243		
			DELPHI		102/		Phone no 215	- 56	4 - 1	300
								Form 99	90-P	F (2015)

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

Department of the Treasury Internal Revenue Service

Name of the organization

CAROLE LANDIS FOUNDATION FOR SOCIAL

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

# **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

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

2015

ACTION	4/	-39/0899
Organization type(check one	):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	overed by the <b>General Rule</b> or a <b>Special Rule</b> ., (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See	<del></del>
General Rule		
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a ributions.	
Special Rules		
regulations under sect 13, 16a, or 16b, and th \$5,000 or (2) 2% of the	escribed 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 ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line hat received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one	
	year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III	
contributor, during the contributions totaled in during the year for an	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, chantable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, chantable, etc., purpose. Do not complete any of the parts unless the to this organization because it received nonexclusively religious, chantable, etc., contributions a during the year.	<b>▶</b> \$
990-EZ, or 990-PF), but it mus	is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, st answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ of certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	or on its

Name of organization

CAROLE LANDIS FOUNDATION FOR SOCIAL

Employer identification number 47-3970899

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (d) (c) No. Name, address, and ZIP + 4 Total contributions Type of contribution 1 CAROLE LANDIS Person P. O. BOX 432 Pavroli 175,000 \$ Noncash PA 19041 HAVERFORD (Complete Part II for noncash contributions) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Pavroll** Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) No. Name, address, and ZIP + 4 Type of contribution Total contributions Person Payroll Payroll \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions)

# UF1898340 CAROLE LANDIS FOUNDATION FOR SOCIAL 77 3070800 Federal Statements

47-3970899 FYE: 12/31/2015

Legal Fees
Legal
16a -
Line
Part I,
990-PF,
- Form
_
tement

			Net	Adjusted	Charitable
Description		Total	Investment	Net	Purpose
INDIRECT LEGAL FEES	₩.	14,643	w	₹Y-	\$ 14,643
TOTAL	₩	14,643	0	\$	\$ 14,643
	Statement 2 - F	orm 990-PF, F	Form 990-PF, Part I, Line 23 - Other Expenses	r Expenses	
i i i i i i i i i i i i i i i i i i i			Net	Adjusted	Charitable
		3		]	֚֚֚֓֝֓֜֝֝֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֡֓֡֓֡֓֡

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
	৵	٠ V	ഹ	£O.
EXPENSES				
WEBSITE/COMPUTER	6,117			6,117
BRANDING/MARKETING	5,232			5,232
PRINT MATERIAL	1,219			1,219
POSTAGE AND SHIPPING	86			86
PROMOTION	811			811
TOTAL	\$ 13,477	\$	φ.	\$ 13,477

# Statement 3 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors

	l
Name	
Ž	
	LANDIS
	CAROLE

Address

P.O. BOX 432

HAVERFORD PA 19041

City, State, Zip

UFI898340 CAROLE LANDIS FOUNDATION FOR SOCIAL 47-3970899

**Federal Statements** 

FYE: 12/31/2015

10/28/2016

# Form 990-PF - General Footnote

# Description

FOUNDATION ACCOUNT BALANCE @ 12/31/2015 \$110,655 INTEREST INCOME EARNED \$6 TOTAL FOUNDATION ASSETS @ 12/31/2015 \$110,661 =======

UFI898340 CAROLE LANDIS FOUNDATION FOR SOCIAL 47-3970899

Federal Statements

10/28/2016

FYE: 12/31/2015

Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manag	ger	Amount
CAROLE LANDIS	\$	175,000
TOTAL	\$	175,000

UF1898340 CAROLE LANDIS FOUNDATION FOR SOCIAL 47-3970899 Federal Statements

10/28/2016

FYE: 12/31/2015

# Form 990-PF - General Footnote

Description

REASON FOR RETURN NOT BEING EFILED

PAPER FILING OF FORM 990PF INSTEAD OF EFILING DUE TO COMPUTER SOFTWARE BEING UNABLE TO EFILE A SHORT-YEAR RETURN FOR A FORM 990PF.