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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

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

For calendar year 2015 or tax year beginning , 2015, and ending , 20

Name of foundation: **JOHN FRANCIS FOUNDATION**

Number and street (or P O box number if mail is not delivered to street address): **11205 OLD CLUB RD**

Room/suite: \_\_\_\_\_

City or town, state or province, country, and ZIP or foreign postal code: **ROCKVILLE, M.D. 20852**

A Employer identification number: **52-2036463**

B Telephone number (see instructions): **301-881-1045**

C If exemption application is pending, check here

D 1. Foreign organizations, check here   
2. Foreign organizations meeting the 85% test, check here and attach computation

E If private foundation status was terminated under section 507(b)(1)(A), check here

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

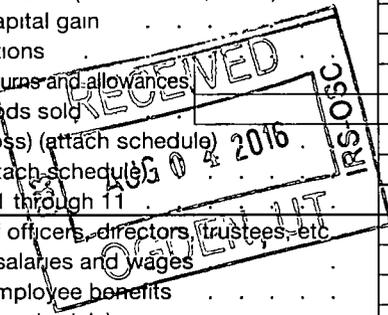
G Check all that apply:  Initial return  Initial return of a former public charity  
 Final return  Amended return  
 Address change  Name change

H Check type of organization  Section 501(c)(3) exempt private foundation  
 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ **\$ 1,349,114**

J Accounting method.  Cash  Accrual  
 Other (specify) \_\_\_\_\_  
(Part I, column (d) must be on cash basis)

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	0			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	0	0	0	
	4 Dividends and interest from securities	0	0	0	
	5a Gross rents	0	0	0	
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	0			
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain			0	
	9 Income modifications			0	
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)	0		0		
11 Other income (attach schedule)	0	0	0		
12 Total. Add lines 1 through 11	0	0	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0	0	0	
	14 Other employee salaries and wages	0	0	0	
	15 Pension plans, employee benefits	0	0	0	
	16a Legal fees (attach schedule)	0	0	0	
	b Accounting fees (attach schedule) <b>SCH A</b>	350	0	0	
	c Other professional fees (attach schedule)	125	0	0	
	17 Interest	0	0	0	
	18 Taxes (attach schedule) (see instructions)	0	0	0	
	19 Depreciation (attach schedule) and depletion	0	0	0	
	20 Occupancy	0	0	0	
	21 Travel, conferences, and meetings	0	0	0	
	22 Printing and publications	75	0	0	
	23 Other expenses (attach schedule)	0	0	0	
	24 Total operating and administrative expenses. Add lines 13 through 23	550	0	0	
	25 Contributions, gifts, grants paid	110,000			
26 Total expenses and disbursements. Add lines 24 and 25	110,550	0		110,550	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	(110,550)				
b Net investment income (if negative, enter -0-)		0			
c Adjusted net income (if negative, enter -0-)			0		



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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 . . . . .	0	0	0	
	2	Savings and temporary cash investments . . . . .	0	0	0	
	3	Accounts receivable ▶	0	0	0	
		Less: allowance for doubtful accounts ▶	0	0	0	
	4	Pledges receivable ▶	0	0	0	
		Less: allowance for doubtful accounts ▶	0	0	0	
	5	Grants receivable . . . . .	0	0	0	
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .	0	0	0	
	7	Other notes and loans receivable (attach schedule) ▶	0	0	0	
		Less: allowance for doubtful accounts ▶	0	0	0	
	8	Inventories for sale or use . . . . .	0	0	0	
	9	Prepaid expenses and deferred charges . . . . .	0	0	0	
	10a	Investments—U.S. and state government obligations (attach schedule)	0	0	0	
	b	Investments—corporate stock (attach schedule) <b>SCH B</b>	1,089,368	1,349,114	1,349,114	
	c	Investments—corporate bonds (attach schedule)	0	0	0	
	11	Investments—land, buildings, and equipment, basis ▶	0	0	0	
	Less: accumulated depreciation (attach schedule) ▶	0	0	0		
12	Investments—mortgage loans . . . . .	0	0	0		
13	Investments—other (attach schedule) . . . . .	0	0	0		
14	Land, buildings, and equipment: basis ▶	0	0	0		
	Less: accumulated depreciation (attach schedule) ▶	0	0	0		
15	Other assets (describe ▶ . . . . .)	0	0	0		
16	<b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item l) . . . . .	1,089,368	1,349,114	1,349,114		
Liabilities	17	Accounts payable and accrued expenses . . . . .	0	0		
	18	Grants payable . . . . .	0	0		
	19	Deferred revenue . . . . .	0	0		
	20	Loans from officers, directors, trustees, and other disqualified persons	0	0		
	21	Mortgages and other notes payable (attach schedule) . . . . .	0	0		
	22	Other liabilities (describe ▶ . . . . .)	0	0		
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	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 . . . . .	0	0		
	25	Temporarily restricted . . . . .	0	0		
	26	Permanently restricted . . . . .	0 N/A	0 N/A		
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds . . . . .	0	0		
	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0	0		
	29	Retained earnings, accumulated income, endowment, or other funds	0	0		
30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	0	0			
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	0	0			

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 1,089,366
2	Enter amount from Part I, line 27a . . . . .	2 110,550
3	Other increases not included in line 2 (itemize) ▶	3 378,298
4	Add lines 1, 2, and 3 . . . . .	4 1,349,114
5	Decreases not included in line 2 (itemize) ▶	5 0
6	<b>Total net assets or fund balances at end of year</b> (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6 1,349,114

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
<b>1a</b>				
<b>b</b>	0			
<b>c</b>				
<b>d</b>				
<b>e</b>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
<b>a</b>				
<b>b</b>	0	N/A	N/A	
<b>c</b>				
<b>d</b>				
<b>e</b>				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
<b>a</b>				
<b>b</b>	0	N/A		N/A
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>2</b>	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 }			<b>2</b>
<b>3</b>	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 . . . . .			<b>3</b>

**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 the 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				
2013	N/A	N/A	N/A	
2012				
2011				
2010				
<b>2</b>	Total of line 1, column (d)			<b>2</b>
<b>3</b>	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			<b>3</b>
<b>4</b>	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5			<b>4</b>
<b>5</b>	Multiply line 4 by line 3			<b>5</b>
<b>6</b>	Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b>
<b>7</b>	Add lines 5 and 6			<b>7</b>
<b>8</b>	Enter qualifying distributions from Part XII, line 4 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.			<b>8</b>

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> 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 <input type="checkbox"/> and enter 1% of Part I, line 27b	1	N/A	
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	N/A	
3	Add lines 1 and 2	3	N/A	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	N/A	
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	5	N/A	
6	Credits/Payments:			
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a		
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	N/A	
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	N/A	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9	N/A	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	N/A	
11	Enter the amount of line 10 to be: <b>Credited to 2016 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	11	N/A	

**Part VII-A Statements Regarding Activities**

	Yes	No
1a		X
b		X
<i>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.</i>		
c		X
d		
e		
2		X
3		X
4a		X
4b		N/A
5		X
6		X
7		X
8a		
MARYLAND		
b		N/A
9		X
10		X

**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)?  Yes  No  
 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?  Yes  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?  Yes  No

**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	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ANDREW SANGIMINO 7539 SPRING LAKE DRIVE ROCKVILLE, MD 20852	TRUSTEE	0	0	0
DONNA SANGIMINO 497 FARM HAVEN DR ROCKVILLE, MD 20852	TRUSTEE SCH D	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	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE		N/A	0	0

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

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

**3 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	N/A	N/A
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
1 <del>ALLEGHANY SINGER RESEARCH INSTITUTE — THE RESEARCH ORGANIZATION for ALLEGHANY HOSPITAL SYSTEM IN PITTSBURGH.</del>	110,000 CONTRIBUTION
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1 NONE N/A	0
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	▶

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
<b>a</b>	Average monthly fair market value of securities . . . . .	<b>1a</b>	1,217,062
<b>b</b>	Average of monthly cash balances . . . . .	<b>1b</b>	0
<b>c</b>	Fair market value of all other assets (see instructions) . . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c) . . . . .	<b>1d</b>	1,217,062
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d . . . . .	<b>3</b>	1,217,062
<b>4</b>	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions) . . . . .	<b>4</b>	18,256
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 . . . . .	<b>5</b>	1,198,806
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5 . . . . .	<b>6</b>	59,940

**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.)

<b>1</b>	Minimum investment return from Part X, line 6 . . . . .	<b>1</b>	59,940
<b>2a</b>	Tax on investment income for 2015 from Part VI, line 5 . . . . .	<b>2a</b>	0
<b>b</b>	Income tax for 2015. (This does not include the tax from Part VI.) . . . . .	<b>2b</b>	0
<b>c</b>	Add lines 2a and 2b . . . . .	<b>2c</b>	0
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1 . . . . .	<b>3</b>	59,940
<b>4</b>	Recoveries of amounts treated as qualifying distributions . . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4 . . . . .	<b>5</b>	59,940
<b>6</b>	Deduction from distributable amount (see instructions) . . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 . . . . .	<b>7</b>	59,940

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 . . . . .	<b>1a</b>	110,000
<b>b</b>	Program-related investments—total from Part IX-B . . . . .	<b>1b</b>	550
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes . . . . .	<b>2</b>	0
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required) . . . . .	<b>3a</b>	0
<b>b</b>	Cash distribution test (attach the required schedule) . . . . .	<b>3b</b>	0
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 . . . . .	<b>4</b>	110,550
<b>5</b>	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) . . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 . . . . .	<b>6</b>	110,550

**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 . . . . .				59,940
2 Undistributed income, if any, as of the end of 2015.				
a Enter amount for 2014 only . . . . .			0	
b Total for prior years. 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2015.				
a From 2010 . . . . .				0
b From 2011 . . . . .				4,937
c From 2012 . . . . .				51,889
d From 2013 . . . . .				28,256
e From 2014 . . . . .				0
f <b>Total</b> of lines 3a through e . . . . .	85,082			
4 Qualifying distributions for 2015 from Part XII, line 4: ► \$ _____				
a Applied to 2014, but not more than line 2a . . . . .			0	
b Applied to undistributed income of prior years (Election required—see instructions) . . . . .		0		
c Treated as distributions out of corpus (Election required—see instructions) . . . . .	0			
d Applied to 2015 distributable amount . . . . .				0
e Remaining amount distributed out of corpus . . . . .	85,082			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			
6 Enter the net total of each column as indicated below:	85,082			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .				
b Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
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 . . . . .		0		
d Subtract line 6c from line 6b. Taxable amount—see instructions . . . . .		0		
e 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 . . . . .				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) . . . . .	0			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	0			
9 <b>Excess distributions carryover to 2016.</b> Subtract lines 7 and 8 from line 6a . . . . .	135,692			
10 Analysis of line 9.				
a Excess from 2011 . . . . .				4,937
b Excess from 2012 . . . . .				51,889
c Excess from 2013 . . . . .				28,256
d Excess from 2014 . . . . .				0
e Excess from 2015 . . . . .				50,610

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

- 1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling ▶
- b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

N/A

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

- 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).) N/A
- 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. N/A
- 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 e-mail address of the person to whom applications should be addressed: N/A
- b** The form in which applications should be submitted and information and materials they should include: N/A
- c** Any submission deadlines: N/A
- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: N/A

**Part XV** Supplementary Information *(continued)*

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<p>a <i>Paid during the year</i></p> <p>110,000 GRANT TO ALLEGHANY HOSPITAL SINGER RESEARCH INSTITUTE</p>			<p>TO MEET MISSION of JOHN FRANCIS FOUNDATION</p>	<p>110,000</p>
<b>Total</b>				<b>3a</b>
<p>b <i>Approved for future payment</i></p> <p>ALLEGHANY SINGER RESEARCH INSTITUTE</p>			<p>N/A</p>	<p>N/A</p>
<b>Total</b>				<b>3b</b>



**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

- 1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
- |   | Yes | No |
|---|-----|----|
| <b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of: |     |    |
| <b>(1)</b> Cash   |     | X  |
| <b>(2)</b> Other assets   |     | X  |
| <b>b</b> Other transactions:  |     |    |
| <b>(1)</b> Sales of assets to a noncharitable exempt organization                           |     | X  |
| <b>(2)</b> Purchases of assets from a noncharitable exempt organization                     |     | X  |
| <b>(3)</b> Rental of facilities, equipment, or other assets                                 |     | X  |
| <b>(4)</b> Reimbursement arrangements   |     | X  |
| <b>(5)</b> Loans or loan guarantees   |     | X  |
| <b>(6)</b> Performance of services or membership or fundraising solicitations               |     | X  |
| <b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees   |     | X  |
- 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.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

- 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
	N/A	

**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.

Signature of officer or trustee: Joseph Sargimius Date: 6/14/16 Title: CHAIRMAN

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

Schedule A

ATTACHMENT TO FORM 990PF  
YEAR 2015

**John Francis Foundation Inc.**  
EIN 52-2036463  
D4692604 State Reg #

Part 1, Line 16B

**Accounting Fee**

<u>Name of Company</u>	<u>Amount</u>	<u>Reason</u>
J P Morgan	\$ 350	Service Charges
Administrative	\$ 200	Grant Expense

Schedule B

ATTACHMENT TO FORM 990-PF  
YEAR 2015

**John Francis Foundation Inc.**  
EIN 52-2036463  
D4692604 State Reg #

**TOTAL NET ASSETS or FUND BALANCES  
at END of YEAR**

Part III  
Line 6

	<b>VALUE</b>	<b>ADJUSTMENTS</b>
Value of Net Assets Start 1-1-2015	1,089,368	
Decrease due to Grant + Expenses (Part 1 Line 26)		<110,550>
Increase, due to increase in Portfolio		370,298
<b>NET ASSETS OF FUND AT END OF YEAR 2015</b>	<b>1,349,114</b>	

**Schedule C**

Attachment To FORM 990-PF  
YEAR 2015

JOHN FRANCIS FOUNDATION Inc.  
EIN 52-2036463  
D4692604

**MISSION STATEMENT**

Our mission statement remains the same: to improve the research on children illnesses in a medical environment that concentrates on lowering cost even though such reductions diminish medical research.

Reduced Medicare funding by Congress has translated to reduced HMO funding at all levels. The state of Medical care, hospitals, teaching of new doctors in America is getting worse. Existing medical payments has changed the way medicine is delivered, administered and practiced. To complicate the situation, the extent of the acute nature of the problem is recognized by few outside the medical community. In addition, the far reaching implications of the issues are not clearly recognized or understood by the general public.

One implication, the patient doctor contact in the office visit is limited to 7 minutes; further, by nature of patient payments the management of the patients illness has been shifted from the doctor to the patient and his family.

The limit of doctor and patient contact is grossly inadequate for patient welfare, especially when chronic pathologies require constant monitoring, constant education and constant review. Our present system discourages, in fact, prohibits that which is required for minimal good medicine.

Another implication is the effect congressional budget cuts have had on the curtailing of medical research and the diminution in the quality of Resident training.

These and other factors create an egregious diminution in the quality of the American medical system, with no end in sight.

**The John Francis Foundation intends to devote much of its funds to address these issues, understand their implications and experiment with creative methods to address the problems created.**

In the year 2015:

A grant of \$110,000 was made to Allegheny General Hospital  
Exempt # 251-322-626

"To provide for research & development of new surgical techniques that can be applied more noninvasively using cutting edge special imaging technology".

Through a grant from our foundation we continue support the "Children Musculoskeletal Motion Program". This is the first program of its kind to address the prevention of sequela hip joint disease in children, using a multi disciplinary approach.

In the year 2015, we continue to focus on our program with Legg-Calve-Perthes Disease affecting the hip in children. Perthes Disease affects otherwise normal children and its etiology is unknown. Children who have Perthes Disease of the hip are 10 times more likely to develop more severe forms of this disease when they become adults. Forty per cent of all children with Perthes Disease will require hip joint replacements as adults (Mcandrews and Weinstein)

We continue to offer as free services:

- > An expanded in- office learning center for patient and family education.
- > A focused weekend retreat format emphasizing the importance of required habits of daily living for optimum musculoskeletal health in the context of hip joint disability.
- > An on-line web site to monitor and document hip joint function and to provide feedback for patients, pediatricians and orthopaedic surgeons.

Schedule D

ATTACHMENT TO FORM 990PF  
YEAR 2015

**John Francis Foundation Inc.**  
EIN 52-2036463  
D4692604 State Reg #

Part V111 (Continued)

**Trustees**

Joseph Sangimino  
11205 Old Club Road  
Rockville, MD. 20852

Chairman

Lynne Lucas  
4118 North Garland Street  
Alexandria, Va 22304

Trustee

**INFORMATION TO BE CARRIED FORWARD  
TO NEXT YEARS TAX RETURN**

**FROM** TAX Yr 15 Filed in TAX Yr 16      **TO** TAX Yr 16 Filed in TAX Yr 17

**NAME** John Francis

**DATE** 6/28/16

Carried Forward From TAX yr <u>15</u> To TAX yr <u>16</u>	Inv. Interest Exp 4952	<u>170,036</u>
Carried Forward From TAX yr <u>15</u> To TAX yr <u>16</u>	Long Term Cap. Loss Schedule D	<u>264,899</u>
Carried Forward From TAX yr ___ To TAX yr ___	Short Term Cap. Loss Schedule D	_____
Carried Forward From TAX yr ___ To TAX yr ___	Charitable Contrib. Schedule A Workshop 20% Limitation	_____
Carried Forward From TAX yr ___ To TAX yr ___	Passive Loss Schedule E	_____
Carried Forward From TAX yr ___ To TAX yr ___	_____	_____