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DLN: 93491105000096

OMB No 1545-0052

Department of the Treasury

Internal Revenue Service

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

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

| For | caler | ndar year 2015, or tax y | ear beginning 01-0 | 1-2015 | , aı | nd ending 1 | 2-31-2015 | |
|----------------|---------------------|---|---|--------------------------|------|-------------------------|--|--|
| | e of four | ndation JCK FAMILY FOUNDATION INC | | | | A Employer id | entification numb | er |
| DA | VID W D | SCR TARILLY TOOMBATION INC | | | | 52-2275104 | | |
| | | street (or P O box number if mail is r | not delivered to street address) | Room/suite | | B Telephone nur | nber (see instruction | s) |
| 16 | 428 Yeoh | no Road | | | | (410) 472-4044 | | |
| | or town, RKS, MD | state or province, country, and ZIP o 21152 | r foreign postal code | | | C If exemption | application is pendin | g, check here 🕨 🦵 |
| <u>C C I</u> | nack all | that apply Initial return | Initial return of a fo | ermor nublic charity | | | | _ |
| G Cr | теск ап | Final return Address chang | A mended return | ormer public charity | | 2. Foreign oi | ganizations, check h rganizations meeting k here and attach co | the 85% |
| | | pe of organization | | | | Ε If private foι | indation status was to 507(b)(1)(A), chec | erminated |
| | | t value of all assets at end | J Accounting method | | | F If the founda | ation is in a 60-mont | h termination |
| | | om Part II, col. (c), \$ 250,720 | Other (specify)(Part I, column (d) must | be on cash basıs.) | | under sectioi | n 507(b)(1)(B), chec | k here 🕨 🖡 |
| Pa | rt I | Analysis of Revenue a (The total of amounts in columns (necessarily equal the amounts in co- instructions)) | b), (c), and (d) may not | Revenue and expenses per | (b) | Net investment income | Adjusted net (c) income | Disbursements for charitable purposes (d) (cash basis only) |
| | 1 | Contributions, gifts, grants, e | tc , received (attach | | | | | |
| | | schedule) | | 0 | | | | |
| | 2 | Check ► 🔽 If the foundation Sch B | is not required to attach | | | | | |
| | 3 | Interest on savings and temp | orary cash investments | | | | | |
| | 4 | Dividends and interest from s | ecurities | 4,488 | | 4,488 | | |
| | 5a | Gross rents | | | | | | |
| | ь | Net rental income or (loss) _ | | | | | | |
| ₽ | 6a | Net gain or (loss) from sale o | fassets not on line 10 | | | | | |
| Revenue | Ь | Gross sales price for all asse | ts on line 6a | | | | | |
| | 7 | Capital gain net income (from | Part IV, line 2) | | | 0 | | |
| | 8 | Net short-term capital gain . | | | | | | |
| | 9 | Income modifications | | | | | | |
| | 10a | Gross sales less returns and allowances | | | | | | |
| | ь | Less Cost of goods sold | | | | | | |
| | С . | Gross profit or (loss) (attach | schedule) | | | | | |
| | 11 | Other income (attach schedu | le) | | | | | |
| | 12 | Total.Add lines 1 through 11 | | 4,488 | | 4,488 | | |
| | 13 | Compensation of officers, dire | ectors, trustees, etc | 0 | | 0 | | 0 |
| | 14 | Other employee salaries and | wages | | | | | |
| φ | 15 | Pension plans, employee ben | efits | | | | | |
| Š | 16a | Legal fees (attach schedule). | | | | | | |
| Expenses | ь | Accounting fees (attach sche | dule) | 1,171 | | 586 | | 0 |
| | С | Other professional fees (atta | ch schedule) | | | | | |
|) tiv | 17 | Interest | | | | | | |
| Administrative | 18 | Taxes (attach schedule) (see | instructions) | 870 | | 0 | | 0 |
| | 19 | Depreciation (attach schedul | e) and depletion | | | | | |
| 늘 | 20 | Occupancy | | | | | | |
| Ų. | 21 | Travel, conferences, and mee | - | | | | | |
| and | 22 | Printing and publications | | | | | | |
| Sul: | 23 | Other expenses (attach sche | | | | | | |
| Operating | 24 | Total operating and administ Add lines 13 through 23 | - | 2,041 | | 586 | | 0 |
| Õ | 25 | Contributions, gifts, grants pa | | 37,000 | | | | 37,000 |
| | 26 | Total expenses and disbursen | | | | | | |
| | 27 | 25 Subtract line 26 from line 12 | | 39,041 | | 586 | | 37,000 |
| | 2/ a | Excess of revenue over exper | ses and disbursements | -34,553 | | | | |
| | a b | Net investment income (if ne | | | | 3,902 | | |
| | c | Adjusted net income(If negat | | | | | | |
| | | | | | | | | |

| Pa | rt II | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | Beginning of year (a) Book Value | (b) Book Value | f year (c) Fair Market Value |
|-----------|--------|---|----------------------------------|-------------------|------------------------------|
| | 1 | Cash—non-interest-bearing | (a) BOOK Value | (b) Book Value | (c) Fall Market value |
| | 2 | Savings and temporary cash investments | 111,036 | 76,483 | 76,483 |
| | 3 | Accounts receivable | | · | |
| | | Less allowance for doubtful accounts | | | |
| | 4 | Pledges receivable • | | | |
| | • | Less allowance for doubtful accounts 🕨 | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach schedule) | | | |
| | | Less allowance for doubtful accounts 🟲 | | | |
| | 8 | Inventories for sale or use | | | |
| ₩ 1 | 9 | Prepaid expenses and deferred charges | | | |
| Assets | 10a | Investments—U S and state government obligations (attach | | | |
| ⋖ | 104 | schedule) | | | |
| | b | Investments—corporate stock (attach schedule) | 96,519 | 96,519 | 174,237 |
| | С | Investments—corporate bonds (attach schedule) | | | |
| | 11 | Investments—land, buildings, and equipment basis 🕨 | | | |
| | | Less accumulated depreciation (attach schedule) - | | | |
| | 12 | Investments—mortgage loans | | | |
| | 13 | Investments—other (attach schedule) | | | |
| | 14 | Land, buildings, and equipment basis 🟲 | | | |
| | | Less accumulated depreciation (attach schedule) 🟲 | | | |
| | 15 | O ther assets (describe 🟲) | | | |
| | 16 | Total assets(to be completed by all filers—see the | | | |
| | | ınstructions Also, see page 1, item I) | 207,555 | 173,002 | 250,720 |
| | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| Ě | 19 | Deferred revenue | | | |
| abilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| Lia | 21 | Mortgages and other notes payable (attach schedule) | | | |
| _ | 22 | O ther liabilities (describe 🟲) | | | |
| | 23 | Total liabilities(add lines 17 through 22) | 0 | 0 | |
| .n | | Foundations that follow SFAS 117, check here ▶ | | | |
| Balances | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| an | 24 | Unrestricted | | | |
| | 25 | Temporarily restricted | | | |
| 핃 | 26 | Permanently restricted | | | |
| or Fund | | Foundations that do not follow SFAS 117, check here 🕨 🔽 | | | |
| ö | | and complete lines 27 through 31. | | | |
| 왍 | 27 | Capital stock, trust principal, or current funds | 0 | 0 | |
| Assets | 28 | Paid-in or capital surplus, or land, bldg , and equipment fund | 0 | 0 | |
| t A | 29 | Retained earnings, accumulated income, endowment, or other funds | 207,555 | 173,002 | |
| Net | 30 | Total net assets or fund balances(see instructions) | 207,555 | 173,002 | |
| | 31 | Total liabilities and net assets/fund balances(see instructions) | 207,555 | 173,002 | |
| Pa | rt III | Analysis of Changes in Net Assets or Fund Balances | | , , | |
| 1 | | Total net assets or fund balances at beginning of year—Part II, column (| • • • | | |
| | | with end-of-year figure reported on prior year's return) | | | 207,555 |
| 2 | | Enter amount from Part I, line 27a | | | -34,553 |
| 3 | | Other increases not included in line 2 (itemize) | | _ 3 | 0 |
| 4 | | Add lines 1, 2, and 3 | | 4 | 173,002 |
| 5 | | Decreases not included in line 2 (itemize) | | - 5 | 0 |
| 6 | | Total net assets or fund balances at end of year (line 4 minus line 5)—Pa | art II, column (b), lın | e 30 . 6 | 173,002 |

| Part IV Capital Gains | and Losses for Tax on Inve | stment Income | 1 | | |
|---|--|-----------------------------|---|---|---|
| | the kind(s) of property sold (e g , re ehouse, or common stock, 200 shs | | How acquired P—Purchase (b) D—Donation | Date acquired | Date sold (d) (mo , day, yr) |
| 1a | | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| (e) Gross sales price | Depreciation allowe (f) (or allowable) | | or other basis expense of sale | | n or (loss) s (f) mınus (g) |
| а | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| Complete only for assets | showing gain in column (h) and owne | ed by the foundation | on 12/31/69 | Gains (Co | l (h) gaın mınus |
| (i) F M V as of 12/31/69 Adjusted ba (j) as of 12/31 | | | ess of col (1) col (j), if any | | ot less than -0-) or (from col (h)) |
| а | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 3 Net short-term capit | me or (net capital loss) al gain or (loss) as defined in sectio Part I, line 8, column (c) (see instru | |)) | 2 | |
| <u> </u> | Under Section 4940(e) for R | Reduced Tax on | Net Investme | nt Income | |
| | private foundations subject to the se | | | | |
| | ne section 4942 tax on the distributa not qualify under section 4940(e) Do | | | eriod? | Γ Yes Γ No |
| 1 Enter the appropriate amo | ount in each column for each year, s | ee instructions befo | re making any ent | ries | |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of nonchar | | (d Distributio (col (b) divide | on ratio |
| 2014 | 35,000 | | 170,461 | | 0 205326 |
| 2013 | 34,205 | | 156,443 | | 0 218642 |
| 2012 | 34,754 | | 183,668 | | 0 189222 |
| 2011 | 34,483 | | 172,430 | | 0 199983 |
| 2010 | 33,567 | | 163,088 | _ 1 | 0 205821 |
| _ , | n (d) | | | 2 | 1 018994 |
| the number of years | ratio for the 5-year base period—div | e ıf less than 5 year | rs | 3 | 0 203799 |
| | of noncharitable-use assets for 2015 | · · | | 4 | 249,949 |
| | e 3 | | <u> </u> | 5 | 50,939 |
| | stment income (1% of Part I, line 2 | | <u> </u> | 6 | 39 |
| 7 Add lines 5 and 6. | | | | 7 | 50,978 |

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

37,000

| Par | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 49 | 940(e), | or 4948—se | e page | e 18 of | the ins | tructio | ns) | |
|-----|--|--------------|---------------|----------|-----------|---------|----------|-----|-----|
| 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) | | | | _ | | | | |
| Ь | Domestic foundations that meet the section 4940(e) requirements in Part V, here ► and enter 1% of Part I, line 27b | cneck | |) | 1 | | | | 78 |
| | | | | | | | | | |
| | Part I, line 12, col (b) | | | | | | | | |
| 2 | 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 | | | | 78 |
| 4 | Subtitle A (income) tax (domestic section $4947(a)(1)$ trusts and taxable four enter $-0-$) | ndation | s only Oth | ers | 4 | | | | 0 |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, e | nter -0 | | | 5 | | | | 78 |
| 6 | Credits/Payments | | | | | | | | |
| а | 2015 estimated tax payments and 2014 overpayment credited to 2015 | 6a | | 615 | | | | | |
| b | Exempt foreign organizations—tax withheld at source | 6b | | | | | | | |
| С | 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 | | | | 615 |
| 8 | Enter any penalty for underpayment of estimated tax Check here $\ \ \ \ \ \ \ \ \ \ \ \ \ $ | 2220 is | attached | | 8 | | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter $amount owed.$ | | | • | 9 | | | | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amoun | t overp | paid | • | 10 | | | | 537 |
| 11 | Enter the amount of line 10 to be Credited to 2015 estimated tax | 537 | Refunded | • | 11 | | | | 0 |
| Par | t VII-A Statements Regarding Activities | | | | | | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state | , or loc | al legislatio | n or di | d | | | Yes | No |
| | it participate or intervene in any political campaign? | | | | | | 1a | | No |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for p | | | see In | structi | ons | | | |
| | for definition)? | | | | | • | 1b | | No |
| | If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities | and co | pies of any r | nateria | IS | | | | |
| _ | published or distributed by the foundation in connection with the activities. | | | | | | 1.0 | | Ne |
| | Did the foundation file Form 1120-POL for this year? | • • | | • • | | • | 1c | | No |
| d | (1) On the foundation \blacktriangleright \$0 (2) On foundation managers | | | | | | | | |
| e | Enter the reimbursement (if any) paid by the foundation during the year for poli | | | | need | | | | |
| | on foundation managers \blacktriangleright \$0 | icicai c | Apendicure c | ux IIIIp | oscu | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been rep | oorted t | to the IRS? | | | | 2 | | No |
| _ | If "Yes," attach a detailed description of the activities. | | | | | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in it | ts aove | ernina instru | ment. | articles | s | | | |
| | of incorporation, or bylaws, or other similar instruments? If "Yes," attach a confi | - | _ | - | | | 3 | | No |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more d | | | | | | 4a | | No |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | | | | | | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction du | ring the | e year? | | | | 5 | | No |
| | If "Yes," attach the statement required by General Instruction T. | | | | | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 49 | 45) sa | tisfied eithe | r | | | | | |
| | By language in the governing instrument, or | | | | | | | | |
| | By state legislation that effectively amends the governing instrument so th | at no n | nandatory di | rectio | ns | | | | |
| | that conflict with the state law remain in the governing instrument? | | | | | | 6 | | No |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? | ?If "Yes | s," complete | Part II, | , col. (c |), | | | |
| | and Part XV. | | | | | | 7 | Yes | |
| 8a | Enter the states to which the foundation reports or with which it is registered (| see ins | tructions) | | | | | | |
| | MD | 20.55 | L. LL - A · · | | | | | | |
| D | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99 | | | | | | o.L | Yes | |
| 0 | General (or designate) of each state as required by General Instruction G? If | | | | /a\/ 2\ | | 8b | res | |
| 9 | Is the foundation claiming status as a private operating foundation within the r or $4942(j)(5)$ for calendar year 2015 or the taxable year beginning in 2015 (s | | _ | | | | | | |
| | If "Yes," complete Part XIV | | | | | | 9 | | No |
| 10 | Did any persons become substantial contributors during the tax year? <i>If "Yes</i> , | " attach | a schedule | listina | their n | ames | <u> </u> | + | |
| | and addresses. | | | _ | | | 10 | Yes | |
| | | | | | | | | | |

| Par | Statements Regarding Activities (continued) | | | |
|-----|--|------------------|----------|----|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the | | | |
| | meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | No |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had | | | |
| | advisory privileges? If "Yes," attach statement (see instructions) | 12 | | No |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Yes | |
| | Website address ►N/A | | • | |
| 14 | The books are in care of ►ELIZABETH M BUCK Telephone no ►(410) | 1472 | -4044 | |
| | Located at ▶106 ENGLISH RUN CIRCLE SPARKS MD ZIP+4 ▶21152 | <u>/ · · · -</u> | | |
| | | | <u> </u> | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here | • • | - | |
| | and enter the amount of tax-exempt interest received or accrued during the year | | | |
| 16 | At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over | | Yes | No |
| | a bank, securities, or other financial account in a foreign country? | 16 | | No |
| | See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial | | | |
| | Accounts (FBAR) If "Yes", enter the name of the foreign country 🟲 | | | |
| Par | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 1a | During the year did the foundation (either directly or indirectly) | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes V No | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| | a disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V 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) Yes V No | | | |
| Ь | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | 41 | | |
| | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance check here | | | |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, | 1. | | Na |
| _ | that were not corrected before the first day of the tax year beginning in 2015? | 1c | | No |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | | | |
| _ | operating foundation defined in section 4942(j)(3) or 4942(j)(5)) At the end of tax year 2015, did the foundation have any undistributed income (lines 6d | | | |
| а | and 6e, Part XIII) for tax year(s) beginning before 2015? | | | |
| | If "Yes," list the years > 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 allyears listed, answer "No" and attach statement—see instructions) | 2b | | |
| 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 | | | |
| За | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at | | | |
| | any time during the year? | | | |
| b | If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation | | | |
| | or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved | | | |
| | by the Commissioner under section $4943(c)(7)$) to dispose of holdings acquired by gift or bequest, or (3) | | | |
| | the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine | | | |
| | ıf the foundation had excess business holdings in 2015.). | 3b | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | No |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | | | |
| | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015? | 4b | | No |

| Fel | Lt ATT-B | Statements Rega | arding Activities to | r vvr | iich Form 4/20 | мау | , ве кедигеа (<i>com</i> | inue | 1) | |
|------|------------------|---------------------------|--|----------|-------------------------|--------|-------------------------------------|---------|---------|------------|
| 5a | During the | year did the foundation | n pay or incur any amoui | nt to | | | | | | |
| | (1) Carry | on propaganda, or othe | rwise attempt to influenc | e leg | ııslatıon (sectıon 49 | 45(e |)) [?] | No | | |
| | (2) Influer | nce the outcome of any | specific public election | (see | section 4955), or to | car | ry | | | |
| | on, dir | ectly or indirectly, any | voter registration drive? | | | | \ Yes \ | No No | | |
| | (3) Provid | e a grant to an individu | ıal for travel, study, or ot | hers | ımılar purposes? | | ┌ Yes ┡ | No No | | |
| | (4) Provid | e a grant to an organiza | ation other than a charita | able, | etc , organization de | scrib | ped | | | |
| | ın sect | tion 4945(d)(4)(A)? (se | ee instructions) | | | | \ \ Yes \ | √ No | | |
| | (5) Provid | e for any purpose other | r than religious, charitab | le, sc | ientific, literary, or | | | | | |
| | educat | tional purposes, or for t | the prevention of cruelty | to ch | ıldren or anımals?. | | Г Yes Г | √ No | | |
| b | If any ans | werıs "Yes" to 5a(1)–(| (5), did any of the transac | tions | s fail to qualify under | r the | exceptions described in | | | |
| | Regulation | ns section 53 4945 or i | ın a current notice regar | ding o | disaster assistance | (see | instructions)? | | 5b | |
| | O rganızatı | ions relying on a curren | nt notice regarding disas | teras | ssistance check her | e | | - | | |
| С | If the ansv | wer is "Yes" to questior | n 5a(4), does the founda | tion c | laım exemption fron | n the | | | | |
| | tax becaus | se it maintained expend | diture responsibility for t | he gr | ant? | | T Yes 「 | - No | | |
| | If "Yes," at | tach the statement requ | ured by Regulations section | on 53. | .4945-5(d). | | | | | |
| 6a | Did the fou | undation, during the yea | ar, receive any funds, dir | ectly | or indirectly, to pay | prer | miums on | | | |
| | a personal | l benefit contract? | | | | | Yes | - No | | |
| b | Did the fou | undation, during the yea | ar, pay premiums, direct | y or i | ndirectly, on a perso | onal | benefit contract? | | 6b | No |
| | If "Yes" to | 6b, file Form 8870. | | | | | | | | |
| 7a | At any tım | e during the tax year, v | was the foundation a part | y to a | a prohibited tax shel | lter t | ransaction? Yes | - No | | |
| b | If yes, dıd | the foundation receive | any proceeds or have a | ny ne | t income attributabl | e to t | the transaction? | | 7b | |
| _ | | Information Abou | t Officers, Director | s, T | rustees, Founda | atio | n Managers, Highly | Paid | Emp | loyees, |
| | | and Contractors | - | | - | | | | | |
| 1 | List all offi | cers, directors, trustee | s, foundation managers | and t | heir compensation (| see i | | I | | |
| | | | Title, and average | (c) | Compensation(If | | (d) Contributions to | | ynens | e account, |
| | (a) Nam | ne and address | hours per week (b) devoted to position | | not paid, enter -0-) | е | mployee benefit plans | | | llowances |
| | | | (b) devoted to position | <u> </u> | -0-) | and | deferred compensation | | | |
| See | Additional E | Data Table | | | | | | | | |
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| | | | | | | | | | | |
| 2 | Compensat | ion of five highest-paid | d employees (other than | thos | e included on line 1- | -see | instructions). If none, e | nter "N | IONE." | |
| | | (a) | Title, and ave | rane | | | Contributions to | | | |
| Nar | ne and addr | ress of each employee ; | | | (c) Compensation | on | employee benefit plans and deferred | | • | e account, |
| | more | e than \$50,000 | (b) devoted to pos | ition | | | (d) compensation | (e) (| otner a | llowances |
| NON | IE | | | | | | | | | |
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| Int- | I number of | other amployage haid o | AVAR & EA AAA | | | | | 1 | | ^ |

| | (see instructions). If none, enter "NO! | VE". |
|--|--|------------------|
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
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| otal number of others receiving over \$50,000 for professional services | | ▶ 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| st the foundation's four largest direct charitable activities during the tax year Include re rganizations and other beneficiaries served, conferences convened, research papers pro | | er of Expenses |
| 1 | duced, etc | |
| 2 | | |
| 3 | | |
| | | |
| 4 | | |
| Part IX-B Summary of Program-Related Investments | • | |
| Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during | • | Amount |
| Part IX-B Summary of Program-Related Investments | • | A mount |
| Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during | • | Amount |
| Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during | • | A mount |
| Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during 1 | • | A mount |
| Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during 1 2 | • | Amount |
| Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during 1 2 All other program-related investments See instructions | • | Amount |
| Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during 1 2 | • | Amount |

Form 990-PF (2015) Part X Minimum Investment Return

| ГŒ | (All domestic foundations must complete this part. Foreign foundations, see instruction | s.) | |
|-----|--|---------|--------------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , | | |
| | purposes | | |
| а | Average monthly fair market value of securities | 1a | 154,116 |
| b | Average of monthly cash balances | 1b | 99,639 |
| С | Fair market value of all other assets (see instructions) | 1c | 0 |
| d | Total (add lines 1a, b, and c) | 1d | 253,755 |
| e | 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 | 0 |
| 3 | Subtract line 2 from line 1d | 3 | 253,755 |
| 4 | Cash deemed held for charitable activities $$ Enter 1 $$ 1/2 $$ % of line 3 (for greater amount, see | | |
| | ınstructions) | 4 | 3,806 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 249,949 |
| 6 | Minimum investment return.Enter 5% of line 5 | 6 | 12,497 |
| Par | Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and cei | f | |
| | check here F and do not complete this part.) | talli i | oreign organizations |
| 1 | Minimum investment return from Part X, line 6 | 1 | 12,497 |
| 2a | Tax on investment income for 2015 from Part VI, line 5 2a 78 | | |
| ь | Income tax for 2015 (This does not include the tax from Part VI) 2b | | |
| С | Add lines 2a and 2b | 2c | 78 |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 12,419 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0 |
| 5 | Add lines 3 and 4 | 5 | 12,419 |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0 |
| 7 | Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 | 7 | 12,419 |
| Do: | Qualifying Distributions (see instructions) | | |
| -61 | <u> </u> | | |
| 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 | 37,000 |
| | Program-related investments—total from Part IX-B | 1b | 0 |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , | | |
| | purposes | 2 | |
| 3 | A mounts set aside for specific charitable projects that satisfy the | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | <u> </u> |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 37,000 |
| 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 | 0 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 37,000 |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years | er the | foundation qualifies for |

| Ρ | art XIII Undistributed Income | e (see instruc | tions) | | | | |
|----|---|------------------------|----------------------|-----------------------------------|--------------------|--------------------|--------|
| | | | (a) Corpus | (b) Years prior to 2014 | (c) 2014 | (d) 2015 | |
| 1 | Distributable amount for 2015 from Par | t XI, line 7 | | | | | 12,419 |
| 2 | Undistributed income, if any, as of the e | nd of 2015 | | | | | |
| а | Enter amount for 2014 only | | | | 0 | | |
| | Total for prior years 20, 20 | | | 0 | | | |
| 3 | | | | | | | |
| а | From 2010 | 25,879 | | | | | |
| ь | From 2011 | 26,519 | | | | | |
| c | From 2012 | 26,087 | | | | | |
| d | From 2013 | 26,973 | | | | | |
| е | From 2014 | 27,067 | | | | | |
| | Total of lines 3a through e | | 132,525 | | | | |
| | Qualifying distributions for 2015 from Pa | | | | | | |
| | XII, line 4 🕨 \$ 37,00 | | | | | | |
| а | Applied to 2014, but not more than line | 2a | | | 0 | | |
| | Applied to undistributed income of prior | | | 0 | | | |
| _ | (Election required—see instructions). | | | | | | |
| C | Treated as distributions out of corpus (E required—see instructions) | | 0 | | | | |
| d | Applied to 2015 distributable amount. | | | | | | 12,419 |
| е | Remaining amount distributed out of cor | pus | 24,581 | | | | |
| 5 | Excess distributions carryover applied t | :o 2015 | 0 | | | | 0 |
| | (If an amount appears in column (d), the same amount must be shown in colu | mn (a).) | | | | | |
| 6 | Enter the net total of each column as indicated below: | | | | | | |
| а | Corpus Add lines 3f, 4c, and 4e Subtra | ct line 5 | 157,106 | | | | |
| b | Prior years' undistributed income Subtra | ict | | | | | |
| | line 4b from line 2b | | | Ü | | | |
| C | Enter the amount of prior years' undistrib | | | | | | |
| | income for which a notice of deficiency h been issued, or on which the section 494 | | | | | | |
| | tax has been previously assessed | ` ' | | 0 | | | |
| d | Subtract line 6c from line 6b Taxable ar | | | | | | |
| | —see instructions | | | 0 | | | |
| е | Undistributed income for 2014 Subtrac | t line | | | | | |
| | 4a from line 2a Taxable amount—see | | | | 0 | | |
| _ | instructions | | | | ŭ | | |
| Т | Undistributed income for 2016 Subtractions 4d and 5 from line 1. This amount is | | | | | | |
| | be distributed in 2015 | | | | | | 0 |
| 7 | A mounts treated as distributions out of | | | | | | |
| | corpus to satisfy requirements imposed | | | | | | |
| | section 170(b)(1)(F) or 4942(g)(3) (Ele | | 0 | | | | |
| _ | be required - see instructions) | | | | | | |
| 8 | Excess distributions carryover from 201 applied on line 5 or line 7 (see instruction) | | 25,879 | | | | |
| ٥ | Excess distributions carryover to 2016. | "" ³ /' · · | | | | | |
| 9 | Subtract lines 7 and 8 from line 6a | | 131,227 | | | | |
| 10 | Analysis of line 9 | | | | | | |
| | Excess from 2011 | 26,519 | | | | | |
| | Excess from 2012 | 26,087 | | | | | |
| | Excess from 2013 | 26,973 | | | | | |
| d | Excess from 2014 | 27,067 | | | | | |
| е | Excess from 2015 | 24,581 | | | | | |

| | n 990-PF (2015) | | | | | Page 10 |
|----|---|--------------------|--|-----------------------|----------------------|----------------|
| Ŀ | art XIV Private Operating Foundat | ions (see ınstr | uctions and Part | VII-A, question | າ 9) | |
| | If the foundation has received a ruling or determ foundation, and the ruling is effective for 2015, | enter the date of | the ruling | ▶ ∟ | | |
| b | Check box to indicate whether the organization | is a private opera | ting foundation de | scribed in section | 「 4942(j)(3) or | 「 4942(j)(5) |
| 2a | Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | (e) Total |
| | income from Part I or the minimum investment return from Part X for each | (a) 2015 | (b) 2014 | (c) 2013 | (d) 2012 | (6) 10141 |
| | year listed | | | | | |
| b | 35% of line 2a | | | | | |
| C | Qualifying distributions from Part XII, line 4 for each year listed | | | | | |
| d | A mounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| e | Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c | | | | | |
| 3 | Complete 3a, b, or c for the alternative test relied upon | | | | | |
| а | "Assets" alternative test—enter | | | | | |
| | (1) Value of all assets | | <u> </u> | <u> </u> | | |
| | (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b | "Endowment" alternative test— enter 2/3 of minimum investment return shown in | | | | | |
| _ | Part X, line 6 for each year listed | | | | + | |
| C | "Support" alternative test—enter | | | | | |
| | (1) Total support other than gross investment income (interest, | | | | | |
| | dividends, rents, payments | | | | | |
| | on securities loans (section | | | | | |
| | 512(a)(5)), or royalties) | | | | | |
| | (2) Support from general public | | | | | |
| | and 5 or more exempt | | | | | |
| | organizations as provided in | | | | | |
| | section 4942(j)(3)(B)(III) | | | | | |
| | (3) Largest amount of support from an exempt organization | | | | | |
| | (4) Gross investment income | | | | | |
| Рa | rt XV Supplementary Information (C | omplete this | part only if th | e organizatio | n had \$5,000 o | r more in |
| | assets at any time during the | | | | 45,555 | |
| L | Information Regarding Foundation Managers: | , | | | | |
| а | List any managers of the foundation who have cobefore the close of any tax year (but only if they | | | | | lation |
| | List any managers of the foundation who own 10 | % or more of the | stock of a corpora | tion (or an equally | large portion of th | e |
| • | ownership of a partnership or other entity) of wh | | • | | range portion or th | |
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| _ | | | | | | |
| 2 | Information Regarding Contribution, Grant, Gift | | | | | |
| | Check here \(\backsquare\) if the foundation only makes counsolicited requests for funds. If the foundation other conditions, complete items 2a, b, c, and d | makes gifts, grar | | | | |
| a | The name, address, and telephone number or e- | -maıl address of t | he person to whom | n applications sho | uld be addressed | |
| | JUDITH B RUSINS DAVID W BUCK FAMILY 16428 YEOHO ROAD SPARKS, MD 21152 | | | | | |
| _ | (410) 472-0055 | | | | | |
| b | The form in which applications should be submi | | | they should includ | e | |
| | LETTER DESCRIBING PROGRAM AND INTEN | IDED USE OF FU | NDS | | | |
| C | Any submission deadlines | | | | | |
| | N/A | | | | | |
| d | Any restrictions or limitations on awards, such | as by geographic | al areas, charitabl | e fields, kinds of ii | nstitutions, or othe | r |

AWARDS ARE INTENDED FOR THE BENEFIT OF EDUCATION, ARTS AND SCIENCES IN THE STATE OF MARYLAND

| 3 Grants and Contributions Paid | l During the Year or App | proved for F | uture Payment | |
|--|---|-------------------------|---------------------|---------------------------|
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or | A mount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | contribution | |
| a Paid during the year See Additional Data Table | or substantial contributor | recipient | Contribution | |
| | | | <u>In</u> 3a | 37,000 |
| b Approved for future payment | <u></u> | | | 37,000 |
| | | | | |
| Total | | | h 24 | |
| Iotai | <u> </u> | | | Form 990-PF (2015) |

| Form 990-PF (2015) Part XVI-A Analysis of Income-Produc | ing Activitie | :S | | | Page 12 |
|--|----------------------|-----------------------|-----------------------|--------------------|--|
| Enter gross amounts unless otherwise indicated | | ısıness ıncome | Excluded by section | n 512, 513, or 514 | (e) |
| 1 Program service revenue | (a) Business code | (b) A mount | (c) Exclusion code | (d) A mount | Related or exempt function income (See |
| a | | | | | instructions) |
| b | | | | | |
| c d | | | | | |
| e | | | | | |
| f g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 4 Dividends and interest from securities | | | 14 | 4,488 | |
| 5 Net rental income or (loss) from real estate | | | | | |
| a Debt-financed propertyb Not debt-financed property | | | | | |
| Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | | | | |
| 9 Net income or (loss) from special events | | | | | |
| O Gross profit or (loss) from sales of inventory • | | | | | |
| 1 Other revenue a | | | | | |
| b | | | | | |
| d | | | | | |
| e 2 Subtotal Add columns (b), (d), and (e) | | 0 | | 4,488 | (|
| Total.Add line 12, columns (b), (d), and (e) | | | | 13 | 4,488 |
| (See worksheet in line 13 instructions to verify Part XVI-B Relationship of Activities to | | plishment of E | Exempt Purpos | es | |
| Explain below how each activity for wh the accomplishment of the foundation's instructions) | ıch ıncome ıs re | ported ın column (| (e) of Part XVI-A c | ontributed importa | |
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| Part | : XVI | Information Noncharitabl | | | | sactions and I | Relationships | With | | |
|---------------------|---------------|---|--------------------------|--------------------|-------------------|--------------------|------------------------------|------------------------|--------------|-------|
| | | organization directly o 501(c) of the Code (ot | r ındırectly | engage in any of | the following wit | | | | Yes | No |
| org | anıza | tions? | | | | | | | | |
| a Tra | nsfer | s from the reporting fo | undation to | a noncharitable | exempt organiza | ation of | | | | |
| (1) | Cas | h | | | | | | 1a(1 | .) | No |
| (2) | Oth | erassets | | | | | | 1a(2 | 5 | No |
| b Otl | her tra | ansactions | | | | | | | | |
| (1) | Sale | es of assets to a noncl | harıtable ex | empt organizatio | n | | | 1b(1 | .) | No |
| (2) | Purc | chases of assets from | a noncharit | able exempt org | anızatıon | | | . 1b(2 | 2) | No |
| | | tal of facilities, equipn | | | | | | | | No |
| | | mbursement arrangem | | | | | | | | No |
| | | ns or loan guarantees. | | | | | | | | No |
| | | rmance of services or | | | | | | | | No |
| | | of facilities, equipmen | | | | | | | 1 | No |
| | _ | swer to any of the abo | - | | | | | | | 1 |
| | any tra | ods, other assets, or sansaction or sharing a | rrangement | | (d) the value o | f the goods, other | | es received | | ents |
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| des | cribe | undation directly or in d in section 501(c) of complete the followin (a) Name of organizat | the Code (g schedule | other than sectio | | in section 527?. | | otion of relationship | ∕es F | √No |
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| Sign | the | der penalties of perjur best of my knowledge ormation of which prep | and belief, | ıt ıs true, correc | t, and complete | | | | ased or | n all |
| Here | | **** | | | 2016-03-02 | | | return with the pre | parer sho | wn |
| | <u> </u> | Signature of officer of | r trustee | | Date | Title | | below (see instr)? | | |
| | | Print/Type preparer Robin K Patalon | 's name | Preparer's Sıgr | nature | Date 2016-03-02 | Check if self- employed ► | PTIN P0122 | 6578 | |
| Paid Prep Use | | | | | | | 2-2137226 | | | |
| Only | | Firm's address • 910 RIDGEBROOK ROAD SPARKS, MD 21152 Phone no (410) | | | | |)403-1500 | | | |

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

| - Compensation | | | | |
|---|--|--|---|--|
| (a) Name and address | Title, and average hours per week (b) devoted to position | (c) Compensation(If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
| Judith B RUSINS | PRESIDENT | 0 | 0 | 0 |
| 1744 MONKTON FARMS DRIVE MonKTON, MD 21111 | 1 00 | | | |
| Elizabeth M Buck | VICE-PRESIDENT | 0 | 0 | 0 |
| 106 ENGLISH RUN CIRCLE SPARKS,MD 21152 | 1 00 | | | |
| ELIZABETH M BUCK | SECRETARY | 0 | 0 | 0 |
| 106 ENGLISH RUN CIRCLE SPARKS,MD 21152 | 1 00 | | | |
| Elizabeth M Buck | TREASURER | 0 | 0 | 0 |
| 106 ENGLISH RUN CIRCLE SpARKS,MD 21152 | 1 00 | | | |
| Lars Rusins | Director | 0 | 0 | 0 |
| 1744 MONKTON FARMS DRIVE MonKTON, MD 21111 | 1 00 | | | |

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of recipient | Purpose of grant or contribution | A mount |
|---|--|--------------------------------------|----------------------------------|---------|
| · | or substantial contributor | | | |
| a Paid during the year ALZHEIMER'S ASSOCIATION - MD CHAPTER PO Box 96011 WashINGTON, DC 20090 | NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| AMERICAN CANCER SOCIETY 8219 TOWN CENTER DRIVE BALTIMORE,MD 21236 | NONE | 501(c)(3) | GENERAL SUPPORT | 1,000 |
| AMERICAN RED CROSS - Disaster Relief Fund PO Box 4002018 Des Moines,IA 50340 | NONE | 501(c)(3) | GENERAL SUPPORT | 2,000 |
| ARCADIA VOLUNTEER FIRE COMPANY 5415 ARCADIA AVENUE UPPERCO,MD 21155 | NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| ASTHMA AND ALLERGY FOUNDATION OF AMERICA 1498 Reisterstown Road Suite 324 BALTIMORE, MD 21208 | NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| BABE RUTH MUSEUM 216 EMORY road BALTIMORE,MD 21230 | NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| BALTIMORE & OHIO RAILROAD MUSEUM 901 W PRATT STREET BALTIMORE, MD 21223 | NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| BALTIMORE SYMPHONY ORCHESTRA 1212 CATHEDRAL STREET BALTIMORE, MD 21201 | NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| BUTLER VOLUNTEER FIRE COMPANY PO BOX 75 BUTLER,MD 21023 | NONE | 501(c)(3) | GENERAL SUPPORT | 1,000 |
| CANINE COMPANIONS FOR INDEPENDENCE 286 MIDDLE ISLAND ROAD MEDFORD, NY 11763 | NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| CASEY CARES FOUNDATION 3918 VERO ROAD STE C BALTIMORE,MD 21227 | NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| CHESAPEAKE BAY FOUNDATION 6 HERNDON AVENUE ANNAPOLIS,MD 21403 | NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| COCKEYSVILLE VOLUNTEER FIRE COMPANY PO BOX 344 COCKEYSVILLE, MD 21030 | NONE | 501(c)(3) | GENERAL SUPPORT | 1,000 |
| COLONIAL WILLIAMSBURG FOUNDATION PO BOX 1776 WILLIAMSBURG,VA 23187 | NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| CROHN'S & COLITIS FOUNDATION OF AMERICA NATL PROCESS CTR PO BOX 1245 ALBERT LEA,MN 56007 | NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| Total | | | ▶ 3a | 37,000 |

| | | | | · |
|---|---|-------------------------|----------------------------------|---------|
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | A mount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| CYSTIC FIBROSIS FOUNDATION 10626 York Road Suite A COCKEYSVILLE, MD 21030 | NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| FISHER HOUSE FOUNDATION 111 ROCKVILLE PIKE STE 420 ROCKVILLE,MD 20850 | NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| FOUNDATION FOR BALTIMORE COUNTY PUBLIC LIBRARY 320 YORK ROAD TOWSON,MD 21204 | NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| GBMC Foundation 6701 N Charles Street Baltimore, MD 21204 | NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| Gilchrist Hospice Care 11311 McCormick Road Suite 350 Hunt Valley, MD 21031 | NONE | 501(c)(3) | GENERAL SUPPORT | 2,000 |
| HAMPSTEAD VOLUNTEER FIRE COMPANY 1341 N MAIN STREET HAMPSTEAD,MD 21074 | NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| Hereford Middle School PTA 712 Corbett Road MonKTON,MD 21111 | NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| HEREFORD VOLUNTEER AMBULANCE ASSOC PO BOX 262 MONKTON,MD 21111 | NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| HEREFORD VOLUNTEER FIRE COMPANY 510 MONKTON ROAD MONKTON,MD 21111 | NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| HIRE HEROES USA 1360 Union Hill Rd Bldg 2 Suite A Alpharetta,GA 30004 | NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| HopeWell Cancer Support PO Box 755 Brooklandville,MD 21022 | NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| INTREPID MUSEUM FOUNDATION - FALLEN HEROES FUND 1 INTREPID SQUARE NEWYORK,NY 10036 | NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| JACKSONVILLE VOLUNTEER FIRE COMPANY PO Box 471 PHOENIX,MD 21131 | NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| JUVENILE DIABETES RESEARCH FOUNDATION 825 HAMMONDS FERRY ROAD LINTHICUM, MD 21090 | NONE | 501(c)(3) | GENERAL SUPPORT | 1,000 |
| KENNEDY KRIEGER FOUNDATION 707 NORTH BROADWAY BALTIMORE,MD 21205 | NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| Total | | | ▶ 3a | 37,000 |

| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | A mount |
|--|---|-------------------------|----------------------------------|---------|
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| KOMEN MARYLAND (SUSAN G KOMEN FOUNDATION) 200 E JOPPA ROAD STE 407 TOWSON,MD 21286 | nO NE | 501(c)(3) | gENERAL SUPPORT | 500 |
| LUNGevity Foundation 218 South Wabash Ave Suite 540 Chicago,IL 60604 | NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| LUPUS FOUNDATION OF AMERICA 1319 F St NW Suite 305 WASHINGTON, DC 20004 | nO NE | 501(c)(3) | gENERAL SUPPORT | 500 |
| MARCH OF DIMES 1275 MAMARONECK AVE WHITE PLAINS,NY 10605 | NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| MARYLAND FOOD BANK PO BOX 17369 BALTIMORE,MD 21297 | NONE | 501(c)(3) | GENERAL SUPPORT | 1,000 |
| MARYLAND LINE VOLUNTEER FIRE COMPANY 21631 YORK ROAD MARYLAND LINE, MD 21105 | nO NE | 501(c)(3) | gENERAL SUPPORT | 500 |
| MARYLAND PUBLIC TELEVISION 11767 Owings Mills Blvd OWINGS MILLS, MD 21117 | NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| MARYLAND SCIENCE CENTER 601 LIGHT STREET BALTIMORE,MD 21230 | NONE | 501(c)(3) | GENERAL SUPPORT | 1,000 |
| MARYLAND ZOO DRUID HILL PARK 1876 Mansion House Drive BALTIMORE,MD 21217 | NONE | 501(c)(3) | GENERAL SUPPORT | 1,000 |
| MEALS ON WHEELS OF CENTRAL MARYLAND 515 SOUTH HAVEN STREET BALTIMORE, MD 21224 | NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| MICHAEL J FOX FOUNDATION FOR PARKINSON'S RESEARCH Grand Central Station PO Box 4777 NEW YORK, NY 10163 | NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| MOUNT WASHINGTON PEDIATRIC HOSPITAL 1708 WEST ROGERS AVENUE BALTIMORE, MD 21209 | nO NE | 501(c)(3) | gENERAL SUPPORT | 500 |
| MR HOLLAND'S OPUS FOUNDATION 4370 Tujunga Avenue Suite 330 Studio City,CA 91604 | NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| MY NEIGHBORS FOUNDATION PO BOX 477 MONKTON,MD 21111 | NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| NATIONAL AQUARIUM IN BALTIMORE 501 E PRATT STREET BALTIMORE,MD 21202 | nO NE | 501(c)(3) | gENERAL SUPPORT | 1,000 |
| Total | | | ▶ 3a | 37,000 |

| If recipient is an individual, show any relationship to any foundation manager | Foundation status of recipient | Purpose of grant or contribution | A mount |
|--|--|---|---|
| or substantial contributor | | | |
| | | | |
| nO NE | 501(c)(3) | gENERAL SUPPORT | 500 |
| NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| NONE | 501(c)(3) | GENERAL SUPPORT | 1,000 |
| NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| none | 501(c)(3) | GENERAL SUPPORT | 500 |
| NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| NONE | 501(c)(3) | General Support | 500 |
| NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| NONE | 501(c)(3) | GENERAL SUPPORT | 500 |
| | show any relationship to any foundation manager or substantial contributor NONE NONE | show any relationship to any foundation manager or substantial contributor status of recipient nONE 501(c)(3) NONE 501(c)(3) | show any relationship to any foundation manager or substantial contribution NONE |

TY 2015 Accounting Fees Schedule

Name: DAVID W BUCK FAMILY FOUNDATION INC

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-----------------|--------|--------------------------|------------------------|---|
| ACCOUNTING FEES | 1,171 | 586 | | 0 |

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TY 2015 Investments Corporate Stock Schedule

Name: DAVID W BUCK FAMILY FOUNDATION INC

| Name of Stock | End of Year Book Value | End of Year Fair Market Value |
|-----------------|---------------------------|----------------------------------|
| CORPORATE STOCK | 96,519 | 174,237 |

TY 2015 Substantial Contributors Schedule

Name: DAVID W BUCK FAMILY FOUNDATION INC

| Name | Address |
|--------------------------|--|
| DAVID W BUCK | 106 ENGLISH RUN CIRCLE SPARKS, MD 21152 |
| THE DAVID ELLEN BUCK LLC | 106 ENGLISH RUN CIRCLE SPARKS, MD 21152 |
| ELLEN C BUCK | 106 ENGLISH RUN CIRCLE SPARKS, MD 21152 |

TY 2015 Taxes Schedule

Name: DAVID W BUCK FAMILY FOUNDATION INC

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|--|--------|--------------------------|------------------------|---|
| 2014 FORM 990-PF BALANCE DUE | 270 | 0 | | 0 |
| 2015 FIRST QUARTER ESTIMATED TAX PAYMENT | 600 | 0 | | 0 |