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### DLN: 93491274006006

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  $\underline{www.irs.gov/form990pf}$ .

| For            | caler     | ndar year 2015, or tax y  | , and ending 12-31-2015   |  |                                  |  |  |  |  |  |
|----------------|-----------|---|---|--|----------------------------------|--|--|--|--|--|
|                | e of foun | ndation<br>TARA MCCAHILL FAMILY   |   |  | A Employer i                     | A Employer identification number                                       |  |  |  |  |
| FO             | UNDATIO   | ON INC  |   |  | 80-0312628                       |  |  |  |  |  |
|                |           | TH MCCAHILL WALDEN<br>street (or P O box number if mail is i  | not delivered to street address)                                  | Room/suite                               | <b>B</b> Telephone nu            | ımber (see ınstructior   | ns)  |  |  |  |
|                | BOX 211   |   | ,   |  | (866) 304-777                    | 79   |  |  |  |  |
| City           | or town   | state or province, country, and ZIP o   | or foreign postal code  |  | C If everntion                   | n application is pendir  | og check here 🕨 🗀  |  |  |  |
| WINI           | DERMERE   | E, FL 347868939   |   |  | C ii exemption                   | п аррікацоп із рениі   | ig, check here   |  |  |  |
| <b>G</b> Ch    | ieck all  | that apply   Tinitial return   Final return   Address chang   | ☐ Initial return of a fo<br>☐ A mended return<br>ge ☐ Name change | rmer public charity                      | 2. Foreign                       | organizations, check h   | the 85%  |  |  |  |
|                |           | pe of organization  | ble trust 「Other taxable  | e private foundation                     | E If private fo<br>under section | eck here and attach co<br>oundation status was<br>on 507(b)(1)(A), che | terminated   |  |  |  |
|                |           | t value of all assets at end  | JAccounting method  | ▼Cash                                    | F II the lound                   | dation is in a 60-mont   | . —  |  |  |  |
|                |           | rom Part II, col. (c),<br>\$ 114,582  | Other (specify)<br>  (Part I, column (d) must I                   | be on cash basis.)                       | under section                    | on 507(b)(1)(B), che   | ck here 🕨 🖡  |  |  |  |
| Pa             | rt I      | Analysis of Revenue a<br>(The total of amounts in columns (<br>necessarily equal the amounts in c<br>instructions)) | (b), (c), and (d) may not<br>column (a) (see                      | Revenue and<br>expenses per<br>(a) books | Net investment <b>(b)</b> income | Adjusted net (c) income  | Disbursements<br>for charitable<br>purposes<br>(d) (cash basis only) |  |  |  |
|                | 1         | Contributions, gifts, grants, e   | etc , received (attach  |  |                                  |  |  |  |  |  |
|                |           | schedule)   |   | 175,000                                  |                                  |  |  |  |  |  |
|                | 2         | Check ► ☐ If the foundation   | is <b>not</b> required to attach                                  |  |                                  |  |  |  |  |  |
|                | _         | Sch B   |   |  |                                  |  |  |  |  |  |
|                | 3         | Interest on savings and temp  | · · · · · · · · · · · · · · · · · · ·                             |  |                                  |  |  |  |  |  |
|                | 4         | Dividends and interest from s   | securities  |  |                                  |  |  |  |  |  |
|                | 5a        | Gross rents   |   |  |                                  |  |  |  |  |  |
| ds             | b         | Net rental income or (loss) _<br>Net gain or (loss) from sale o   |   |  |                                  |  |  |  |  |  |
| Revenue        | 6a<br>b   | Gross sales price for all asse  |   |  |                                  |  |  |  |  |  |
| ₫              | _         | <u> </u>  |   |  |                                  | ^  |  |  |  |  |
| R              | 7         | Capital gain net income (from   | , ,   |  |                                  | 0  |  |  |  |  |
|                | 8         | Net short-term capital gain.  |   |  |                                  |  |  |  |  |  |
|                | 9<br>10a  | Income modifications  | 1   |  |                                  |  |  |  |  |  |
|                | IUa       | Gross sales less returns and<br>allowances  |   |  |                                  |  |  |  |  |  |
|                | ь         | Less Cost of goods sold.  |   |  |                                  |  |  |  |  |  |
|                | c         | Gross profit or (loss) (attach  | schedule)   |  |                                  |  |  |  |  |  |
|                | 11        | Other income (attach schedu   | ule)  |  |                                  |  |  |  |  |  |
|                | 12        | Total.Add lines 1 through 11  |   | 175,000                                  | C                                |  |  |  |  |  |
|                | 13        | Compensation of officers, dir   |   | 0  |                                  |  |  |  |  |  |
|                | 14        | Other employee salaries and   |   |  |                                  |  |  |  |  |  |
| ç,             | 15        | Pension plans, employee ben   |   |  |                                  |  |  |  |  |  |
| <u>1</u> Se    | 16a       | Legal fees (attach schedule).   | -   |  |                                  |  |  |  |  |  |
| Expense        | ь         | Accounting fees (attach sche  | edule)  |  |                                  |  | <del> </del>   |  |  |  |
|                |           | O ther professional fees (atta  |   |  |                                  |  | <del> </del>   |  |  |  |
| ĕ              | 17        | Interest  | ·   |  |                                  |  |  |  |  |  |
| rat            | 18        | Taxes (attach schedule) (see  | •   |  |                                  |  |  |  |  |  |
| Administrative | 19        | Depreciation (attach schedul  | •   |  |                                  |  |  |  |  |  |
| Ē              |           |   |   |  |                                  |  |  |  |  |  |
| A              | 20        | Occupancy   | -   |  |                                  | 1  | -  |  |  |  |
| and            | 21<br>22  | Printing and publications.  |   |  |                                  |  | +  |  |  |  |
| ಣ<br>ಹ         | 23        | Other expenses (attach sche   | -   |  |                                  |  |  |  |  |  |
| Ĕ.             |           |   |   |  |                                  |  |  |  |  |  |
| क<br>ति        | 24        | Total operating and administ  |   | 0  | C                                |  | 0  |  |  |  |
| Operating      | ٦-        | Add lines 13 through 23.  | -   | 323,150                                  |                                  |  | 323,150  |  |  |  |
| _              | 25        | Contributions, gifts, grants p  | · ·   | 323,130                                  |                                  |  | 323,130  |  |  |  |
|                | 26        | <b>Total expenses and disburser</b> 25  |   | 323,150                                  | C                                |  | 323,150  |  |  |  |
|                | 27        | Subtract line 26 from line 12   |   |  |                                  |  |  |  |  |  |
|                | a<br>  .  | Excess of revenue over expe   |   | -148,150                                 |                                  |  |  |  |  |  |
|                | b         | Net investment income (if ne  |   | į,                                       | C                                |  |  |  |  |  |
|                | C         | Adjusted net income(if negat  | tive, enter -0 - )  |  |                                  |  |  |  |  |  |

| Pa            | rt II  | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | (a) Book Value          | (b) Book Value  | (c) Fair Market Value |
|---------------|--------|---|-------------------------|-----------------|-----------------------|
|               | 1      | Cash—non-interest-bearing   | 262,732                 | 114,582         | •                     |
|               | 2      | Savings and temporary cash investments  |                         |                 |                       |
|               | 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   |                         |                 |                       |
| sets          | 9      | Prepaid expenses and deferred charges   |                         |                 |                       |
| ASS           | 10a    | Investments—U S and state government obligations (attach schedule)  |                         |                 |                       |
|               | b      | Investments—corporate stock (attach schedule)   |                         |                 |                       |
|               | С      | Investments—corporate bonds (attach schedule)   |                         |                 |                       |
|               | 11     | Investments—land, buildings, and equipment basis 🕨  |                         |                 |                       |
|               |        | Less accumulated depreciation (attach schedule)   |                         |                 |                       |
|               | 12     | Investments—mortgage loans  |                         |                 |                       |
|               | 13     | Investments—other (attach schedule)   |                         |                 |                       |
|               | 14     | Land, buildings, and equipment basis 🕨  |                         |                 |                       |
|               |        | Less accumulated depreciation (attach schedule)   |                         |                 |                       |
|               | 15     | Other assets (describe 🟲)   |                         |                 |                       |
|               | 16     | Total assets(to be completed by all filers—see the  |                         |                 |                       |
|               |        | instructions Also, see page 1, item I)  | 262,732                 | 114,582         | 114,582               |
|               | 17     | Accounts payable and accrued expenses   |                         |                 |                       |
|               | 18     | Grants payable  |                         |                 |                       |
| <u>e</u>      | 19     | Deferred revenue  |                         |                 |                       |
| bilities      | 20     | Loans from officers, directors, trustees, and other disqualified persons  |                         |                 |                       |
| 9             | 21     | Mortgages and other notes payable (attach schedule)   |                         |                 |                       |
| -             | 22     | O ther liabilities (describe 🟲)   |                         |                 |                       |
|               | 23     | Total liabilities(add lines 17 through 22)  |                         | 0               |                       |
|               |        | Foundations that follow SFAS 117, check here 🕨 🦵  |                         |                 |                       |
| Fund Balances |        | and complete lines 24 through 26 and lines 30 and 31.   |                         |                 |                       |
| ä             | 24     | Unrestricted  |                         |                 |                       |
| -<br>69       | 25     | Temporarily restricted  |                         |                 |                       |
| 7             | 26     | Permanently restricted  |                         |                 |                       |
| 핅             |        | Foundations that do not follow SFAS 117, check here 🕨 🔽   |                         |                 |                       |
| 2             |        | and complete lines 27 through 31.   |                         |                 |                       |
|               | 27     | Capital stock, trust principal, or current funds  |                         |                 |                       |
| Assets        | 28     | Paid-in or capital surplus, or land, bldg , and equipment fund  |                         |                 |                       |
|               | 29     | Retained earnings, accumulated income, endowment, or other funds  | 262,732                 | 114,582         |                       |
| Net           | 30     | Total net assets or fund balances(see instructions)   | 262,732                 | 114,582         |                       |
| _             | 31     | Total liabilities and net assets/fund balances(see instructions)  | 262,732                 | 114,582         |                       |
| 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 (  | a), line 30 (must ad    | ree             |                       |
|               |        | with end-of-year figure reported on prior year's return)  |                         |                 | 262,732               |
| 2             |        | Enter amount from Part I, line 27a  |                         |                 | -148,150              |
| 3             |        | Other increases not included in line 2 (itemize)  |                         |                 | ,                     |
| 4             |        | Add lines 1, 2, and 3   |                         |                 | 114,582               |
| 5             |        | Decreases not included in line 2 (itemize)  | <del>-</del>            | 5               |                       |
| 6             |        | Total net assets or fund balances at end of year (line 4 minus line 5)—Pa   | art II. column (b.) lur | e 30 . <b>6</b> | 114.582               |

| Part IV Capital Gains  | and Losses for Tax on Inve  | stment Income               | <u> </u>                                      |  |   |
|--|---|-----------------------------|---|--|---|
|  | e the kınd(s) of property sold (e g , re<br>rehouse, or common stock, 200 shs                               |                             | How acquired P—Purchase <b>(b)</b> D—Donation | Date acquired                          | Date sold (d) (mo , day, yr )                 |
| 1a   |   |                             |   |  |   |
| b  |   |                             |   |  |   |
| С  |   |                             |   |  |   |
| d  |   |                             |   |  |   |
| e  |   |                             |   |  |   |
| (e) Gross sales price  | Depreciation allowe <b>(f)</b> (or allowable)   |                             | or other basıs<br>expense of sale             |  | or (loss)<br>(f) mınus (g)                    |
| a  |   |                             |   |  |   |
| b  |   |                             |   |  |   |
| С  |   |                             |   |  |   |
| d  |   |                             |   |  |   |
| e  |   |                             |   |  |   |
| Complete only for assets                                       | showing gain in column (h) and owne   | ed by the foundation        | on 12/31/69                                   | Gains (Col                             | (h) gain minus                                |
| (i) F M V as of 12/31/69                                       | A dijisted basis  | Exc                         | ess of col (1)<br>col (j), if any             | col (k), but no                        | ot less than -0-) <b>or</b><br>(from col (h)) |
| a  |   |                             |   |  |   |
| b  |   |                             |   |  |   |
| С  |   |                             |   |  |   |
| d  |   |                             |   |  |   |
| <u> </u>   |   |                             |   |  |   |
| 3 Net short-term cap   | ome or (net capital loss)  tal gain or (loss) as defined in section  Part I, line 8, column (c) (see instru |                             | ,<br>,  | 3                                      |   |
| Part V Qualification   | Under Section 4940(e) for F   | Reduced Tax on              | Net Investme                                  | nt Income                              |   |
| (For optional use by domestic<br>If section 4940(d)(2) applies | private foundations subject to the so<br>, leave this part blank  | ection 4940(a) tax          | on net investment                             | income )                               |   |
|  | he section 4942 tax on the distribut<br>not qualify under section 4940(e) D                                 |                             |   | eriod?                                 | │ Yes 🔽 No                                    |
| $oldsymbol{1}$ Enter the appropriate am                        | ount in each column for each year, s  | ee instructions befo        | re making any ent                             | rıes                                   |   |
| (a) Base period years Calendar year (or tax year beginning in) | <b>(b)</b><br>Adjusted qualifying distributions   | (c)<br>Net value of nonchar | itable-use assets                             | (d)<br>Distributio<br>(col (b) divided | n ratio                                       |
| 2014   | 674,125   |                             | 246,807                                       |  | 2 731385                                      |
| 2013   | 684,050   |                             | 321,580                                       |  | 2 127153                                      |
| 2012   | 553,150   |                             | 295,243                                       |  | 1 873541                                      |
| 2011   | 584,910   |                             | 379,743                                       |  | 1 540279                                      |
| 2010   | 133,575   | 1                           | 306,105                                       |  | 0 43637                                       |
| _ ,  | nn (d)  |                             |   | 2                                      | 8 708728                                      |
| the number of years  | n ratio for the 5-year base period—di<br>the foundation has been in existenc                                | e ıf less than 5 year       | rs  | 3                                      | 1 741746                                      |
|  | of noncharitable-use assets for 201   | •                           | <b>—</b>                                      | 4                                      | 193,897                                       |
|  | ne 3  |                             | <b>—</b>                                      | 5                                      | 337,719                                       |
|  | estment income (1% of Part I, line 2  | ·                           | <u> </u>                                      | 6                                      | 0   |
| 7 Add lines 5 and 6.   |   |                             |   | 7                                      | 337,719                                       |

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

323,150

8

|        | 990-PF (2015)  *t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4  | 1940(e)                | or 4948—se     | e nad   | - 18 of   | the inst | ructic  |     | age <b>4</b> |
|--------|--|------------------------|----------------|---------|-----------|----------|---------|-----|--------------|
| 1a     | Exempt operating foundations described in section 4940(d)(2), check here   |                        | , 01 15 10 5   | \       | 100       | the mot  | - uetro |     |              |
| 14     | and enter "N/A" on line 1  | -                      |                |         |           |          |         |     |              |
|        | Date of ruling or determination letter   |                        |                | }       |           |          |         |     |              |
|        | (attach copy of letter if necessary—see instructions)  | chock                  |                |         | 4         |          |         |     | 0            |
| Ь      | Domestic foundations that meet the section 4940(e) requirements in Part V here ► and enter 1% of Part I, line 27b  | , check                |                | ,       | 1         |          |         |     | 0            |
| c      | ,  |                        |                | •       |           |          |         |     |              |
| Ī      | All other domestic foundations enter 2% of line 27b Exempt foreign organiz Part I, line 12, col (b)  | ations 6               | enter 4% of    |         |           |          |         |     |              |
| 2      | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable fou  | ndation                | s only Othe    | ers     | _         |          |         |     |              |
| 2      | enter -0-) Add lines 1 and 2   |                        |                |         | 3         |          |         |     |              |
| 3<br>4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable fou  |                        |                |         |           |          |         |     |              |
| 7      | enter -0-)   | inaucioi               | 15 0111, 0 111 | C13     | 4         |          |         |     |              |
| 5      | Tax based on investment income. Subtract line 4 from line 3 If zero or less, 6   | enter-C                | )              | •       | 5         |          |         |     | 0            |
| 6      | Credits/Payments   | ı                      | ı              |         |           |          |         |     |              |
| a      | 2015 estimated tax payments and 2014 overpayment credited to 2015  | 6a                     |                |         |           |          |         |     |              |
| 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         |          |         |     | 0            |
| 7<br>8 | Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form   |                        |                |         | 8         |          |         |     |              |
| 9      | Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed.  |                        |                | •       | 9         |          |         |     |              |
| 10     | Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount  |                        |                | Þ       | 10        |          |         |     |              |
| 11     | Enter the amount of line 10 to be Credited to 2015 estimated tax   |                        | Refunded       | •       | 11        |          |         |     |              |
| Par    | t VII-A Statements Regarding Activities  |                        |                |         |           |          |         |     |              |
| 1a     | During the tax year, did the foundation attempt to influence any national, state   | e, or loc              | al legislatio  | n or d  | d         |          |         | Yes | No           |
|        | it participate or intervene in any political campaign?   |                        |                |         |           |          | 1a      |     | No           |
| b      | $\mbox{Did}\ \mbox{it}\ \mbox{spend}\ \mbox{more}\ \mbox{than}\ \mbox{\$100}\ \mbox{during}\ \mbox{the}\ \mbox{year}\ \mbox{(either}\ \mbox{directly}\ \mbox{or}\ \mbox{indirectly})$ for  | politica               | l purposes (   | see In  | structi   | ons      |         |     |              |
|        | for definition)?   |                        |                |         |           | •        | 1b      |     | No           |
|        | If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities   | s and co               | ppies of any i | materia | ls        |          |         |     |              |
| _      | published or distributed by the foundation in connection with the activities.  Did the foundation file Form 1120-POL for this year?  |                        |                |         |           |          | 1c      |     | No           |
| d      | Enter the amount (if any) of tax on political expenditures (section 4955) impo   |                        |                | <br>r   |           | •        | 10      |     | NO           |
| u      | (1) On the foundation $\blacktriangleright$ \$ (2) On foundation managers  |                        |                |         |           |          |         |     |              |
| e      | Enter the reimbursement (if any) paid by the foundation during the year for pol  | . –                    |                |         | osed      |          |         |     |              |
|        | on foundation managers 🕨 \$  |                        | •              | ·       |           |          |         |     |              |
| 2      | Has the foundation engaged in any activities that have not previously been re  | ported                 | 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 $\boldsymbol{\theta}$  | ıts gove               | erning instru  | ment,   | articles  | s        |         |     |              |
|        | of incorporation, or bylaws, or other similar instruments? If "Yes," attach a con-   |                        |                |         |           |          | 3       |     | No           |
| 4a     | Did the foundation have unrelated business gross income of \$1,000 or more   | _                      |                |         |           |          | 4a      |     | No           |
| ь<br>- | If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?  |                        |                |         |           |          | 4b      |     |              |
| 5      | Was there a liquidation, termination, dissolution, or substantial contraction du<br>If "Yes," attach the statement required by General Instruction T.  | uring th               | e year/        |         |           |          | 5       |     | No           |
| 6      | Are the requirements of section 508(e) (relating to sections 4941 through 49   | 245)ca                 | ticfied eithe  | r       |           |          |         |     |              |
| J      | By language in the governing instrument, or  | 7 <del>7 3 7 3 u</del> | tistica citile |         |           |          |         |     |              |
|        | By state legislation that effectively amends the governing instrument so the state of the s      | hat no r               | nandatory d    | irectio | 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 to   | (see ins               | structions)    |         |           |          |         |     |              |
|        | If the appropriate Vace the foundation formulation for a convertible of the convertible o | 00 55                  | +a +b = A ++ : |         |           |          |         |     |              |
| b      | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 9 General (or designate) of each state as required by General Instruction G? <i>If</i>   |                        |                |         | EJ        |          | 8b      |     | No           |
| 9      | Is the foundation claiming status as a private operating foundation within the   |                        |                |         |           |          | OD      |     | 140          |
| ,      | 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? If "Yes   | ," attach              | n a schedule   | lıstıng | their n   | ames     |         |     |              |
|        | and addresses. 📆   |                        |                |         |           |          | 10      | Yes |              |

| Par | t VII-A Statements Regarding Activities (continued)   |      |       |    |
|-----|---|------|-------|----|
| 11  | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the   |      |       |    |
|     | meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)   | 11   |       | No |
| 12  | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had   |      |       |    |
|     | advisory privileges? If "Yes," attach statement (see instructions)  | 12   |       | No |
| 13  | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?   | 13   | Yes   |    |
|     | Website address ►N/A  |      |       |    |
| 14  | The books are in care of ►ELIZABETH MCCAHILL WALDEN Telephone no ►(201  | )602 | -6371 |    |
|     | Located at ►571 CENTRAL AVE MAITLAND FL ZIP +4 ►32751   | ,    |       |    |
| 4-  |   |      |       |    |
| 15  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> — Check here  |      |       |    |
|     |   |      | ì     | i  |
| 16  | At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over  | i    | 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?  |      |       |    |
|     | (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?  Yes Vo  |      |       |    |
|     | (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   |      |       |    |
| b   | If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations   | 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,   | 1.0  |       | No |
| _   | 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   |      |       |    |
| а   | 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                          |      |       |    |
| a   | and 6e, Part XIII) for tax year(s) beginning before 2015?   |      |       |    |
|     | If "Yes," list the years > 20, 20, 20   |      |       |    |
| b   | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)   |      |       |    |
| _   | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)   |      |       |    |
|     | to allyears listed, answer "No" and attach statement—see instructions )   | 2b   |       |    |
| С   | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here  |      |       |    |
|     | ► 20, 20, 20  |      |       |    |
| 3a  | 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, <b>(2)</b> 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 <b>(3)</b>   |      |       |    |
|     | the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine  |      |       |    |
|     | if 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 |
| ь   | 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 |

| Pa   | rt VII-B  | Statements Rega                             | rding Ac           | tivities for  | Wh     | ich Form 4720           | May     | Be Required                | (Cont       | tinue   | 1)               |  |
|--|---|---|--------------------|---|--------|-------------------------|---------|----------------------------|-------------|---------|------------------|--|
| 5a   | During the  | e year dıd the foundatıor                   | n pay or inc       | ur any amount   | : to   |                         |         |                            |             |         |                  |  |
|  | (1) Carry   | on propaganda, or other                     | wise atten         | npt to influence  | e leg  | ıslatıon (section 494   | 45(e)   | )?                         | Yes         | √ No    |                  |  |
|  | <b>(2)</b> Influe   | nce the outcome of any                      | specific pu        | ublic election (  | sees   | section 4955), or to    | carry   | /                          |             |         |                  |  |
|  | on, dı  | rectly or indirectly, any                   | voter regis        | tration drive?.   |        |                         |         |                            | Yes         | √ No    |                  |  |
|  | (3) Provid  | de a grant to an individu                   | al for trave       | l, study, or oth  | ers    | mılar purposes?         |         | Г                          | Yes         | √ No    |                  |  |
|  | <b>(4)</b> Provid   | de a grant to an organıza                   | ition other        | than a charital   | ole, e | etc , organization des  | scribe  | ed                         |             |         |                  |  |
|  | ın sec  | tion 4945(d)(4)(A)? (se                     | ee instructi       | ions) <b></b>   |        |                         |         |                            | Yes         | √ No    |                  |  |
|  | (5) Provid  | de for any purpose other                    | than religi        | ous, charitable   | e, sc  | ientific, literary, or  |         |                            |             |         |                  |  |
|  | educa   | itional purposes, or for t                  | he prevent         | revention of cruelty to children or animals? <b>Yes</b> |        |                         |         |                            |             |         |                  |  |
| b  | If any ans  | swerıs "Yes" to 5a(1)-(                     | 5), dıd <b>any</b> | of the transact   | ions   | fail to qualify under   | the e   | xceptions desc             | ıbed ın     |         |                  |  |
|  | Regulatio   | ns section 53 4945 or i                     | n a current        | notice regard   | ıng d  | isaster assistance (    | (see i  | nstructions)?.             |             |         | 5b               |  |
| Organizations relying on a current notice regarding disaster assistance check here |   |   |                    |   |        |                         |         |                            | -           |         |                  |  |
| c  | ${f c}$ If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the                      |   |                    |   |        |                         |         |                            |             |         |                  |  |
|  | tax becau   | ise it maintained expend                    | liture respo       | onsibility for th                                       | e gr   | ant?                    |         |                            | Yes         | _ No    |                  |  |
|  | If "Yes," a   | ttach the statement requ                    | ired by Reg        | ulations sectioi  | n 53.  | 4945-5(d).              |         |                            |             |         |                  |  |
| 6a   | Did the fo  | undation, during the yea                    | ır, receive        | any funds, dıre   | ctly   | or indirectly, to pay   | prem    | ıums on                    |             |         |                  |  |
|  | a persona   | Il benefit contract?                        |                    |   |        |                         |         | Г                          | Yes         | √ No    |                  |  |
| b  | <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? |   |                    |   |        |                         |         |                            | 6b No       |         |                  |  |
|  | If "Yes" to 6b, file Form 8870.   |   |                    |   |        |                         |         |                            |             |         |                  |  |
| 7a   | 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?             |   |                    |   |        |                         |         |                            | Yes         | √ No    |                  |  |
| ь  | If yes, did   | the foundation receive                      | any procee         | eds or have an  | y net  | ıncome attrıbutable     | e to th | ne transaction?            |             |         | 7b               |  |
| Da   | rt VIII   | Information Abou                            | t Officer          | s, Directors  | , Tr   | ustees, Founda          | ition   | Managers, I                | lighly      | Paid    | Employees,       |  |
|  |   | and Contractors                             |                    |   |        |                         |         |                            |             |         |                  |  |
|  | List all off  | icers, directors, trustee                   | s, foundati        | on managers a   | nd t   | heir compensation (s    | see in  |                            |             |         |                  |  |
|  |   |   |                    | and average   | (c)    | Compensation( <b>If</b> |         | (d)<br>Contributions (     | 0           | l e     | xpense account,  |  |
|  | <b>(a)</b> Nai  | me and address                              | 1                  | rs per week<br>ed to position                           |        | not paid, enter<br>-0-) |         | nployee benefit į          | olans       |         | other allowances |  |
|  |   |   | (b) acvoc          |   |        | • ,                     | and     | deferred compe             |             |         |                  |  |
|  | S J MCCAHILL  | •   | -1                 | PRESIDENT   |        | 0                       |         |                            | 0           |         | 0                |  |
|  | 30 X 2118   | FL 347868939                                | 4 0                | 4 0   |        |                         |         |                            |             |         |                  |  |
|  | F MCCAHILL  | 11 347000333                                | VICE DDE           | VICE PRESIDENT  |        | 0                       |         | 0                          |             | C       |                  |  |
|  | 30 X 2118   |   | 2 0                | SIDENT  |        | Ū                       |         | ١                          |             |         | ·                |  |
|  |   | FL 347868939                                |                    |   |        |                         |         |                            |             |         |                  |  |
| ELIZA  | ВЕТН МССАН  | ILL   | SECRETA            | RY-   | 0      |                         |         | 0                          |             |         | 0                |  |
|  | 30 X 2118   |   | TREASUR            | ER  |        |                         |         |                            |             |         |                  |  |
|  |   | FL 347868939                                | 2 0                |   |        |                         |         |                            |             |         |                  |  |
| _2_  | Compensat   | tion of five highest-paid                   | employee           | s (other than t   | hose   | included on line 1—     | -see ii |                            |             | nter "N | IONE."           |  |
|  |   | (a)   |                    | Γıtle, and avera  |        |                         |         | Contribution<br>employee b |             |         | xpense account,  |  |
| Naı  |   | ress of each employee p<br>re than \$50,000 | <b>I</b>           | hours per wee   |        | (c) Compensatio         | n       | plans and d                |             |         | other allowances |  |
|  | 11101   |   | ( <b>b</b> ) a     | evoted to posi  | LIUII  |                         |         | (d) compens                | ation       |         |                  |  |
|  |   |   |                    |   |        |                         |         |                            |             |         |                  |  |
|  |   |   |                    |   |        |                         |         |                            |             |         |                  |  |
|  |   |   |                    |   |        |                         |         |                            |             |         |                  |  |
|  |   |   |                    |   |        |                         |         |                            |             |         |                  |  |
|  |   |   |                    |   |        |                         |         |                            |             |         |                  |  |
|  |   |   |                    |   |        |                         |         |                            |             |         |                  |  |
|  |   |   |                    |   |        |                         |         |                            |             |         | <u> </u>         |  |
|  |   |   |                    |   |        |                         |         |                            |             |         |                  |  |
|  |   |   |                    |   |        |                         |         |                            |             |         |                  |  |
|  |   |   |                    |   |        |                         |         |                            |             |         |                  |  |
| Tota   | <b>I</b> number of  | f other employees paid o                    | ver \$50,0         | 00  |        |                         |         |                            | <b>&gt;</b> |         |                  |  |

| Form 990-PF (2015)  |   | Page <b>7</b>      |
|---|---|--------------------|
| Part VIII Information About Officers, Directors, Trusto and Contractors (continued)   | ees, Foundation Managers, High            | ly Paid Employees, |
| 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>(b)</b> Type of service                | (c) Compensation   |
|   |   |                    |
|   |   |                    |
|   |   |                    |
|   |   |                    |
|   |   |                    |
|   |   |                    |
|   |   |                    |
|   |   |                    |
|   |   |                    |
|   |   |                    |
| 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 released organizations and other beneficiaries served, conferences convened, research papers produced. |   | Expenses           |
| 1   | uccu, cic                                 |                    |
| 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  | •   | A mount            |
| 1   | ,   |                    |
|   |   | $\dashv$           |
|   |   | $\dashv$           |
| 2   |   |                    |
| -   |   | $\dashv$           |
|   |   | $\dashv$           |
| All other program-related investments See instructions  |   |                    |
| 3   |   |                    |
| 3   |   | $\dashv$           |
|   |   | $\dashv$           |
| Total. Add lines 1 through 3  |   | <u> </u>           |
| iotai. Add illes I tillough 5   |   | <b>7</b>           |

#### Part X Minimum Investment Return

| Pa  | (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      | 0                        |
| b   | Average of monthly cash balances   | 1b      | 196,850                  |
| С   | Fair market value of all other assets (see instructions)   | 1c      | 0                        |
| d   | <b>Total</b> (add lines 1a, b, and c)  | 1d      | 196,850                  |
| 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       | 0                        |
| 3   | Subtract line 2 from line 1d   | 3       | 196,850                  |
| 4   | Cash deemed held for charitable activities $$ Enter 1 $$ 1/2 $$ $\!$ of line 3 (for greater amount, see  |         |                          |
|     | ınstructions)  | 4       | 2,953                    |
| 5   | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4  | 5       | 193,897                  |
| 6   | Minimum investment return. Enter 5% of line 5  | 6       | 9,695                    |
| Pai | t XI  Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and ceil check here ► ☐ and do not complete this part.)   | rtaın f | oreign organizations     |
| 1   | Mınımum ınvestment return from Part X, line 6  | 1       | 9,695                    |
| 2a  | Tax on investment income for 2015 from Part VI, line 5 2a 0  |         |                          |
| b   | Income tax for 2015 (This does not include the tax from Part VI) 2b  |         |                          |
| С   | Add lines 2a and 2b  | 2c      | 0                        |
| 3   | Distributable amount before adjustments Subtract line 2c from line 1   | 3       | 9,695                    |
| 4   | Recoveries of amounts treated as qualifying distributions  | 4       |                          |
| 5   | Add lines 3 and 4  | 5       | 9,695                    |
| 6   | Deduction from distributable amount (see instructions)   | 6       |                          |
| 7   | Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1  | 7       | 9,695                    |
|     | Qualifying Distributions (see instructions)  |         |                          |
| 1   | A mounts paid (including administrative expenses) to accomplish charitable, etc., purposes   | 1-      | 222150                   |
| a   | Expenses, contributions, gifts, etc —total from Part I, column (d), line 26  | 1a      | 323,150                  |
|     | Program-related investments—total from Part IX-B   | 1b      | 0                        |
| 2   | A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,  |         | •                        |
| _   | purposes   | 2       | 0                        |
| 3   | A mounts set aside for specific charitable projects that satisfy the   |         | •                        |
| а   | Suitability test (prior IRS approval required)   | 3a      | 0                        |
| b   | Cash distribution test (attach the required schedule)  | 3b      | 0                        |
| 4   | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4  | 4       | 323,150                  |
| 5   | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment   |         |                          |
| _   | income Enter 1% of Part I, line 27b (see instructions)   | 5       |                          |
| 6   | Adjusted qualifying distributions. Subtract line 5 from line 4   | 6       | 323,150                  |
|     | <b>Note:</b> 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 | ierthe  | ioundation qualifies for |

| P  | art XIIII Undistributed  | Income (see instri                    | uctions)             |                            |                    |                    |       |
|----|--|---------------------------------------|----------------------|----------------------------|--------------------|--------------------|-------|
|    | <u> </u>   |                                       | <b>(a)</b><br>Corpus | (b)<br>Years prior to 2014 | <b>(c)</b><br>2014 | <b>(d)</b><br>2015 |       |
| 1  | Distributable amount for 2015                                    | from Part XI, line 7                  |                      |                            |                    |                    | 9,695 |
|    | Undistributed income, if any, a                                  |                                       |                      |                            |                    |                    |       |
| а  |  |                                       |                      |                            | 0                  |                    |       |
| Ь  | Total for prior years 2013                                       |                                       |                      | 0                          |                    |                    |       |
| 3  | Excess distributions carryove                                    |                                       |                      |                            |                    |                    |       |
| а  | From 2010  | 118,270                               |                      |                            |                    |                    |       |
| b  | From 2011  | 565,923                               |                      |                            |                    |                    |       |
| c  | From 2012  | 538,388                               |                      |                            |                    |                    |       |
| d  | From 2013  | 667,971                               |                      |                            |                    |                    |       |
| е  | From 2014  | 661,785                               |                      |                            |                    |                    |       |
| f  | <b>Total</b> of lines 3a through e                               | [                                     | 2,552,337            |                            |                    |                    |       |
| 4  | Qualifying distributions for 201                                 | L5 from Part                          |                      |                            |                    |                    |       |
|    | XII, line 4 🕨 \$   | 323,150                               |                      |                            |                    |                    |       |
| а  | Applied to 2014, but not more                                    | than line 2a                          |                      |                            | 0                  |                    |       |
| b  | Applied to undistributed incom                                   | ne of prior years                     |                      |                            |                    |                    |       |
|    | (Election required—see instruc                                   | · · · · · · · · · · · · · · · · · · · |                      |                            |                    |                    |       |
| С  | Treated as distributions out of required—see instructions).      |                                       |                      |                            |                    |                    |       |
| d  | Applied to 2015 distributable                                    | amount                                |                      |                            |                    |                    | 9,695 |
| е  | Remaining amount distributed                                     | out of corpus                         | 313,455              |                            |                    |                    |       |
| 5  | Excess distributions carryove                                    | r applied to 2015                     |                      |                            |                    |                    |       |
|    | (If an amount appears in column same amount must be shown        | . ,,                                  |                      |                            |                    |                    |       |
| 6  | Enter the net total of each col indicated below:                 | lumn as                               |                      |                            |                    |                    |       |
| а  | Corpus Add lines 3f, 4c, and 4                                   | e Subtract line 5                     | 2,865,792            |                            |                    |                    |       |
|    | Prior years' undistributed incor                                 |                                       |                      |                            |                    |                    |       |
| _  | line 4b from line 2b   |                                       |                      | 0                          |                    |                    |       |
| C  | Enter the amount of prior years                                  | s' undistributed                      |                      |                            |                    |                    |       |
|    | income for which a notice of de                                  | •                                     |                      |                            |                    |                    |       |
|    | been issued, or on which the se                                  | , ,                                   |                      |                            |                    |                    |       |
| d  | tax has been previously asses<br>Subtract line 6c from line 6b T |                                       |                      |                            |                    |                    |       |
| u  | —see instructions  |                                       |                      | 0                          |                    |                    |       |
| е  | Undistributed income for 2014                                    |                                       |                      |                            |                    |                    |       |
|    | 4a from line 2a Taxable amoui                                    | nt—see                                |                      |                            |                    |                    |       |
|    | instructions   |                                       |                      |                            | Ü                  |                    |       |
| f  | Undistributed income for 2016                                    |                                       |                      |                            |                    |                    |       |
|    | lines 4d and 5 from line 1 This be distributed in 2015           |                                       |                      |                            |                    |                    | 0     |
| 7  | Amounts treated as distributio                                   |                                       |                      |                            |                    |                    |       |
| •  | corpus to satisfy requirements                                   |                                       |                      |                            |                    |                    |       |
|    | section 170(b)(1)(F) or 4942(                                    | g)(3) (Election may                   |                      |                            |                    |                    |       |
|    | be required - see instructions)                                  | F                                     |                      |                            |                    |                    |       |
| 8  | Excess distributions carryovei                                   |                                       | 118,270              |                            |                    |                    |       |
| _  | applied on line 5 or line 7 (see                                 | · · · · · · · · · · · · · · · · · · · | ,                    |                            |                    |                    |       |
| 9  | Excess distributions carryover Subtract lines 7 and 8 from line  |                                       | 2,747,522            |                            |                    |                    |       |
| 10 | Analysis of line 9   |                                       |                      |                            |                    |                    |       |
|    | Excess from 2011   | 565,923                               |                      |                            |                    |                    |       |
|    | Excess from 2012   | 538,388                               |                      |                            |                    |                    |       |
|    | Excess from 2013   | 667,971                               |                      |                            |                    |                    |       |
|    | Excess from 2014   | 661,785                               |                      |                            |                    |                    |       |
| е  | Excess from 2015   | 313,455                               |                      |                            |                    |                    |       |

|            | Private Operating Foundat   | •                   |                        |                      | 19)                  |            |
|------------|---|---------------------|------------------------|----------------------|----------------------|------------|
| 1a         | If the foundation has received a ruling or determ   |                     |                        |                      |                      |            |
|            | foundation, and the ruling is effective for 2015,   |                     |                        |                      |                      |            |
|            | Check box to indicate whether the organization  |                     | ting foundation de     |                      | 1 4942(j)(3) or      | 4942(j)(5) |
| 2a         | Enter the lesser of the adjusted net income from Part I or the minimum                            | Tax year            |                        | Prior 3 years        |                      | (e) Total  |
|            | investment return from Part X for each  | (a) 2015            | <b>(b)</b> 2014        | (c) 2013             | (d) 2012             |            |
|            | year listed   |                     |                        |                      |                      |            |
| <b>b</b> 8 | 35% of line 2a  |                     |                        |                      |                      |            |
| c          | Qualifying distributions from Part XII,   |                     |                        |                      |                      |            |
|            | line 4 for each year listed   |                     |                        |                      |                      |            |
| d          | Amounts included in line 2c not used  |                     |                        |                      |                      |            |
|            | directly for active conduct of exempt activities  |                     |                        |                      |                      |            |
| 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   |                     | 1                      |                      |                      |            |
|            | (2) Value of assets qualifying under section 4942(j)(3)(B)(i)                                     |                     |                        |                      |                      |            |
| b          | "Endowment" alternative test— enter 2/3   |                     | 1                      |                      |                      |            |
| -          | 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,<br>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   |                     |                        |                      |                      |            |
| Pa         | rt XV Supplementary Information (C  |                     |                        | e organizatio        | n had \$5,000 o      | r more in  |
|            | assets at any time during the   | <u>year—see ins</u> | tructions.)            |                      |                      |            |
| L<br>a     | <b>Information Regarding Foundation Managers:</b> List any managers of the foundation who have co | ontributed more th  | nan 2% of the tota     | ıl contributions rec | eived by the found   | lation     |
|            | before the close of any tax year (but only if they  |                     |                        |                      |                      | ideloli    |
|            |   |                     |                        |                      |                      |            |
| b          | List any managers of the foundation who own 10  |                     |                        |                      | large portion of th  | е          |
|            | ownership of a partnership or other entity) of wh   | ich the loundation  | inas a 10% or gre      | eaterinterest        |                      |            |
|            |   |                     |                        |                      |                      |            |
|            |   |                     |                        |                      |                      |            |
|            |   |                     |                        |                      |                      |            |
|            | Total Control Control Control City  | Cabalanak           | :t- B                  |                      |                      |            |
| 2          | Information Regarding Contribution, Grant, Gift   |                     |                        |                      |                      |            |
|            | Check here ► ✓ If the foundation only makes counsolicited requests for funds. If the foundation   |                     |                        |                      |                      |            |
|            | other conditions, complete items 2a, b, c, and d  |                     | its, etc. (see ilisti) | actions) to marvia   | dais of organizatio  | iis uiidei |
|            |   |                     |                        |                      |                      |            |
| а          | The name, address, and telephone number or e  | mail address of th  | e nerson to whom       | annlications shou    | ld he addressed      |            |
| u          | The name, address, and telephone number of el   | man address of th   | e person to whom       | applications shou    | ia be addressed      |            |
|            |   |                     |                        |                      |                      |            |
|            |   |                     |                        |                      |                      |            |
| b          | The form in which applications should be submi  | tted and informat   | ion and materials t    | they should includ   | e                    |            |
|            |   |                     |                        |                      |                      |            |
|            |   |                     |                        |                      |                      |            |
| C          | Any submission deadlines  |                     |                        |                      |                      |            |
|            |   |                     |                        |                      |                      |            |
| _          | A   |                     |                        |                      |                      |            |
| d          | Any restrictions or limitations on awards, such factors   | as by geographic    | aı areas, charitabl    | e neias, kinds of ii | nstitutions, or othe | Γ          |

Part XV Supplementary Information(continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 323,150 **b** Approved for future payment

| (a) (b) (c) (d) function in Springer Service revenue Business code Amount Exclusion code Amount (See   | orm 990-PF (2015)  Part XVI-A Analysis of Income-Produc  | ing Activitie | s              |               |          | Page <b>1</b> 2        |  |
|--|--|---------------|----------------|---------------|----------|------------------------|--|
| 1 Program service revenue  Business code Amount Exclusion code Amount instruction  Business code Amount Exclusion code Instruction  Business code Amount Exclusion code Amount instruction  Business code Amount Exclusion code Instruction  Business code Instruction code Instruction  Business code Instruction | Enter gross amounts unless otherwise indicated   |               |                |               | <u> </u> | Related or exemp       |  |
| b g Fees and contracts from government agencies  2 Membership dues and assessments   | 1 Program service revenue  |               |                |               | 1        | (See<br>instructions ) |  |
| g Fees and contracts from government agencies 2 Membership dues and assessments  |  |               |                |               |          |                        |  |
| f g Fees and contracts from government agencies  2 Membership dues and assessments   |  |               |                |               |          |                        |  |
| 2 Membership dues and assessments  |  |               |                |               |          |                        |  |
| Solution in the state of the st | <ul><li>Membership dues and assessments</li><li>Interest on savings and temporary cash</li></ul> |               |                |               |          |                        |  |
| b Not debt-financed property   |  |               |                |               |          |                        |  |
| property   |  |               |                |               |          |                        |  |
| 8 Gain or (loss) from sales of assets other than inventory   |  |               |                |               |          |                        |  |
| 9 Net income or (loss) from special events 0 Gross profit or (loss) from sales of inventory 1 Other revenue a  | <b>8</b> Gain or (loss) from sales of assets other than  |               |                |               |          |                        |  |
| to Other revenue a   | 9 Net income or (loss) from special events 0 Gross profit or (loss) from sales of inventory      |               |                |               |          |                        |  |
| c d e Subtotal Add columns (b), (d), and (e).  3 Total.Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes  Line No.  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See  | 1 Other revenue a  |               |                |               |          |                        |  |
| Subtotal Add columns (b), (d), and (e).  Total.Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See  | c  |               |                |               |          |                        |  |
| Total.Add line 12, columns (b), (d), and (e)   | e  |               |                |               |          |                        |  |
| Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See  | 3 Total.Add line 12, columns (b), (d), and (e)   |               |                | :             | 13       |                        |  |
| the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See  |  |               | plishment of I | Exempt Purpos | es       |                        |  |
|  | the accomplishment of the foundation's   |               |                |               |          |                        |  |
|  |  |               |                |               |          |                        |  |
|  |  |               |                |               |          |                        |  |
|  |  |               |                |               |          |                        |  |
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|  |  |               |                |               |          |                        |  |
|  |  |               |                |               |          |                        |  |
|  |  |               |                |               |          |                        |  |

| Part XVII               | Information Re<br>Noncharitable  |                            |                                 |   | sactions and                           | Relationships                           | With                        |  |             |
|-------------------------|--|----------------------------|---------------------------------|---|--|---|-----------------------------|--|-------------|
|                         | rganization directly or in   | ndırectly er               | ngage in any o                  | of the following wit                            |  |   |                             | Ye                                     | s No        |
| organızat               | ions?  |                            |                                 |   |  |   |                             |  |             |
| <b>a</b> Transfers      | from the reporting four  | ndation to a               | noncharitable                   | e exempt organiza                               | ation of                               |   |                             |  |             |
| <b>(1)</b> Cash         | h  |                            |                                 |   |  |   |                             | 1a(1)                                  | No          |
| <b>(2)</b> Othe         | erassets   |                            |                                 |   |  |   |                             | 1a(2)                                  | No          |
| <b>b</b> O ther tra     | nsactions  |                            |                                 |   |  |   |                             |  | Ĺ           |
| <b>(1)</b> Sale:        | s of assets to a noncha  | rıtable exer               | mpt organızatı                  | ion   |  |   |                             | 1b(1)                                  | No          |
| <b>(2)</b> Purc         | hases of assets from a   | noncharital                | ble exempt or                   | ganızatıon                                      |  |   | .                           | 1b(2)                                  | No          |
| <b>(3)</b> Rent         | al of facilities, equipme  | nt, or other               | assets                          |   |  |   |                             | 1b(3)                                  | No          |
| <b>(4)</b> Reim         | nbursement arrangemer  | nts                        |                                 |   |  |   |                             | 1b(4)                                  | No          |
| <b>(5)</b> Loan         | ns or loan guarantees.   |                            |                                 |   |  |   |                             | 1b(5)                                  | No          |
| (6)Perfor               | mance of services or m   | embership                  | or fundraising                  | solicitations                                   |  |   | [                           | 1b(6)                                  | No          |
| <b>c</b> Sharing o      | of facilities, equipment,  | mailing list:              | s, other asset                  | s, or paid employ                               | ees                                    |   | [                           | 1c                                     | No          |
| of the goo              | swer to any of the above<br>ods, other assets, or se<br>insaction or sharing arm                               | rvices give<br>angement, : | n by the repor<br>show in colum | rting foundation I<br>nn <b>(d)</b> the value o | f the foundation if<br>the goods, othe | received less tha<br>r assets, or servi | n fair marke<br>ces receive | t value<br>d                           |             |
| (a) Line No             | (b) Amount involved  | (c) Name o                 | f noncharitable e               | exempt organization                             | (d) Description                        | of transfers, transac                   | tions, and shai             | ring arrangerr                         | ients       |
|                         |  |                            |                                 |   |  |   |                             |  |             |
|                         |  |                            |                                 |   |  |   |                             |  |             |
|                         |  |                            |                                 |   |  |   |                             |  |             |
|                         |  |                            |                                 |   |  |   |                             |  |             |
|                         |  |                            |                                 |   |  |   |                             |  |             |
|                         |  |                            |                                 |   |  |   |                             |  |             |
|                         |  |                            |                                 |   |  |   |                             |  |             |
|                         |  |                            |                                 |   |  |   |                             |  |             |
|                         |  |                            |                                 |   |  |   |                             |  |             |
|                         |  |                            |                                 |   |  |   |                             |  |             |
|                         |  |                            |                                 |   |  |   |                             |  |             |
|                         |  |                            |                                 |   |  |   |                             |  |             |
|                         |  |                            |                                 |   |  |   |                             |  |             |
| described               | undation directly or indi<br>d in section 501(c) of th<br>complete the following :<br>(a) Name of organization | ne Code (ot<br>schedule    | her than secti                  |   | in section 527?.                       |   | ption of relatio            | •                                      | <b>V</b> No |
|                         |  |                            |                                 |   |  |   |                             |  |             |
| Sign the                | der penalties of perjury,<br>best of my knowledge a<br>rmation of which prepar<br>*****                        | ind belief, it             | : is true, corre                |   |  |   | an taxpayer                 |  | on all      |
|                         | Signature of officer or t  | rustee                     |                                 | Date  | Tıtle                                  |   | below                       | e preparer sh<br>str )? 🔽 <b>Yes</b> l |             |
|                         | Print/Type preparer's<br>WILLIAM E SANSO<br>CPA  |                            | Preparer's Sıç                  | gnature   | Date 2016-08-15                        | Check if self-<br>employed •            | PTIN<br>PO                  | 1082736                                |             |
| Paid<br>Preparer<br>Use |  | VNPC                       |                                 |   |  | Firm's EIN 🕨                            | . <b>I</b>                  |  |             |
| Only                    | Firm's address F  331 NEWMAN SPRINGS RD STE 125 RED BANK, NJ  077016765  Phone no (732)842-3                   |                            |                                 |   |  |   |                             | 3                                      |             |

# Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient  | If recipient is an individual, show any relationship to | Foundation<br>status of | Purpose of grant or contribution | A mount |
|--|---|-------------------------|----------------------------------|---------|
| Name and address (home or business)  | any foundation manager<br>or substantial contributor    | recipient               |                                  |         |
| <b>a</b> Paid during the year  |   |                         |                                  |         |
| ARNIE'S ARMY CHARITABLE<br>FOUNDATION<br>900 BAY HILL BLVD<br>ORLANDO,FL 32819         | NONE  |                         | GENERAL OPERATIONS               | 125,000 |
| OUR CATHOLIC APPEAL<br>6131 LOUISE COVE DRIVE<br>WINDERMERE,FL 347868939               | NONE  |                         | GENERAL OPERATIONS               | 5,000   |
| SALVATION ARMY<br>416 W COLONIAL DRIVE<br>ORLDANDO,FL 328046818                        | NONE  |                         | GENERAL OPERATIONS               | 1,000   |
| SEVERAL SOURCES SHELTERS<br>PO BOX 157<br>RAMSEY,NJ 07446                              | NONE  |                         | GENERAL OPERATIONS               | 50,000  |
| THE MORGAN CENTER<br>PO BOX 333<br>BRIGHTWATERS,NY 11718                               | NONE  |                         | GENERAL OPERATIONS               | 30,000  |
| AUTISM SPEAKS PO BOX 26402<br>LEHIGH VALLEY,PA 180026401                               | NONE  |                         | GENERAL OPERATIONS               | 50,000  |
| BS HS ALUMNI ASSOCIATION<br>SCHOLARSHIP FUND<br>PO BOX 26402<br>BAY SHORE,NY 117060646 | NONE  |                         | GENERAL OPERATIONS               | 20,000  |
| SOUTHAMPTON FRESH AIR HOME<br>36 BARKERS ISLAND RD<br>SOUTHAMPTON,NY 11968             | NONE  |                         | GENERAL OPERATIONS               | 5,000   |
| SOUTHSIDE HOSPITAL<br>FOUNDATION<br>125 COMMUNITY DRIVE<br>GREAT NECK,NY 11021         | NONE  |                         | GENERAL OPERATIONS               | 10,000  |
| NORTH SHORE-LIJ<br>375 SEGUINE AVE<br>STATEN ISLAND,NY 10309                           | NONE  |                         | GENERAL OPERATIONS               | 5,000   |
| PADRE PIO FOUNDATION OF<br>AMERICA<br>463 MAIN STREET<br>CROMWELL,CT 06416             | NONE  |                         | GENERAL OPERATIONS               | 100     |
| SALESIAN MISSIONS<br>2 LEFEVRE LANE<br>NEWROCHELLE,NY 10801                            | NONE  |                         | GENERAL OPERATIONS               | 250     |
| ST MARY OF THE ASSUMPTION<br>HIGH SCHOOL<br>237 S BROAD ST<br>ELIZABETH,NJ 07202       | NONE  |                         | GENERAL OPERATIONS               | 5,000   |
| SOUTHAMPTON VILLAGE PBA<br>BOX 759 POLICE UNION<br>SOUTHAMPTON,NY 11969                | NONE  |                         | GENERAL OPERATIONS               | 1,500   |
| SHERRI M GLADNEY MINISTRIES<br>8443 E 81 ST STE 639<br>TULSA,OK 74133                  | NONE  |                         | GENERAL OPERATINS                | 1,000   |
| Total  |   |                         |                                  | 323,150 |

### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| show any relationship to                            | Foundation<br>status of                      | Purpose of grant or contribution | A mount  |  |
|---|--|----------------------------------|--|--|
| ) any foundation manager or substantial contributor | recipient                                    |                                  |  |  |
|   |  |                                  |  |  |
| NONE  |  | GENERAL OPERATIONS               | 800  |  |
| NONE  |  | GENERAL OPERATIONS               | 2,500  |  |
| NONE  |  | GENERAL OPERATIONS               | 10,000   |  |
| NONE  |  | GENERAL OPERATIONS               | 1,000  |  |
|   | Or substantial contributor  NONE  NONE  NONE | NO NE  NO NE  NO NE              | Or substantial contributor  NONE  GENERAL OPERATIONS  NONE  GENERAL OPERATIONS  NONE  GENERAL OPERATIONS |  |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

# **TY 2015 Depreciation Schedule**

Name: JAMES AND TARA MCCAHILL FAMILY

FOUNDATION INC

**EIN:** 80-0312628

# **TY 2015 Explanation of Non-Filing with Attorney General Statement**

Name: JAMES AND TARA MCCAHILL FAMILY

FOUNDATION INC

**EIN:** 80-0312628

Statement: THE ORGANIZATION WILL NOT SOLICIT CONTRIBUTIONS FROM

THE PUBLIC IN FLORIDA; THEREFORE, THE 990-PF DOES NOT NEED

TO BE FILED.

# **TY 2015 Substantial Contributors Schedule**

Name: JAMES AND TARA MCCAHILL FAMILY

FOUNDATION INC

**EIN:** 80-0312628

| Name                    | Address   |
|-------------------------|---|
| JAMES AND TARA MCCAHILL | 6131 LOUISE COVE DRIVE<br>WINDERMERE,FL 347868939 |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93491274006006

OMB No 1545-0047

**Employer identification number** 

Schedule B

JAMES AND TARA MCCAHILL FAMILY

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

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

2015

| <u>FOUNDA</u>                 | ATION INC  |   | 80-0312628                         |  |  |
|-------------------------------|--|---|------------------------------------|--|--|
| Organization type (check one) |  |   |                                    |  |  |
| Filers of                     | f:   | : Section:  |                                    |  |  |
| Form 990                      | or 990-EZ  | 「 501(c)( ) (enter number) organization   |                                    |  |  |
|                               |  | ☐ 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation  |                                    |  |  |
|                               |  | 527 political organization  |                                    |  |  |
| Form 990                      | )-PF   | <b>▽</b> 501(c)(3) exempt private foundation  |                                    |  |  |
|                               |  |   |                                    |  |  |
|                               |  | 501(c)(3) taxable private foundation  |                                    |  |  |
| General<br>レ                  | For an organization f  | iling Form 990, 990-EZ, or 990-PF that received, during the year, contributions t<br>any one contributor Complete Parts I and II See instructions for determining a   |                                    |  |  |
| Special                       | Rules  |   |                                    |  |  |
| u<br>re                       | inder sections 509(a)<br>eceived from any one  | scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /3% supp<br>(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part<br>contributor, during the year, total contributions of the greater of <b>(1)</b> \$5,000 or Form 990-EZ, line 1 Complete Parts I and II | ll, line 13, 16a, or 16b, and that |  |  |
| d                             | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, of the prevention of cruelty to children or animals. Complete Parts I, II, and III  |   |                                    |  |  |
| d<br>ti<br>p                  | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year |   |                                    |  |  |

990-EZ, or 990-PF)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its

Name of organization
JAMES AND TARA MCCAHILL FAMILY
FOUNDATION INC

Employer identification number 80-0312628

| Part I     | Contributors (see instructions) Use duplicate copies of Part I if | f additional space is needed |                                       |            |
|------------|---|------------------------------|---------------------------------------|------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions   | (d)<br>Type of cont                   | ribution   |
| 1          | JAMES AND TARA MCCAULL  |                              | Person                                | [✓         |
|            | JAMES AND TARA MCCAHILL<br>6131 LOUISE COVE DRIVE                 | \$ 175,000                   | Payroll                               | Г          |
|            | WINDERMERE, FL347868939   |                              | Noncash (Complete Part II f           | or noncash |
| (2)        | (b)   | (a)                          | contributions)                        |            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions   | Type of cont                          | ribution   |
|            |   |                              | Person                                | Г          |
|            | -   | \$                           | Payroll                               | Γ          |
|            |   |                              | Noncash                               | Г          |
|            |   |                              | (Complete Part II f contributions)    | or noncash |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions   | (d)<br>Type of cont                   | ribution   |
|            |   |                              | Person                                | Г          |
|            |   | \$                           | Payroll                               | Γ          |
|            |   | ·                            | Noncash                               | Γ          |
|            |   |                              | (Complete Part II f<br>contributions) | or noncash |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions   | (d)<br>Type of cont                   | ribution   |
|            |   |                              | Person                                | Г          |
|            |   | \$                           | Payroll                               | Γ          |
|            |   | *                            | Noncash                               | Г          |
|            |   |                              | (Complete Part II f<br>contributions) | or noncash |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions   | (d)<br>Type of cont                   | ribution   |
|            |   |                              | Person                                | Γ          |
|            |   | \$                           | Payroll                               | Г          |
|            |   |                              | Noncash                               | Г          |
|            |   |                              | (Complete Part II f contributions)    | or noncash |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions   | (d)<br>Type of cont                   | ribution   |
|            |   |                              | Person                                | Γ          |
|            |   | \$                           | Payroll                               | Γ          |
|            |   | <u>*</u>                     | Noncash                               | Г          |
|            |   |                              | (Complete Part II f contributions)    | or noncash |

Name of organization **Employer identification number** JAMES AND TARA MCCAHILL FAMILY FOUNDATION INC 80-0312628 Noncash Property Part II (see instructions) Use duplicate copies of Part II if additional space is needed (c) (a) (b) (d) FMV (or estimate) No.from Part I Description of noncash property given Date received (see instructions) (c) (b) (d) (a) FMV (or estimate) Description of noncash property given No.from Part I Date received (see instructions) (c) (b) (d) (a) FMV (or estimate) No.from Part I Description of noncash property given Date received (see instructions) (c) (b) (d) (a) FMV (or estimate) No.from Part I Description of noncash property given Date received (see instructions) (c) (a) (b) (d) FMV (or estimate) No.from Part I Description of noncash property given Date received (see instructions) (c) (a) (b) (d) FMV (or estimate) No.from Part I Description of noncash property given Date received (see instructions)

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

Page 4

| Name of o | rganization                 |
|-----------|-----------------------------|
| JAMES AN  | ND TARA MCCAHILL FAMIL'     |
| FOUNDAT   | TION INC                    |
| Part III  | Exclusively religious, char |

Employer identification number

| NC 80-0312628  |  |  |  |
|--|--|--|--|
| e than \$1,000 for the year from any or<br>r. For organizations completing Part II<br>or less for the year. (Enter this inforn | ne contributor. Complete columns (a<br>il, enter the total of exclusively religion<br>mation once. See instructions.) <b>&gt;</b> \$   | a) through (e) and the following ous, charitable, etc., contributions  |  |
| (b) Purpose of gift  | (c) Use of gift  | (d) Description of how gift is held  |  |
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| Transferee's name, address, and  | (e) Transfer of gift ZIP4 Relation   | nship of transferor to transferee  |  |
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| (b) Purpose of gift  | (c) Use of gift  | (d) Description of how gift is held  |  |
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| (e) Transfer of gift Transferee's name, address, and ZIP4 Relationship of transferor to transferee                             |  |  |  |
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| (e) Transfer of gift Transferee's name, address, and ZIP4 Relationship of transferor to transferee                             |  |  |  |
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| (b) Purpose of gift  | (c) Use of gift  | (d) Description of how gift is held  |  |
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| Transferee's name, address, and  | (e) Transfer of gift ZIP4 Relation   | nship of transferor to transferee  |  |
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|  | e than \$1,000 for the year from any or For organizations completing Part III or less for the year. (Enter this informate copies of Part III if additional space is recopies of Part III if additional space is recopies.  (b) Purpose of gift  Transferee's name, address, and  Transferee's name, address, and  (b) Purpose of gift  Transferee's name, address, and  (b) Purpose of gift  Transferee's name, address, and | It is a second contribution to organizations described in second contributors are than \$1,000 for the year from any one contributor. Complete columns (a). For organizations completing Part III, enter the total of exclusively religion less for the year. (Enter this information once. See instructions.)   \$\infty\$ attentions on the year. (Enter this information once. See instructions.)   \$\infty\$ attentions on the year. (Enter this information once. See instructions.)   \$\infty\$ attentions on the year. (Enter this information once. See instructions.)   \$\infty\$ attentions on the year. (Enter this information once. See instructions.)   \$\infty\$ attentions on the year. (Enter this information once. See instructions.)   \$\infty\$ attentions on the year. (Enter this information once. See instructions.)   \$\infty\$ attentions on the year. (Enter this information once. See instructions.)   \$\infty\$ attentions on the year. (Enter this information once. See instructions.)   \$\infty\$ attentions on the year. (Enter this information once. See instructions.)   \$\infty\$ attentions on the year. (Enter this information once. See instructions.)   \$\infty\$ attentions on the year. (Enter this information once. See instructions.)   \$\infty\$ attentions on the year. (Enter this information once. See instructions.)   \$\infty\$ attentions on the year. (Enter this information once. See instructions.)   \$\infty\$ attentions on the year. (Enter this information once. See instructions.)   \$\infty\$ attentions on the year. (Enter this information once. See instructions.)   \$\infty\$ attentions on the year. (Enter this information once. See instructions.)   \$\infty\$ (E) Transfer of gift   \$\infty\$ (E) Transfer of gift   \$\infty\$ (E) Purpose of gift   \$\infty\$ (E) Purpose of gift   \$\infty\$ (E) Purpose of gift   \$\infty\$ (E) Transfer of gift   \$\infty\$ (E) Purpose |  |