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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.

OMB No 1545-0052

		5 or tax year beginning		<u>, 2015, and e</u>		, 20
	me of foundation					entification number
		OK FOUNDATION				91-1098016
Νι	imber and street (or P O	box number if mail is not delive	ered to street address)	Room/	suite B Telephone n	umber (see instructions)
_	00 00		204			206 522 522
		LEY ROAD, SUITE				336-538-1000
Cit	y or town, state or provi	nce, country, and ZIP or foreign	postal code		C If exemption a	oplication is
~	REENSBORO, N	~ 27400			pending, check	chere
	Check all that apply		Initial return	of a former public c	harity -	⊾ Γ
	oneck all that apply	Final return	Amended re	•	.	anizations, check here anizations meeting the
		X Address change	h		85% test, ch	neck here and attach
H	Check type of organ	nization: X Section 50		<u></u>		n
	¬ ''	nonexempt charitable trust		rivate foundation	· · · · · · · · · · · · · · · · · · ·	dation status was terminated 507(b)(1)(A), check here
	Fair market value		counting method: X C			on is in a 60-month termination _
	end of year (from F	1	Other (specify)			507(b)(1)(B), check here
		1 	I, column (d) must be on ca	ash basis.)		
Pa	rt I Analysis of Re	evenue and Expenses (7	he (a) Revenue and			(d) Disbursements
	total of amounts	s in columns (b), (c), and (d) arrily equal the amounts in	expenses per	(b) Net investment income	(c) Adjusted net income	for charitable purposes
	column (a) (see		books			(cash basis only)
	1 Contributions, gifts, gr	ants, etc , received (attach schedule)	. 16,000			
1		the foundation is not required to tach Sch		<u> </u>	 	
	=	and temporary cash investment				
		terest from securities		. 127,85		STMT
			•	<u> </u>		
	b Net rental income o		070 716			
Revenue	6a Net gain or (loss) from Gross sales price for assets on line 6a	om sale of assets not on line 10		•		
Ve				879,71	<u> </u>	
Re	, <u>-</u>	ncome (from Part IV, line 2)		1 015,11		
		tions		<u> </u>		
1	Oa Gross sales less retu and allowances	ırns				
	b Less Cost of goods					
	-	ss) (attach schedule)				
1		tach schedule)	. 871	. 87		STMT
1	2 Total. Add lines	1 through 11 · · · · · ·				
္တ 1		ficers, directors, trustees, etc.	29,178	. 17,50		11,6
	4 Other employee	salaries and wages R	ECEIVED	NO		ONE
	5 Pension plans, er		-	NO	<u>ин N</u> (ONE
ᆁ	6a Legal fees (attach			 	- 	
Operating and Administrative Expense	D Accounting tees	(attach schedule) 6 al fees (attach schedule)	5 19 2016	 	- 	
ij.	C Utner protessions					
ts .	7 Interest 8 Tayes (attach sch	edule) (see in OCOMEN 3	5,114	. 2,09	5.	
֓֞֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	9 Denreciation (atta	ach SERVICE CEN	ITER	2,05.	- 	
튄	O Occupancy			T	 	
ح اع ق	1 Travel, conference	es, and meetings		NO	NE NO	ONE
ĕ 2	2 Printing and publ	ications		NO		ONE
힏2	3 Other expenses (attach schedule)				
E 2	4 Total operating a	ınd administrative expense				
Jer.	Add lines 13 thro	ough 23		. 19,60	2. NO	ONE 11,6
5 2	5 Contributions, gif	ts, grants paid				250,0
_ 2		sbursements Add lines 24 and 2	284,292	. 19,60	2. NO	ONE 261,6
2						
		er expenses and disbursements .				
1		ncome (if negative, enter -0		988,840	<u> </u>	
ㅗ		ome (if negative, enter -0-).		<u> </u>	1	- 200 55
	raperwork Reduction	n Act Notice, see instruction 05/05/2016 10:	ins.			Form 990-PF (20

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0	art II	Ralance Chaste	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End	of year
<u>_</u>	alt II		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-beari	ng	428,067.		
	2	Savings and temporary of	cash investments			
						*
		Less allowance for doub	otful accounts >			
			otful accounts			
	5	Grants receivable				
	6	Receivables due from	officers, directors, trustees, and other			
		disqualified persons (atta	ach schedule) (see instructions)			
			eceivable (attach schedule) 🕨	· · · · · · · · · · · · · · · · · · ·		
			otful accounts NONE			
ţ	l		e			
Assets	9	Prepaid expenses and de	eferred charges			
ä	10a	Investments - U S. and state	government obligations (attach Tanaula	116,312.		
			stock (attach schedule) . STMT .5	2,370,495.		
	, c	Investments - corporate	bonds (attach schedule) . STMT .6]	1,418,879.		
	11	Investments - land, building and equipment basis	s, >		o o o o o o o o o o o o o o o o o o o	
		Less, accumulated deprecia (attach schedule)	ition >			
			loans			
	13	Investments - other (atta	ch schedule)		5,071,891	
	• •	Land, buildings, and equipment, basis	>		374 77403 ZZ ,	النسند حسننتا
		Less accumulated deprecia (attach schedule)	tion	· · · · · · · · · · · · · · · · · · ·	·	
	15	Other assets (describe 🕨	·)			
			completed by all filers - see the			
		instructions. Also, see pa	age 1, item I)	4,333,753.	5,071,891	4,843,762
	17	Accounts payable and a	ccrued expenses			
	18	Grants payable				
Liabilities	19	Deferred revenue				
ij	20	Loans from officers, director	rs, trustees, and other disqualified persons.		<u></u>	
iab			tes payable (attach schedule)			
-	22	Other liabilities (describe	· >)			
					1101	
_			s 17 through 22)		NONNON	# ***
S			ow SFAS 117, check here . ▶			***
ŝ			4 through 26 and lines 30 and 31.			· · · · · · · · · · · · · · · · · · ·
a	_					-1
Ba		Temporarily restricted .				
פ						
Net Assets or Fund Balances			not follow SFAS 117,			
5			plete lines 27 through 31.	4 222 752	E 051 001	V-307
S		•	ipal, or current funds	4,333,753.	_5,071,891	
Se		· · · · · ·	land, bldg, and equipment fund		·—	45000
R		•	ated income, endowment, or other funds	4 222 752	F 071 001	
ᇷ			balances (see instructions)	4,333,753.	5,071,891	·
낌		Total liabilities and	•	4 222 752	F 071 001	1
			non in Nick Boards on Front Dale	4,333,753.	5,071,891	··!
			ges in Net Assets or Fund Bala		must agree with	
I			alances at beginning of year - Part		1	4 222 752
•			l on prior year's return)			4,333,753.
			line 27a			/40,150.
			led in line 2 (itemize) ►		3	5,073,903.
			line 2 (itemize) ▶BOOK VALUE ADJUSTME			
					5), line 30 6	2,012.
0	iota	net assets or tund ba	lances at end of year (line 4 minus li	ne o) - rait II, column (c	n, illie 30 6	5,071,891.

P	art IV Capital Gains	and Losses for Tax on Inve	estment Income			
		d describe the kind(s) of property sold (crick warehouse; or common stock, 200		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo., day, yr.)
<u>1a</u>	PUBLICLY TRADED	SECURITIES				
_b		· · · · · · · · · · · · · · · · · · ·				
_ <u>c</u>						
_d	·				. ——	
<u>e</u>		/s) Demociation allowed	(g) Cost or other basis		(h) Cain an (la	<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus expense of sale		(h) Gain or (lo (e) plus (f) minu	
a	3,589,745.		2,704,093.			885,652.
b						
_c						
<u>d</u>	· · · · · · · · · · · · · · · · · · ·					·
<u>e</u>						 -
_	Complete only for assets s	howing gain in column (h) and owned			Gains (Col. (h) ga	
	(i) F M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col.	(k), but not less t Losses (from co	
_		43 01 12/01/03	ever ear 41% in arry			885,652.
_ <u>a</u> b						005,052.
C				 		
d						
e				_		
2	Capital gain net income of		gain, also enter in Part I, line 7 }	2		879,716.
3	Net short-term capital gai	in or (loss) as defined in sections 1	,			0.37,201
	, -	ert I, line 8, column (c) (see inst	•	[[
	Part I, line 8	<u></u> <u>.</u>	<u> </u>	3		
Pá	art V Qualification U	nder Section 4940(e) for Redu	uced Tax on Net Investment I	ncome		
Wa		the section 4942 tax on the distrib		ase period	d?	Yes X No
_		ot qualify under section 4940(e).			<u> </u>	
	Enter the appropriate am	ount in each column for each year,		g any entr I	ies. (d)	
C.	Base period years Alendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution ra (col (b) divided by	
—	2014	252,068.	5,097,776.		(cor (b) divided by	0.049447
_	2013	223,058.	4,912,291.	-		0.045408
	2012	220,135.	4,621,046.			0.047637
	2011	217,416.	4,556,069.			0.047720
_	2010_	185,960.	4,418,853.			0.042083
2)		2	·	0.232295
3	_	for the 5-year base period - divide	•			0.046450
	number of years the foun	dation has been in existence if less	s than 5 years	3		0.046459
4	Enter the net value of nor	ncharitable-use assets for 2015 fro	m Part X, line 5	4	5,	074,228.
5	Multiply line 4 by line 3.			5		235,744.
6		nt income (1% of Part I, line 27b)		6		9,888.
7				7	— 7	245,632.
				8		261,671.
8	If line 8 is equal to or great VI instructions.	ons from Part XII, line 4 eater than line 7, check the box	n Part VI, line 1b, and complete t		using a 1% tax	

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Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ctions)	
1a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		9,88	<u>B.</u>
	here \blacktriangleright X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of J Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2		9,88	8.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4		NO	_
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		9,88	<u>8.</u>
6	Credits/Payments:			
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 3,564.			
b	Exempt foreign organizations - tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868)6c NONE			
d	Backup withholding erroneously withheld		2 50	
7	Total credits and payments Add lines 6a through 6d		3,56	<u>+ .</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		6,324	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0,32	<u> </u>
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶ 10 Enter the amount of line 10 to be Credited to 2016 estimated tax ▶ NONE Refunded ▶ 11			_
	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes N	0
,,	participate or intervene in any political campaign?	1a		X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			
-	Instructions for the definition)?	16		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.	i l		
С	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.			
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
	foundation managers. ► \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u>X</u>
	If "Yes," attach a detailed description of the activities.	i		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u>X</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		v
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u>X</u>
_	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or Provided the second of			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that applies with the state low remains in the governing instrument?	6	- 1	Х
7	conflict with the state law remain in the governing instrument?	7	X	
7 8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
oa.	WA			
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		İ	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			-
-	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"	i l		
	complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	, 7		
	names and addresses	10		X
		0.0	A.DE (an	

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Par	t VII-A Statements Regarding Activities (continued)			
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		l x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ▶ SEE STATEMENT 7 Telephone no ▶			
	Located at ► ZIP+4 ►			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		>	$\cdot \square$
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	-		
	the foreign country			<u> </u>
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly).			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	_		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?	ŧ		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	, ;		l . I
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	y 4 v4	٠,	,
	the benefit or use of a disqualified person)?	* , */	1	
	(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.)	٠,	ļ '	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			أسحب
	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		1	
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		Li.	
	were not corrected before the first day of the tax year beginning in 2015?	1c	63.	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	e udordi.	M.	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	_		
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and	£ 30	. 1	
	6e, Part XIII) for tax year(s) beginning before 2015?	3	Ĺ	
	If "Yes," list the years ,,,,,,		1	
Ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		*******	ļi
	all years listed, answer "No" and attach statement - see instructions)	2b	810/2000 1	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	ľ	922	۳.
	·		" -	
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	-	regus	
	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	.	Ľ.	
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the	1.50	ľ.	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of	. "."3,3	K., -	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	2.		
	foundation had excess business holdings in 2015)	3b		₩
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		X
	- coamanie normose mai mad noi neen removed nom leonardy before the first hay of the lax year nedimino in 2015/	L	1	1 A

Form 9	990-PF (2015)		91-10	98016		Page
Par	t VII-B Statements Regarding Activities f	or Which Form 4	720 May Be Req	uired (continued)		
5a	During the year did the foundation pay or incur any amo	unt to				
	(1) Carry on propaganda, or otherwise attempt to influe	nce legislation (section	n 4945(e))?	. Yes X No)	
	(2) Influence the outcome of any specific public ele		•		1	
	directly or indirectly, any voter registration drive?					
	(3) Provide a grant to an individual for travel, study, or o				'	1
	(4) Provide a grant to an organization other than a					
	section 4945(d)(4)(A)? (see instructions)				'	1
	(5) Provide for any purpose other than religious, ch					
ь	purposes, or for the prevention of cruelty to children If any answer is "Yes" to 5a(1)-(5), did any of the				1 1	
D	Regulations section 53.4945 or in a current notice regar				I I	1
	Organizations relying on a current notice regarding disas	-			- 	
С	If the answer is "Yes" to question 5a(4), does the				<u> </u>	
·	because it maintained expenditure responsibility for the		•		,	
	If "Yes," attach the statement required by Regulations sec	=				
6a	Did the foundation, during the year, receive any fur		ectly, to pay premiur	ns		
	on a personal benefit contract?	•			,	
b	Did the foundation, during the year, pay premiums, direct				. 6b	X
	If "Yes" to 6b, file Form 8870.				1 1	1
7a	At any time during the tax year, was the foundation a pa				1 [
b	If "Yes," did the foundation receive any proceeds or have					
Par	Information About Officers, Directo	rs. Trustees. Fou	indation Manager	'S. Highly Paid Emi	pioyees,	
	and Contractors		-	-,g,,	· -	
	and Contractors List all officers, directors, trustees, foundation ma	anagers and their o	compensation (see	instructions).		
	and Contractors				(e) Expense other allow	
1	and Contractors List all officers, directors, trustees, foundation ma (a) Name and address	anagers and their of (b) Title, and average hours per week	compensation (see	instructions). (d) Contributions to employee benefit plans		
1	and Contractors List all officers, directors, trustees, foundation ma	anagers and their of (b) Title, and average hours per week	compensation (see	instructions). (d) Contributions to employee benefit plans		
1	and Contractors List all officers, directors, trustees, foundation ma (a) Name and address	anagers and their of (b) Title, and average hours per week	compensation (see (c) Compensation (if not paid, enter -0-)	instructions). (d) Contributions to employee benefit plans		
1	and Contractors List all officers, directors, trustees, foundation ma (a) Name and address	anagers and their of (b) Title, and average hours per week	compensation (see (c) Compensation (if not paid, enter -0-)	instructions). (d) Contributions to employee benefit plans		
1	and Contractors List all officers, directors, trustees, foundation ma (a) Name and address	anagers and their of (b) Title, and average hours per week	compensation (see (c) Compensation (if not paid, enter -0-)	instructions). (d) Contributions to employee benefit plans		
1	and Contractors List all officers, directors, trustees, foundation ma (a) Name and address	anagers and their of (b) Title, and average hours per week	compensation (see (c) Compensation (if not paid, enter -0-)	instructions). (d) Contributions to employee benefit plans		
1	and Contractors List all officers, directors, trustees, foundation ma (a) Name and address	anagers and their of (b) Title, and average hours per week	compensation (see (c) Compensation (if not paid, enter -0-)	instructions). (d) Contributions to employee benefit plans		
SEE	and Contractors List all officers, directors, trustees, foundation makes (a) Name and address STATEMENT 8	anagers and their of (b) Title, and average hours per week devoted to position	(c) Compensation (see (c) Compensation (if not paid, enter -0-)	instructions). (d) Contributions to employee benefit plans and deferred compensation	other allow	vances
SEE	and Contractors List all officers, directors, trustees, foundation ma (a) Name and address	anagers and their of (b) Title, and average hours per week devoted to position	(c) Compensation (see (c) Compensation (if not paid, enter -0-)	instructions). (d) Contributions to employee benefit plans and deferred compensation	other allow	vances
SEE	and Contractors List all officers, directors, trustees, foundation materials (a) Name and address STATEMENT 8 Compensation of five highest-paid employees "NONE."	(b) Title, and average (cother than thos	compensation (see (c) Compensation (lif not paid, enter -0-) 29,178.	instructions). (d) Contributions to employee benefit plans and deferred compensation et al see instruction (d) Contributions to employee benefit	ons). If non	re, ente
SEE	and Contractors List all officers, directors, trustees, foundation makes (a) Name and address STATEMENT 8 Compensation of five highest-paid employees	(other than thos	(c) Compensation (see (c) Compensation (if not paid, enter -0-)	instructions). (d) Contributions to employee benefit plans and deferred compensation e 1 - see instruction (d) Contributions to	other allow	re, ente
SEE	and Contractors List all officers, directors, trustees, foundation materials (a) Name and address STATEMENT 8 Compensation of five highest-paid employees "NONE."	(b) Title, and average devoted to position (other than thos	compensation (see (c) Compensation (lif not paid, enter -0-) 29,178.	instructions). (d) Contributions to employee benefit plans and deferred compensation 1 - see instruction (d) Contributions to employee benefit plans and deferred	ons). If non	re, ente
SEE	and Contractors List all officers, directors, trustees, foundation materials (a) Name and address STATEMENT 8 Compensation of five highest-paid employees "NONE."	(b) Title, and average devoted to position (other than thos	compensation (see (c) Compensation (lif not paid, enter -0-) 29,178.	instructions). (d) Contributions to employee benefit plans and deferred compensation 1 - see instruction (d) Contributions to employee benefit plans and deferred	ons). If non	re, ente
SEE	and Contractors List all officers, directors, trustees, foundation materials (a) Name and address STATEMENT 8 Compensation of five highest-paid employees "NONE."	(b) Title, and average devoted to position (other than thos	(c) Compensation (see (c) Compensation (if not paid, enter-0-) 29,178.	instructions). (d) Contributions to employee benefit plans and deferred compensation and deferred compensation 4 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If non	ee, ente
SEE	and Contractors List all officers, directors, trustees, foundation materials (a) Name and address STATEMENT 8 Compensation of five highest-paid employees "NONE."	(b) Title, and average devoted to position (other than thos	(c) Compensation (see (c) Compensation (if not paid, enter-0-) 29,178.	instructions). (d) Contributions to employee benefit plans and deferred compensation and deferred compensation 4 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If non	ee, ente
SEE	and Contractors List all officers, directors, trustees, foundation materials (a) Name and address STATEMENT 8 Compensation of five highest-paid employees "NONE."	(b) Title, and average devoted to position (other than thos	(c) Compensation (see (c) Compensation (if not paid, enter-0-) 29,178.	instructions). (d) Contributions to employee benefit plans and deferred compensation and deferred compensation 4 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If non	ee, ente
SEE	and Contractors List all officers, directors, trustees, foundation materials (a) Name and address STATEMENT 8 Compensation of five highest-paid employees "NONE."	(b) Title, and average devoted to position (other than thos	(c) Compensation (see (c) Compensation (if not paid, enter-0-) 29,178.	instructions). (d) Contributions to employee benefit plans and deferred compensation and deferred compensation 4 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If non	ee, ente
SEE	and Contractors List all officers, directors, trustees, foundation materials (a) Name and address STATEMENT 8 Compensation of five highest-paid employees "NONE."	(b) Title, and average devoted to position (other than thos	(c) Compensation (see (c) Compensation (if not paid, enter-0-) 29,178.	instructions). (d) Contributions to employee benefit plans and deferred compensation and deferred compensation 4 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If non	ee, ente

NONE Form **990-PF** (2015)

Part VIII Information About Officers, Directors, Trustees, Foundation and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see i	T	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	_	
		NONE
	_ }	
	-	
	_	
Total number of others receiving over \$50,000 for professional services		NONE
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant stations and other beneficiaries served, conferences convened, research papers produced, etc.	stical information such as the number of	Expenses
1N/A		
2		
3		
		
1		
Part IX-B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on line	es 1 and 2	Amount
1 <u>N/A</u>		
		· <u>.</u>
2		
All other program-related investments. See instructions		
3 NONE	· · · ·	
	· · · · · · · · · · · · · · · · · · ·	

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Part	X	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn fou	indations,
1	Fair	market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purp	poses:		
а	Ave	rage monthly fair market value of securities	1a	NONE
b		rage of monthly cash balances	1b	NONE
С		market value of all other assets (see instructions)	1c	5,151,501.
d		al (add lines 1a, b, and c)	1d	5,151,501.
е		uction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2		UISITION INdebtedness applicable to line 1 assets	2	NONE
3	Sub	tract line 2 from line 1d	3	5,151,501.
4	Casl	tract line 2 from line 1d		
•		ructions)	4	77,273.
5		value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,074,228.
6		imum investment return. Enter 5% of line 5	6	253,711.
Part	ΧI	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here ▶ and do not complete this part.)	dations	3
1	Mıni	imum investment return from Part X, line 6	1	253,711.
2a	Tax	on investment income for 2015 from Part VI, line 5		
b	Inco	me tax for 2015. (This does not include the tax from Part VI.) . 2b		
c		lines 2a and 2b	2c	9,888.
3		ributable amount before adjustments. Subtract line 2c from line 1	3	243,823.
4		overies of amounts treated as qualifying distributions	4	NONE
5		lines 3 and 4	5	243,823.
6		uction from distributable amount (see instructions)	6	NONE
7		ributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
		1	7	243,823.
Part		Qualifying Distributions (see instructions)		
1		punts paid (including administrative expenses) to accomplish charitable, etc., purposes:		061 651
a		enses, contributions, gifts, etc total from Part I, column (d), line 26	1a	261,671.
b	Prog	gram-related investments - total from Part IX-B	1b	
2		ounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		27027
_		poses	2	NONE
3		ounts set aside for specific charitable projects that satisfy the:		
a	Suit	ability test (prior IRS approval required)	3a	NONE
b	Casi	h distribution test (attach the required schedule)	3b	NONE
4		lifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	261,671.
5		ndations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	_	
_	Ente	er 1% of Part I, line 27b (see instructions)	5	9,888.
6	Adju	usted qualifying distributions. Subtract line 5 from line 4	6	251,783.
	Note	e. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years.	Iculati	ng whether the foundation

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Distributable amount for 2015 from Part XI, (a) (b) (c) 2014 2015	Pa	t XIII Undistributed Income (see instr	ructions)			
10			(a)	(b)	(c)	(d)
2 Undestructed recovery of any, so of the end of 2015 Enter amount for 2014 only, 5 Total for provees 20 _ 20 _ 20 _ 30 3 Excess distributions curryover, if any, to 2015 From 2010 NONE From 2011 NONE From 2013 NONE From 2013 NONE From 2014 NONE 1 Total of lines 3s through e 1 Outlying distributions for 2015 from Part XII, line 4 ▶ \$ _ 251,671. A popiled to 2014, but not more than line 2a A popiled to 2014, but not more than line 2a A popiled to 2015 distributibles amount 1 Created as distributions of corpus (Election required-see instructions) 2 Remaining amount distributed out of corpus. 5 Excess distributions curryover applied to 2015. (If an amount appears in column (al), the same amount must be shown in column (al). 6 Enter the ent total of each column as indicated below: a Corpus Add Iners 3f, 4c, and 4e Subtract line 5 Driver years' undestributed income. Subtract line 5 Enter the ent total of each column as indicated below: a Corpus Add Iners 3f, 4c, and 4e Subtract line 5 Driver years' undestributed income. Subtract line 5 Enter the amount of prore years' undistributed income for Years' undistributed income for Years' undistributed income for 2014 Subtract line 5 Undistributed or on which the section 943(2) It is the bean enstructions A Corpus Add Iners 3f, 4c, and 4e Subtract line 6 the	1	Distributable amount for 2015 from Part XI,	Corpus	Years prior to 2014	2014	2015
2 Undestructed recovery of any, so of the end of 2015 Enter amount for 2014 only, 5 Total for provees 20 _ 20 _ 20 _ 30 3 Excess distributions curryover, if any, to 2015 From 2010 NONE From 2011 NONE From 2013 NONE From 2013 NONE From 2014 NONE 1 Total of lines 3s through e 1 Outlying distributions for 2015 from Part XII, line 4 ▶ \$ _ 251,671. A popiled to 2014, but not more than line 2a A popiled to 2014, but not more than line 2a A popiled to 2015 distributibles amount 1 Created as distributions of corpus (Election required-see instructions) 2 Remaining amount distributed out of corpus. 5 Excess distributions curryover applied to 2015. (If an amount appears in column (al), the same amount must be shown in column (al). 6 Enter the ent total of each column as indicated below: a Corpus Add Iners 3f, 4c, and 4e Subtract line 5 Driver years' undestributed income. Subtract line 5 Enter the ent total of each column as indicated below: a Corpus Add Iners 3f, 4c, and 4e Subtract line 5 Driver years' undestributed income. Subtract line 5 Enter the amount of prore years' undistributed income for Years' undistributed income for Years' undistributed income for 2014 Subtract line 5 Undistributed or on which the section 943(2) It is the bean enstructions A Corpus Add Iners 3f, 4c, and 4e Subtract line 6 the		line 7				243,823.
a Sexes distributions carryover, if any, to 2015. a From 2010	2	Undistributed income, if any, as of the end of 2015				
### STORM TO 10					237,420.	
a From 2010 . MONE b From 2011 . NONE c From 2012 . MONE d From 2013 . NONE d From 2013 . NONE f From 2014 . NONE f Total of lines 3s through e . NONE 1 Total of lines 3s through e . NONE 1 Total of lines 3s through e . NONE 1 Total of lines 3s through e . NONE 261,671 . Applied to 2015, but not more than line 2e	b	Total for prior years 20,20,20		NONE		
B From 2011	3	Excess distributions carryover, if any, to 2015.				
From 2012 . NONE d From 2013 . NONE f From 2014 . NONE f Total of lines 3a through e	а					
d From 2013	b					
From 2014	С					
Total of lines 3e through e	d					
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ 261, 671. a Applied to 2014, but not more than line 2s b Applied to undistributed income of prior years (Election required -see instructions). b Applied to 2014 but not more than line 2s b Applied to 2015 distributions out of corpus (Election required -see instructions). A Applied to 2015 distributable amount B Remaining amount distributed out of corpus E Excess distributions carryover applied to 2015. E Excess distributions carryover applied to 2015. E Right amount appears in column (a), the same amount must be shave in column (a), the same amount must be shave in column (a), the same amount must be shave in column (a), the same amount must be shave in column (a), the same amount must be shave in column (a), the same amount must be shave in column (a), the same amount must be distributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed 4 Subtract line 6 from line 8 b. Taxable amount • Undistributed income for 2015 Subtract lines 4 and 5 from line 2. Taxable amount • Undistributed income for 2015 Subtract lines 4 and 5 from line 2. Taxable amount • Undistributed income for 2015 Subtract lines 4 and 5 from line 2. Taxable amount • Undistributed income for 2015 Subtract lines 4 and 5 from line 1. This amount must be distributed income for 2015 Subtract lines 4 and 5 from line 7. This amount must be distributed income for 2015 Subtract lines 5 inter 8 (eight income 5 or line 7 (eight income 5 or line 8 eight income 5 or line 7 (eight income 5 or line 7 (eight income 5 or line 7 (eight income 6 eight income 6	е	From 2014 NONE				
In e4 ► \$ 261,671. a Applied to 2014, but not more than line 2a		-	NONR			
a Applied to 2014, but not more than line 2a b Applied to undistributed income of prior years (Election required -see instructions) c Treated as distributions out of corpus (Election required -see instructions) d Applied to 2015 distributable amount e Remaining amount distributed out of corpus 5 Excess distributions caryover applied to 2015. (If an amount appears in column (al), the same amount must be shown in column (al). 6 Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of difficiency has been issued, or on which the section 4942(a) in xin has been previously assessed d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2014 Subtract line 4a from line 2a. Taxable amount. see instructions in line 2a. Taxable amount. see instructions in line 2a. Taxable amount see instructions of the column as the distributed income for 2015 Subtract lines 4d and 5 from line 1. This amount must be distributed income for 2015 Subtract lines 4d and 5 from line 1. This amount must be distributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in line 5 or line 7 (see instructions) 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(bit life) or 4942(gils) (Election may be required -see instructions) NONE 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions) NONE 9 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions) NONE 6 Excess from 2011 NONE 6 Excess from 2014 NONE 6 Excess from 2014 NONE 6 Excess from 2014 NONE	4	· ·				
b Applied to undistributed income of prior years (Election required - see instructions)		- · · · · · · · · · · · · · · · · · · ·			025 400	
(Election required - see instructions)		•			237,420.	
c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2015 distributable amount. e Remaining amount distributed out of corpus. 5 Excess distributions carryover applied to 2015. (If an amount appears in column (al.) is a Corpus and distributed income. Subtract line and 5 from line 2b. b Prior years' undistributed income. Subtract line 4b from line 2b. c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 942(a) tax has been previously assessed. 4 Subtract line 6c from line 6b Taxable amount - see instructions. 4 Undistributed income for 2015 Subtract line 4 a from line 2a. Taxable amount - see instructions. 4 Undistributed income for 2015 Subtract line 4 and 5 from line 1. This amount must be distributed in 2016. 7 Amounts treated as distributions out of corpus to astisty requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). 9 Excess from 2011 NONE 10 Analysis of line 9 a Excess from 2011 NONE b Excess from 2011 NONE c Excess from 2013 NONE c Excess from 2014 NONE c Excess from 2015 NONE	b			NONE		
required -see instructions)				NONE		
d Applied to 2015 distributable amount	C		NONE			
e Remaining amount distributed out of corpus			NONB			24 251
5 Excess distributions carryover applied to 2015. If an amount appears in column (d), the same amount must be shown in column (a). 6 Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b		· · ·	NONE			24,231.
If an amount appears in column (d), the same amount must be shown in column (a),						NONE
6 Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b	,					HONE
indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b	_					
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b	ь					
b Prior years' undistributed income. Subtract line 4b from line 2b	а		NONB			
line 4b from line 2b		· · ·		·		
income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	_	•		NONE		
been issued, or on which the section 4942(a) tax has been previously assessed	C					
tax has been previously assessed						
amount - see instructions				NONE		<u>.</u>
e Undistributed income for 2014 Subtract line 4a from line 2a. Taxable amount - see instructions	d	Subtract line 6c from line 6b Taxable				
4a from line 2a. Taxable amount - see instructions				NONE		
f Undistributed income for 2015 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016	е					
4d and 5 from line 1. This amount must be distributed in 2016						
distributed in 2016	f					
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)						210 572
to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	_					219,572.
170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	7	·				
required - see instructions)						
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)		= '	NONE			
applied on line 5 or line 7 (see instructions)		Ī	110111			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	0	•	NONE			
Subtract lines 7 and 8 from line 6a	q	_ · · ·				
10 Analysis of line 9 a Excess from 2011	•	-	NONE			
a Excess from 2011 NONE b Excess from 2012 NONE c Excess from 2013 NONE d Excess from 2014 NONE e Excess from 2015 NONE	10					
b Excess from 2012 NONE c Excess from 2013 NONE d Excess from 2014 NONE e Excess from 2015 NONE						
d Excess from 2014 NONE e Excess from 2015 NONE	b					
e Excess from 2015 NONE	С	Excess from 2013 NONE				
	d	Excess from 2014 NONE				
	е	Excess from 2015 NONE				

	1990-27 (2015)				090010	rage 10			
				and Part VII-A, question		NOT APPLICABLE			
1 a	a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling								
			^3						
b	Check box to indicate v		is a private operating		section 4942	(j)(3) or 4942(j)(5)			
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total			
	justed net income from Part I or the minimum investment	(a) 2015	(b) 2014	(c) 2013	(d) 2012				
	return from Part X for each								
	year listed			 					
b	85% of line 2a			<u> </u>					
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								
а	alternative test relied upon "Assets" alternative test - enter			İ					
_	(1) Value of all assets								
	(2) Value of assets qualifying								
	under section 4942(j)(3)(B)(i)								
b	"Endowment" alternative test-		·						
	enter 2/3 of minimum invest-								
	ment return shown in Part X,								
c	"Support" alternative test - enter			 	···				
٠	(1) Total support other than								
	gross investment income								
	(interest, dividends, rents, payments on securities								
	loans (section 512(a)(5)),			-					
	or royalties)								
	public and 5 or more								
	exempt organizations as provided in section 4942								
	(j)(3)(B)(m)				 -				
	port from an exempt								
	organization					 			
Dat	(4) Gross investment income . t XV Supplemen	tony Information IC	omplete this part	only if the foundat	ion had \$5,000 (or more in assets at			
	any time du	uring the year - see	instructions.)						
	Information Regarding List any managers of			ro than 20% of the tota	L contributions rece	ived by the foundation			
a	before the close of any	tax year (but only if th	ey have contributed	more than \$5,000). (Se	e section 507(d)(2).)			
_	NONE NONE		4001			W. J			
D	ownership of a partner					lly large portion of the			
		sinp or other entity; or	which the foundatio	il lias a 10/6 of greater	milerest.				
	NONE								
2	Information Regarding	·	•	• • •					
	Check here ► X if the	he foundation only r	nakes contributions	to preselected charit	able organizations	and does not accept			
				ants, etc. (see instructi	ions) to individuals	or organizations under			
	other conditions, comp					···			
а	The name, address, and	d telephone number o	r e-mail address of th	e person to whom appl	ications should be a	ddressed:			
L	The form in which a mi	legations observed by and	mittad and informati	on and materials there	hould include:	 			
D	The form in which appl	ncations should be sub	mmueu and informati	on and materials triey s	ngala melade.				
C	Any submission deadling	nes:							
	American de la compansa de la compan				-1- z1 · · · ·				
đ	Any restrictions or li factors:	mitations on awards,	such as by geogr	apnicai areas, charital	ole fleids, kinds of	institutions, or other			

Form 990-PF (2015)	/			Page 11
Part XV Supplementary Information	continuea)	oved for F	Liture Payment	
Recipient	If recipient is an individual,	Foundation	Daniel Control	-
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor			
a conditioning the year				
SEE STATEMENT 26				250,000.
			ĺ	
		,		
			}	
			1	
			1	
		1		
			1	
Total			▶ 3a	250,000
b Approved for future payment				
N/A				
		-		
		1		
Total			▶ 3b	

JSA 5E1491 1 000

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by	section 512, 513, or 514	(e)	
		(a)	(b)	(c)	(d)	Related or exempt function income	
1	Program service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)	
	a						
	b						
	c					<u> </u>	
	d						
	е						
	f						
	g Fees and contracts from government agencies						
2	Membership dues and assessments			ļ		· · · · · · · · · · · · · · · · · · ·	
3	Interest on savings and temporary cash investments -						
4	Dividends and interest from securities			14	127,855.		
5	Net rental income or (loss) from real estate.		<u> </u>				
	a Debt-financed property			<u> </u>			
	b Not debt-financed property			ļ			
6	Net rental income or (loss) from personal property.	-					
7	Other investment income						
8	Gain or (loss) from sales of assets other than inventory			18	879,716.		
9	Net income or (loss) from special events						
	Gross profit or (loss) from sales of inventory		 .				
11	Other revenue: a		- ··				
	b			14	871.	 	
	c						
	d						
	e						
	Subtotal Add columns (b), (d), and (e) L				1,008,442.		
13	Total. Add line 12, columns (b), (d), and (e)				13	1,008,442.	
	ee worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities		aanonliahusant of Fo	D			
	Explain bolow now cach activity						
	▼ accomplishment of the foundation	n's exemp	purposes (other than i	by providing	tunds for such purposes	s). (See instructions.)	
_					,		
			 				
							
			NOT APPLICABLE	E			
							
							
-							
							
			.		 		
					·· ·		
					 		
							
_							

Form 990	0-PF (20						L-1098016				ge 13
Part >	KVII	Information F Exempt Orga		ansfers To and Tr	ansacti	ons and	Relationships	With None	chari	table	,
in	n secti	on 501(c) of the Co		engage in any of the section 501(c)(3) org						Yes	No
	_	ations? rs from the reportin	a foundation to	a noncharitable exem	nt organi	ization of:					
			_	· · · · · · · · · · · · · · · · · · ·					1a(1)		Х
											X
		ransactions:									
(1	I) Sale	es of assets to a non	icharitable exer	npt organization		• • • • • •		• • • • • •	1b(1)		X
				ole exempt organization assets							X
											X
(5	5) Loa	ns or loan guarante	es						1b(5)		Х
				ip or fundraising solicit							X
				ts, other assets, or paid							X
Vä	alue o	f the goods, other	assets, or serv	es," complete the follo ices given by the repo gement, show in colu	orting for	undation. If	the foundation r	eceived less	than	fair m	narket
(a) Line		(b) Amount involved		noncharitable exempt organiz			ption of transfers, trans	 			
								 			
				•			•				
											
											
					-						
	_										
de	escrib	•	of the Code (o	filiated with, or related ther than section 501(F	Y	es 🔀	 No
	100,	(a) Name of organizatio		(b) Type of orga	nızation		(c) Descri	ption of relations	hip		
									_		
											
Cian				ined this return, including accordance that is because the content of the content							
Sign	1	Vitebeer 1-	Have	05/05/201	6	<u> </u>		May the IRS with the pro	discus parer		return below
Here	Signa	ature of officer or trustee		Date		Title		(see instruction	s)? X	Yes	No
	l,	Print/Type propercy's as	·ma	Preference annual co	$-\mathcal{L}$	>	Date c		TIN		
Paid		Print/Type preparer's na		Pressarer's signature	In	in	05/05/2016 s		11N P002	۲ ۵ 10	Δ
Prepa	rer	GORDON POWER Firm's name ► ER	NST & YOUN	IG U.S. LLP	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		05/05/2016 ° Firm's E		5565		<u>' "</u>
Use O	nly		0 CLARENDO							<u> </u>	
			STON, MA		021	L16	Phone n				
								For	99 1	n-PF	(2015)

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

Schedule of Contributors

Juliois

OMB No 1545-0047

2015

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Name of the organization		Employer identification number
UA JANSING-COOK F	OUNDATION	91-1098016
Organization type (check		71 1090010
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated a	as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a	private foundation
	501(c)(3) taxable private foundation	
	on filing Form 990, 990-EZ, or 990-PF that received, during the very or property) from any one contributor. Complete Parts I and II.	
Special Rules		
regulations unde 13, 16a, or 16b, \$5,000 or (2) 2% For an organizati contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that r sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule and that received from any one contributor, during the year, total of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990 or no described in section 501(c)(7), (8), or (10) filing Form 990 or no the year, total contributions of more than \$1,000 exclusively form	A (Form 990 or 990-EZ), Part II, line all contributions of the greater of (1) 0-EZ, line 1. Complete Parts I and II. 990-EZ that received from any one for religious, charitable, scientific,
For an organizati contributor, during contributions total during the year for General Rule app	cional purposes, or for the prevention of cruelty to children or anion described in section 501(c)(7), (8), or (10) filing Form 990 or ag the year, contributions exclusively for religious, charitable, etc., aled more than \$1,000. If this box is checked, enter here the total or an exclusively religious, charitable, etc., purpose. Do not complete to this organization because it received nonexclusively religion more during the year	990-EZ that received from any one , purposes, but no such al contributions that were received lete any of the parts unless the ous, charitable, etc., contributions
990-EZ, or 990-PF), but it n	nat is not covered by the General Rule and/or the Special Rules d nust answer "No" on Part IV, line 2, of its Form 990; or check the to certify that it does not meet the filing requirements of Schedu	box on line H of its Form 990-EZ or on its

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

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

Ochedale B (1 01111 330, 330-E2, 01 330-1 1 / 120	101	Page 4
Name of organization UA JANSING-COOK FOUNDATI	ON	Employer identification number 91-1098016
Part I Contributors (see instru	uctions). Use duplicate copies of Part I if	additional space is needed.

Part I	Contributors (see instructions). Use auplicate copi	es of Part I if additional space is n	eeaea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ICE SYSTEMS, INC. 100 PATCO COURT, SUITE #9 ISLANDIA, NY 11749	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

INTEREST FROM SECURITIES	
AND	
DIVIDENDS	
' Н	II II
PART	
FORM 990PF,	

NET INVESTMENT INCOME	127,855.
REVENUE AND EXPENSES PER BOOKS	127,855.
	TOTAL
DESCRIPTION	DIVIDENDS AND INTEREST

STATEMENT

FORM 990PF, PART I - OTHER INCOME

REVENUE AND EXPENSES INVIPER BOOKS IN

NET INVESTMENT INCOME

DESCRIPTION

TOTALS

871.

871.

7

STATEMENT

TAXES
ŀ
Н
PART
990PF,
FORM

	NET	INVESTMENT	INCOME	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	. 96		1,665.	374.
REVENUE	AND	EXPENSES	PER BOOKS	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	56.	3,019.	1,665.	374.
			DESCRIPTION		FOREIGN TAXES	FEDERAL ESTIMATES - PRINCIPAL	FOREIGN TAXES ON QUALIFIED FOR	FOREIGN TAXES ON NONQUALIFIED

2,095.

5,114.

TOTALS

m

STATEMENT

UA JANSING-COOK FOUNDATION

FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS

DESCRIPTION

SEE ATTACHED

TOTALS

UA JANSING-COOK FOUNDATION

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION

SEE ATTACHED

TOTALS

UA JANSING-COOK FOUNDATION

FORM 990PF, PART II - CORPORATE BONDS

DESCRIPTION

SEE ATTACHED

TOTALS

FORM 990PF, PART VII-A, LINE 14 - BOOKS ARE IN THE CARE OF

NAME: UA JANSING COOK FOUNDATION

C/O TRUST COMPANY OF

ADDRESS: 800 GREEN VALLEY ROAD

GREENSBORO, NC 27408

TELEPHONE NUMBER: (336)538-1000

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

CHRISTOPHER C. JANSING

ADDRESS:

127 OAK TER

LAKE BLUFF, IL 60044-2717

TITLE:

CO-TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

CAROLINE C. JANSING VOHR

ADDRESS:

71 DELAHOW STREET

DANIEL ISLAND, SC 29492

TITLE:

CO-TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

JOHN COOK JANSING

ADDRESS:

148 WOOLEY ST

SOUTHAMPTON, NY 11968-3437

TITLE:

CO-TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

FLORA BUSH JANSING

ADDRESS:

162 SOUTH BEACH RD

HOBE SOUND, FL 33455

TITLE:

CO-TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

Trust Co. of the South

ADDRESS:

800 green Valley Rd., suite 304

greensboro, NC 27408

TITLE:

CO-TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

TOTAL COMPENSATION:

29,178.

HARBOR SPRINGS AREA HISTORICAL SOCIETY

ADDRESS:

349 E. MAIN STREET, P.O. BOX 812 HARBOR SPRINGS, MI 49740

RELATIONSHIP:

NONE

PURPOSE OF GRANT: GENERAL OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

TAX EXEMPT ORGANIZATIO

AMOUNT OF GRANT PAID 500.

AMOUNT OF GRANT PAID

1,000.

UA JANSING-COOK FOUNDATION 91- FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID	1098016
RECIPIENT NAME:	
ADDRESS: 2001 BEACON ST, SUITE 204 BOSTON, MA 02135	
RELATIONSHIP: NONE	
PURPOSE OF GRANT: GENERAL OPERATIONS	
FOUNDATION STATUS OF RECIPIENT: TAX EXEMPT ORGANIZATIO AMOUNT OF GRANT PAID	1,000.
	·
RECIPIENT NAME: PURNELL SCHOOL	
ADDRESS:	
51 POTTERSVILLE ROAD POTTERSVILLE, NJ 07979	
RELATIONSHIP:	
NONE	
PURPOSE OF GRANT: GENERAL OPERATIONS	
FOUNDATION STATUS OF RECIPIENT:	
TAX EXEMPT ORGANIZATIO	1,000.
AMOUNT OF GRANT PAID	1,000.
RECIPIENT NAME: THE ANDREW K. DWYER FOUNDATION	
ADDRESS:	
756 GUARD HILL RD	
BEDFORD, NY 10506-1042 RELATIONSHIP:	
NONE	
PURPOSE OF GRANT:	
GENERAL OPERATIONS FOUNDATION STATUS OF RECIPIENT:	
TAX EXEMPT ORGANIZATIO	
AMOUNT OF GRANT PAID	500.

UA JANSING-COOK FOUNDATION 91-1098016 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: ASHLEY HALL ATTN: ANN BARNETT ADDRESS: 172 RUTLEDGE AVENUE CHARLESTON, SC 29403 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATIONS FOUNDATION STATUS OF RECIPIENT: TAX EXEMPT ORGANIZATIO RECIPIENT NAME: ST. GEORGE'S ANNUAL FUND ADDRESS: P.O. BOX 1910 NEWPORT, RI 02840-0190 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATIONS FOUNDATION STATUS OF RECIPIENT: TAX EXEMPT ORGANIZATIO AMOUNT OF GRANT PAID 5,000.

AMOUNT OF GRANT PAID

STATEMENT 13

RECIPIENT NAME:

RELATIONSHIP:

PURPOSE OF GRANT:

GENERAL OPERATIONS

ADDRESS:

NONE

FAMILY LITERACY

BARBARA BUSH FOUNDATION FOR

FOUNDATION STATUS OF RECIPIENT: TAX EXEMPT ORGANIZATIO

516 NORTH ADAMS STREET TALLAHASSEE, FL 32301

5,000.

UA JANSING-COOK FOUNDATION 91-1098016 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: HOBE SOUND NATURE CENTER ADDRESS: 13640 SE FEDERAL HIGHWAY HOBE SOUND, FL 33455 PURPOSE OF GRANT: GENERAL OPERATIONS FOUNDATION STATUS OF RECIPIENT: TAX EXEMPT ORGANIZATIO AMOUNT OF GRANT PAID 1,000. RECIPIENT NAME: JUPITER ISLAND CLINIC ADDRESS: 100 ESTRADA SOUARE HOBE SOUND, FL 33455 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATIONS FOUNDATION STATUS OF RECIPIENT: TAX EXEMPT ORGANIZATIO RECIPIENT NAME: JUPITER MEDICAL CENTER FOUNDATION

NONE

ADDRESS:

PURPOSE OF GRANT:

RELATIONSHIP:

GENERAL OPERATIONS

JUPITER, FL 33458

FOUNDATION STATUS OF RECIPIENT:

1210 SOUTH OLD DIXIE HIGHWAY

TAX EXEMPT ORGANIZATIO

GENERAL OPERATIONS

RECIPIENT NAME: MAYO CLINIC

FOUNDATION STATUS OF RECIPIENT: TAX EXEMPT ORGANIZATIO

NONE

ADDRESS:

PURPOSE OF GRANT: GENERAL OPERATIONS FOUNDATION STATUS OF RECIPIENT:

DEPARTMENT OF DEVELOPMENT

TAX EXEMPT ORGANIZATIO AMOUNT OF GRANT PAID 5,000.

RECIPIENT NAME: MICDS ALUMNI

MICDS ALUMNI AND DEVELOPMENT OFFICE

ADDRESS:

101 NORTH WARSON ROAD ST. LOUIS, MO 63124

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

TAX EXEMPT ORGANIZATIO

RECIPIENT NAME:

MCLAREN NORTHERN MICHIGAN FOUNDATION

ADDRESS:

360 CONNABLE AVAENUE

PETOSKEY, MI 49770

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

TAX EXEMPT ORGANIZATIO

AMOUNT OF GRANT PAID 5,000.

RECIPIENT NAME:

LITTLE TRAVERSE BAY HUMANE SOCIETY

ADDRESS:

1300 WEST CONWAY ROAD

HARBOUR SPRINGS, MI 49740

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

TAX EXEMPT ORGANIZATIO

RECIPIENT NAME:

THE GEORGE W . BUSH PRESIDENTIAL CENTER

ADDRESS:

1000 GEORGE W. BUSH DRIVE

COLLEGE STATION, TX 77845

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

TAX EXEMPT ORGANIZATIO

RECIPIENT NAME:

THE MUSEUM AT THE GEORGE BUSH

PRESIDENTIAL LIBRARY

ADDRESS:

1000 GEORGE BUSH DRIVE WEST

COLLEGE STATION, TX 77845

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

TAX EXEMPT ORGANIZATIO

RECIPIENT NAME:

DUKE UNIVERSITY

ALUMNI AND DEVELOPMENT RECORDS

ADDRESS:

BOX 90581

DURHAM, NC 27708-0581

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

TAX EXEMPT ORGANIZATIO

245 NORTH UNDERMOUNTAIN ROAD SHEFFIELD, MA 01257

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

TAX EXEMPT ORGANIZATIO

AMOUNT OF GRANT PAID 5,000.

AMOUNT OF GRANT PAID

5,000.

AMOUNT OF GRANT PAID

AMOUNT OF GRANT PAID

PURPOSE OF GRANT:

RECIPIENT NAME:

1901 23RD ST

PURPOSE OF GRANT:

RELATIONSHIP:

CHARITY

VERO BEACH, FL 32960

ADDRESS:

NONE

GENERAL OPERATIONS

FOUNDATION STATUS OF RECIPIENT: TAX EXEMPY ORGINIZATIO

FOUNDATION STATUS OF RECIPIENT: TAX EXEMPT ORGANIZATIO

THE COMMUNITY CHURCH OF VERO BEACH

500.

250.

RECIPIENT NAME:
BIG SHOULDERS FUND

THOMAS A, REYNOLDS, JR. SCHOLARSHIP FUND

ADDRESS:

212 W. VAN BURREN ST.

CHICAGO, IL 60607

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SCHOLASHIP

FOUNDATION STATUS OF RECIPIENT:

TAX EXEMPT ORGANIZATIO

RECIPIENT NAME:

SLOAN KETTERING CANCER CENTER

ATTN. DR. JEFF WOLCJOK

ADDRESS:

1275 YORK AVE.

NEW YORK, NY 10065

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

CHARITY

FOUNDATION STATUS OF RECIPIENT:

501(C)3

AMOUNT OF GRANT PAID 500.

RECIPIENT NAME:

VILLAGE HEALTH INTERNATIONAL

ADDRESS:

C/O TRUST CO OF THE SOUTH

GREENSBORO, NC 27408

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

501(C)3

AMOUNT OF GRANT PAID

5,000.

RECIPIENT NAME:
HOPE SOUND BIBLE COLLEGE
ADDRESS:
11298 S. E. GOMEZ AVENUE
HOBE SOUND, FL 33455
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL OPERATIONS
FOUNDATION STATUS OF RECIPIENT:
TAX EXEMPT ORGANIZATIO
AMOUNT OF GRANT PAID

RECIPIENT NAME:

MCLEAN HOSPITAL

DEVELOPMENT OFFICE

ADDRESS:

115 MILL STREET

BELMONT, MA 02478

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

RECIPIENT NAME:
DISABLED SPORTS USA
ADDRESS:
451 HUNGERFORD DRIVE
ROCKVILLE, MD 20850
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

THE UNIVERSITY OF TEXAS M.D. ANDERSON CANCER CENTER

ADDRESS:

PO BOX 4486

HOUSTON, TX 77210

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

TAX EXEMPT ORGANIZATIO

AMOUNT OF GRANT PAID 5,000.

RECIPIENT NAME:

PORTLEDGE SCHOOL

ATTN: ADVANCEMENT DEPARTMENT

ADDRESS:

355 DUCK POND ROAD

LOCUST VALLEY, NY 11560-2499

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

TAX EXEMPT ORGANIZATIO

RECIPIENT NAME:

SURFRIDER FOUNDATION

ADDRESS:

PO BOX 6010

SAN CLEMENTE, CA 92674-6010

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL FOUNDATION

FOUNDATION STATUS OF RECIPIENT:

TAX EXEMPT ORGANIZATIO

UA JANSING-COOK FOUNDATION 91-1098016 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: NATIONAL CENTER FOR MISSING & EXPLOITED ATTN: DEV ADDRESS: CHARLES B. WANG INTL CHILDREN'S BLD ALEXANDRIA, VA 22315-3175 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATIONS FOUNDATION STATUS OF RECIPIENT: TAX EXEMPT ORGANIZATIO AMOUNT OF GRANT PAID 1,000. RECIPIENT NAME: THE HOSPICE FOUNDATION OF MARTIN & ST L ATTN: FOUNDATION DEPARTMENT ADDRESS: 1201 SE INDIAN STREET STUART, FL 34997 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATIONS

RECIPIENT NAME:

UPMC

DEVELOPMENT

ADDRESS:

UPMC CANCER PAVILION, SUITE 1B

FOUNDATION STATUS OF RECIPIENT: TAX EXEMPT ORGANIZATIO

PITTSBUGH, PA 15232

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

TAX EXEMPT ORGANIZATIO

AMOUNT OF GRANT PAID 5,000.

AMOUNT OF GRANT PAID

5,000.

UA JANSING-COOK FOUNDATION 91- FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID	-1098016
RECIPIENT NAME: THE GARDEN CLUB OF AMERICA ADDRESS: 14 EAST 60TH STREET NEW YORK, NY 10022 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATIONS FOUNDATION STATUS OF RECIPIENT: TAX EXEMPT ORGANIZATIO AMOUNT OF GRANT PAID	5,000.
RECIPIENT NAME: NORTHWELL HEALTH FOUNDATION FOR GLEN COVE FOUNDATION ADDRESS: 125 COMMUNITY DRIVE GREAT NECK, NY 11021 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATIONS FOUNDATION STATUS OF RECIPIENT: TAX EXEMPT ORGANIZATIO AMOUNT OF GRANT PAID	1,121.
TOTAL GRANTS PAID:	250,000.

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Jansing-Cook Foundation A014576

	Market Value	Cost Basis
1/31/2015	5,105,312 51	4,345,642 98
2/28/2015	5,255,767 83	4,348,817 60
3/31/2015	5,238,584 86	5,192,832 40
4/30/2015	5,307,523 60	5,192,017 20
5/31/2015	5,315,845 71	5,180,073 57
6/30/2015	5,242,892.64	5,200,993 88
7/31/2015	5,243,957.23	5,202,343 42
8/31/2015	5,035,476 46	5,201,808 13
9/30/2015	4,923,901 21	5,214,781 23
10/31/2015	5,145,688 57	5,202,407 25
11/30/2015	5,159,294 48	5,213,008 81
12/31/2015	4,843,761.50	5,071,890 99