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.Form **990-PF**

Return of Private Foundation

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

OMB No. 1545-0052

2015

Department of the Treasury Internal Revenue Service

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▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. For calendar year 2015 or tax year beginning 2015, and ending April 1 March 31 20 Name of foundation A Employer identification number Mary Jane Harlow Charitable Trust 26-6171650 B Telephone number (see instructions) Number and street (or P.O. box number if mail is not delivered to street address) Room/suite 604 3800 Galt Ocean Mile 954-566-1581 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here Fort Lauderdale, FL 33308 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here . Final return Amended return 2. Foreign organizations meeting the 85% test, Address change Name change check here and attach computation E If private foundation status was terminated under H Check type of organization: Section 501(c)(3) exempt private foundation section 507(b)(1)(A), check here ▶ □ Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation J Accounting method: ☑ Cash ☐ Accrual Fair market value of all assets at If the foundation is in a 60-month termination under section 507(b)(1)(B), check here end of year (from Part II, col. (c), Other (specify) line 16) ► \$4,26 8.073 (Part I, column (d) must be on cash basis) Part Analysis of Revenue and Expenses (The total of (d) Disbursements for charitable (a) Revenue and (b) Net investment (c) Adjusted net amounts in columns (b), (c), and (d) may not necessarily equal expenses per purposes (cash basis only) books the amounts in column (a) (see instructions)) 1 Contributions, gifts, grants, etc., received (attach schedule) 2 Check ► ☐ If the foundation is not required to attach Sch. B 3 Interest on savings and temporary cash investments 179.098 4 Dividends and interest from securities 098 5a Gross rents Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 6a Gross sales price for all assets on line 6a b Capital gain net income (from Part IV, line 2) 7 Net short-term capital gain income modifications Gross sales less returns and allowances 10a Less: Cost of goods sold Gross profit or (loss) (attach schedule) 41,248 Other income (attach schedule) . . . K 41.248 11 220,346 -0-12 Total. Add lines 1 through 11 . 24,000 13 Compensation of officers, directors, trustees, etc. 24,000 Expenses 14 Other employee salaries and wages . 15 Pension plans, employee benefits 16a Legal fees (attach schedule) ६.२५० 8,250 Accounting fees (attach schedule) Administrative Other professional fees (aftach schedule) 17 Interest Taxes (attach schedule) (see instruction 18 5,385 5,385 Depreciation (attach schedule)/and deple 19 7.929 20 Occupancy . . . Travel, conferences, and mee 21 22 Printing and publications Other expenses (attach schedule 23 Total operating and administrative 24 45,564 13,314 Add lines 13 through 23. 195,000 25 Contributions, gifts, grants paid . 240,564 Total expenses and disbursements. Add lines 24 and 25 26 Subtract line 26 from line 12: 27 20,218 a Excess of revenue over expenses and disbursements 207.032 **b** Net investment income (if negative, enter -0-) .

For Paperwork Reduction Act Notice, see instructions.

Adjusted net income (if negative, enter -0-)

Cat. No. 11289X

Form 990-PF (2015)



12	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		of year
		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	119,745	121,759	121,759
	2	Savings and temporary cash investments	149,549	549,463	549,463
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►		K., c., '-11', F	
	1	Less: allowance for doubtful accounts ▶			A STATE OF THE PARTY OF THE PAR
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	1	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less: allowance for doubtful accounts ▶			
ιņ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ą	10a	Investments—U.S. and state government obligations (attach schedule)			
•	b	Investments—corporate stock (attach schedule)	694,629	922,841	922.841
	C	Investments—corporate bonds (attach schedule)	1,583,195	1,070,042	1,070,042
	11	Investments—land, buildings, and equipment: basis ▶			
	١.,	Less: accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	2,024,247	1,448,968	1,448,968
	14	Land, buildings, and equipment: basis ► 210,000			
	'-	Less: accumulated depreciation (attach schedule) \(\frac{\gamma}{2}\).000	172,305	166,920	175,000
	15	Other assets (describe ►	112,303	160,100	175,000
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	4,743,670	4,279,993	4,288,073
	17 ·	Accounts payable and accrued expenses	17.13,0.0	1/21/11/3	
	18	Grants payable			
es					
=	19				
Liabilities	20 21	Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule)		·	
ڐ	22		ļi		
	23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)	-0-	-0-	
	23				
S		Foundations that follow SFAS 117, check here Dand complete lines 24 through 26 and lines 30 and 31.			
Balances	0.4	Unrestricted			
ă	24	Temporarily restricted			
Ba	25	Permanently restricted			
<u>ק</u>	26	•			
Net Assets or Fund		Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
ř	0.7	Capital stock, trust principal, or current funds			
S	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
set	28	Retained earnings, accumulated income, endowment, or other funds	4,743,670	4,279,993	
AS.	29	Total net assets or fund balances (see instructions)	4,743,670	4279,993	
¥	30	Total liabilities and net assets/fund balances (see	1,142,010	1,0,7,7,7	
ž	31	instructions)	4,743,670	4,279,993	
	# 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Analysis of Changes in Net Assets or Fund Balances	1,110,070	110111111	
ΕĐ	rt III	net assets or fund balances at beginning of year—Part II, colu	mn (a) line 30 (mus	t agree with	
7	I OI al	of-year figure reported on prior year's return)	inii (a), iiile 30 (iilus	· · · · 1	4,743,670
_		•		2	(20,218)
2		r amount from Part I, line 27a		2	(201618)
3					
4		lines 1, 2, and 3 Loss /N Valueases not included in line 2 (itemize) ► Loss /N Valueases	E NE ACCENT	5 5	443,459
5	Decr	eases not included in line 2 (itemize) LOSS IN VALU net assets or fund balances at end of year (line 4 minus line 5)—	Part II column (b) for	ne 30 6	4,279,993
6	ı otal	net assets or fund balances at end of year (line 4 minus line 5)—	aren, column (D), III		1,01-1,143

Part	V Capital Gains and I	<u>-osses for Tax on Investn</u>	nent Income			
		kind(s) of property sold (e.g., real estate; or common stock, 200 shs. MLC Co.		(b) How acquired P—Purchase D—Donation	(c) Date acqu (mo., day,)	
1a	PUBLICLY TRA	HAED SECURITIES		P	VARIOUS	VARIOUS
b	· · · · · · · · · · · · · · · · · · ·			1		
С	JCH.	EDULE APPACHED				
d						
e						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis	(6	(h) Gain or (loss) e) plus (f) minus (g)
a	2,388,672	-0-	2,421	,320		32,648)
b						·
c						
<u>d</u>						
e			1	10/01/00		
	Complete only for assets show	ng gain in column (h) and owned				ins (Col. (h) gain'minus but not less than -0-) or
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col. (1) . (j), if any		osses (from col (h))
a						
<u>b</u>						
<u>c</u>						
<u>d</u>						
е			dia a antania Da	M I I I T		
2	Capital gain net income or (álso enter in Pa , enter -0- ın Par		2	32,648) 32,648)
3		or (loss) as defined in sections				
	-	line 8, column (c) (see instruc		, enter -0- in }	/	
		<u> </u>			3 (52,648)
Part		Section 4940(e) for Redu				
(For o	ptional use by domestic priva	te foundations subject to the	section 4940(a)	tax on net invest	ment income	∍.)
If sect	tion 4940(d)(2) applies, leave t	his part blank.				
Was t	he foundation liable for the se	ection 4942 tax on the distribu ualify under section 4940(e). D	table amount of	any year in the t	base period?	🗌 Yes 💆 No
1		nt in each column for each yea			aking any en	trioc
	(a)		ar, see the mane		aking any cm	(d)
Cala	Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value of	(c) f noncharitable-use as	ssets (c	Distribution ratio col. (b) divided by col. (c))
Care	2014	263,282	4.7	46,365	 	, 055
	2013	280,073		11,648		,058
	2013	215,765		59.873		.044
	2012	341,248		20,313		,071
	2010	209,637		98,920		,043
	20.0					
2	Total of line 1, column (d)				. 2	.271
3	Average distribution ratio for	the 5-year base period—divi		ne 2 by 5, or by	the	
	number of years the foundat	ion has been in existence if le	ss than 5 years		. 3	,054
4	Enter the net value of nonch	aritable-use assets for 2015 fr	om Part X, line	5	. 4	4,153,960
						224,314
5	Multiply line 4 by line 3 .				. 5	221,314
6	Enter 1% of net investment	ncome (1% of Part I, line 27b)			. 6	2,070
7	Add lines 5 and 6				. 7	226,384
8	Enter qualifying distributions	from Part XII, line 4			. 8	235,179
-	If line 8 is equal to or greate	r than line 7, check the box in	Part VI, line 1b	, and complete t		
	Part VI instructions.					
						Form 990-PF (2015)

Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	3-s	ee instr	uctio	ns)
1a	paris,				
	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	1	2,0	770	1
	here ► 🔀 and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of				
•	Part I, line 12, col. (b).			_	
2		2		<u> </u>	
3	└ ─-	3 4		70	 -
4 5		5			
6	Credits/Payments:			70	1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 2,500				
b	Exempt foreign organizations—tax withheld at source 6b				
c	Tax paid with application for extension of time to file (Form 8868) . 6c				
d	Backup withholding erroneously withheld 6d				
7		7	2,5	00	- Name
8	Enter any penalty for underpayment of estimated tax. Check here [] if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9			
10		0	Ų	130	
11		1			
Part	VII-A Statements Regarding Activities		V KONTONIONI I		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or	r did	<u></u>	Yes	No
	participate or intervene in any political campaign?	• ,•	1a	ļ	
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes	s (se	ł		\ <u>\</u>
	Instructions for the definition)?	 .+aria	1b		
	published or distributed by the foundation in connection with the activities.	iteria			
_			1c		V
d	Did the foundation file Form 1120-POL for this year?				
u	(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 important	osed			
	on foundation managers. > \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles				
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	• •	4a		X_{-}
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4b	N/	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	• •	5		
^	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
6	By language in the governing instrument, or				
	 By state legislation that effectively amends the governing instrument so that no mandatory direction 	is th	at L		
	conflict with the state law remain in the governing instrument?		6	X	CHERCHERCHE
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Peterson 1.	art X	V 7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶				
	FLORIDA				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney G	ener	al 📗		
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X	
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	, ,		1/
	complete Part XIV		9		1
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing	g the			4
	names and addresses		10	O DE	

Par	VII-A	Statements Regarding Activities (continued)			
				Yes	No
11		time during the year, did the foundation, directly or indirectly, own a controlled entity within t g of section 512(b)(13)? If "Yes," attach schedule (see instructions)			×
12		foundation make a distribution to a donor advised fund over which the foundation or a disqualifi had advisory privileges? If "Yes," attach statement (see instructions)	ed 12		X
13	Mehsite	ioundation comply with the public inspection requirements for its annual returns and exemption application address • \(\nabla \sumset \kightarrow \kig			
14	The book	oks are in care of ► MARY SHORT Telephone no. ► 95Y	-566-	1581	
15	Located Section	oks are in care of ► MARY SHORT Telephone no. ► 954 I at ► 3800 GALT OLEAN MILE II BOY FT LAUD, FL ZIP+4 ► 33 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here	30F		▶ [
16		er the amount of tax-exempt interest received or accrued during the year	ority	Yes	No
		ank, securities, or other financial account in a foreign country?		-{	X
		instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name	of		
		ign country ▶			
Pari	VII-B			3 7	1
10		m 4720 if any item is checked in the "Yes" column, unless an exception applies. he year did the foundation (either directly or indirectly):		Yes	No
1a	_	age in the sale or exchange, or leasing of property with a disqualified person?	ا م		
		ow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqu	ualified person?	40		
		ish goods, services, or facilities to (or accept them from) a disqualified person? 🔲 Yes 🛛 🛚	22-20-51-51		
		compensation to, or pay or reimburse the expenses of, a disqualified person? Yes Yes	ło 💮		
		sfer any income or assets to a disqualified person (or make any of either available for benefit or use of a disqualified person)?	J O		
		the to pay money or property to a government official? (Exception. Check "No" if the			
	 found 	dation agreed to make a grant to or to employ the official for a period after ination of government service, if terminating within 90 days.)	40		
b		swer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulation 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?			X
		ations relying on a current notice regarding disaster assistance check here $\;$			
С	were not	foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, the torrected before the first day of the tax year beginning in 2015?	1c		X
2	operating	n failure to distribute income (section 4942) (does not apply for years the foundation was a priva g foundation defined in section 4942(j)(3) or 4942(j)(5)):	te		
а		nd of tax year 2015, did the foundation have any undistributed income (lines 6d and			
		XIII) for tax year(s) beginning before 2015?	10		
h		list the years ► 20 , 20 , 20 , 20 , 20 e 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		
	-	listed, answer "No" and attach statement—see instructions.)	2b		X
C		ovisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
20	Did the f	, 20 , 20 , 20 foundation hold more than a 2% direct or indirect interest in any business enterprise			
3a		me during the year?	lo 🔛		
b	•	did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation			
J	disqualifi	ied persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by th	ne 🚛		
	Commiss	sioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse	of I		
		15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the phase systems holdings in 2015.)			
4-		on had excess business holdings in 2015.)	3b 7 4a		\$
4a b	Did the fo	foundation invest during the year any amount in a matrier that would jeopardize its charitable purposes foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize i	ts ts		
_	charitable	e purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015	5? 4b	CABIN WILLIAM	X

Par	Statements Regarding Activities	s tor v	vnich Form	4/20	may Be F	tequir	e a (contir	nuea)		
5a	During the year did the foundation pay or incur									
	(1) Carry on propaganda, or otherwise attempt							X No	,	
	(2) Influence the outcome of any specific public		•			arry on		-44		
	directly or indirectly, any voter registration di						Yes	No		
	(3) Provide a grant to an individual for travel, st.(4) Provide a grant to an organization other than						☐Yes	⊠ No		
	section 4945(d)(4)(A)? (see instructions)						Yes	Ω No		
	(5) Provide for any purpose other than religious							(S) (NC		
	purposes, or for the prevention of cruelty to							No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the								CANADA STATE	
	Regulations section 53.4945 or in a current notice								5b	NA
	Organizations relying on a current notice regards	ng disa	aster assistan	ice che	ck here			▶ [
С	If the answer is "Yes" to question 5a(4), does to									
	because it maintained expenditure responsibility		-				☐ Yes	Ø No		
	If "Yes," attach the statement required by Regula					_				
6a	Did the foundation, during the year, receive any		-	-		emiums				
L	•					 	Yes	_ ∭ No	SCHOOL STREET	
a	Did the foundation, during the year, pay premiur If "Yes" to 6b, file Form 8870.	ns, aire	city or indire	uy, on	a persona	i peneti	contract:		6b	
7a	At any time during the tax year, was the foundation	a nartv	to a prohibited	d tax sh	elter transa	ction?	Yes	(X)No		
	If "Yes," did the foundation receive any proceed							_	7b	NA
	VIII Information About Officers, Direct								mploy	ees,
	and Contractors									
1	List all officers, directors, trustees, foundation	n mana	agers and th	eir cor	npensatio	ı (see i	nstruction	າຮ).		
	(a) Name and address	(b) Title hou	e, and average rs per week	l (If t	mpensation not paid,		Contributions byee benefit p			ense account, allowances
	A. A.P.H. A. Ha. O.A.		ed to position	er	iter -0-)	and def	erred comper	nsation		
	FT. LAVDERDALE, FL	11/2	STEE	74	1000		0-	1		0_
	FI. CHUMHOUNE / FC		<u> </u>		1-4-	 	<u> </u>		<u> </u>	
										
						<u> </u>				
2	Compensation of five highest-paid employee "NONE."	es (oth	er than thos	se incl	uded on li	ne 1—:	see instru	ction	s). If no	one, enter
			(b) Title, and a	verage	}		(d) Contribut			
(a) Name and address of each employee paid more than \$50,00	0	hours per v	veek	(c) Comper	nsation	employee to plans and d	eferred		nse account, allowances
			devoted to p		ļ		compens	ation		
					}		•			
	NONE									
					 					
					}					
					 					
					Ì					
Total	number of other employees paid over \$50,000 .				<u> </u>	•	· · · ·	. ▶		
	·	-						f	-om 99 (0-PF (2015)

Part VIII Information About Officers, Directors, Trustees, Foundation Managers and Contractors (continued)	, Highly Paid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If	none, enter "NONE."
	e of service (c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	•
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information si organizations and other beneficiaries served, conferences convened, research papers produced, etc.	uch as the number of Expenses
1	
2	
NONE	
3	
•	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
NONE	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3	
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Part		ign fo	undations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	3,571,961
b	Average of monthly cash balances	1b	470,257
C	Fair market value of all other assets (see instructions)	1c	175,000
d	Total (add lines 1a, b, and c)	1d	4,217,218
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	4,217,218
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	63,258
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,153,960
6	Minimum investment return. Enter 5% of line 5	6	207,698
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations check here ► ☐ and do not complete this part.)	ounda	itions
1	Minimum investment return from Part X, line 6	1	222,473
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.) 2b -2-		
С	Add lines 2a and 2b	2c	2,070
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	220,403
4	Recoveries of amounts treated as qualifying distributions '	4	-0-
5	Add lines 3 and 4	5	220,403
6	Deduction from distributable amount (see instructions)	6	-0-
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	Ine 1	7	220,403
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	235,179
b	Program-related investments—total from Part IX-B	1b	-0-
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1	
	purposes	2	-0-
3	Amounts 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	235,179
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		<u> </u>
	Enter 1% of Part I, line 27b (see instructions)	5	2,070
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	233,109
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whet	her the foundation
	qualities for the section 4540(6) reduction of tax in those years.		Form 990-PF (2015)

Part	XIII Undistributed Income (see instructi	ons)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2015 from Part XI,	Corpus	Years prior to 2014	. 2014	2015
	line 7				220,403
2	Undistributed income, if any, as of the end of 2015.				
a	Enter amount for 2014 only			_0_	
р	Total for prior years: 20,20,20				
3	Excess distributions carryover, if any, to 2015:				
a b	From 2010				
C	From 2012			i kasa ji sa ji ka ji sa	
ď	From 2013				
e	From 2014				
f	Total of lines 3a through e	-0-			
4	Qualifying distributions for 2015 from Part XII,				
	line 4: ▶ \$ 235,179				
а	Applied to 2014, but not more than line 2a .			-0-	
b	Applied to undistributed income of prior years		۰ -		
	(Election required—see instructions)				
C	Treated as distributions out of corpus (Election				
	required—see instructions)	-0-			
ď	Applied to 2015 distributable amount				235,179
e	Remaining amount distributed out of corpus	-0-			
5	Excess distributions carryover applied to 2015	~0~			
	(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:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	-0-			
b	Prior years' undistributed income. Subtract		tinisti tastini tastini markini markini markini		
	line 4b from line 2b		-0-		
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)		-0-		
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable amount—see instructions		7		
е	Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount—see				
	Instructions			-0-	
f	Undistributed income for 2015. Subtract lines				
'	4d and 5 from line 1. This amount must be				
	distributed in 2016				-0-
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be	-0-			
	required—see instructions)				
8	Excess distributions carryover from 2010 not				
	applied on line 5 or line 7 (see instructions).	200			
9	Excess distributions carryover to 2016.	-0-			
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:				
a	Excess from 2011				
b	Excess from 2012				
C	Excess from 2013				
a	Excess from 2014 Excess from 2015				
е	EVOCO3 O 5010			THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. IN	MULTURE PROPERTY AND THE PROPERTY OF THE PROPE

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Page	7	ı

Part					9)	
1a	If the foundation has received a ruling					
	foundation, and the ruling is effective fo					
b	Check box to indicate whether the four		e operating founda		ection 🗌 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	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
	each year listed		<u> </u>	 	ļ	·
	85% of line 2a		ļ	 	 	
С	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					-
ė	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c			NA		
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter: (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 investment return shown in Part X, line 6 for each year listed					
C	"Support" alternative test-enter:		<i>'</i>			
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income		<u>L</u>	<u> </u>	li	
Part		•	• •	he foundation h	ad \$5,000 or mo	ore in assets at
	any time during the year-		1S.)			
1	Information Regarding Foundation					
а	List any managers of the foundation velocities before the close of any tax year (but o					by the foundation
	before the close of any tax year (but o		NNE .	ian 40,000). (See S	ection 507 (u)(z).)	
	List any managers of the foundation			ck of a corporation	o for an equally lar	ge portion of the
	ownership of a partnership or other er					go portion or the
			DNE	-		
2	Information Regarding Contribution			tc., Programs:		
	Check here ▶ ☐ if the foundation unsolicited requests for funds. If the foother conditions, complete items 2a, the foother conditions is a supplemental to the foother conditions in the foother conditions is a supplemental to the foother conditions in	only makes controundation makes o, c, and d.	ributions to prese gifts, grants, etc.	lected charitable (see instructions) t	o individuals or org	ganizations under
а	The name, address, and telephone nu	mber or e-mail ac	dress of the perso	on to whom applic	ations should be a	ddressed:
			N/A			
b	The form in which applications should			materials they sho	uld include:	
	A		N/A N/A			
	Any submission deadlines:					
	Any restrictions or limitations on aw factors:		y geographical ar N/A	eas, charitable fie	elds, kinds of inst	itutions, or other

Part XV

Supplementary Information (continued)

Form 990-PF (2015)

Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or status of Amount any foundation manager or substantial contributor contribution Name and address (home or business) recipient a Paid during the year Broward Perf. Arts Charitable \$ 50,000 Res. Catholic School 25,000 11 Cystic Fibrosis 10,000 Dames/Cancer Research - 10,000 Broward Homeless Ħ 60,000 Camden School 10,000 USO 1,000 Paralyzed Vets 2,000 Montgomery College 5,000 Wounded Warriors 2,000 Equine Therapies 5,000 Cardinal Gibbons 15,000 3a \$ 195,000 **b** Approved for future payment

er gross amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by sect	ion 512, 513, or 514	(0)
Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exemp function income (See instructions.)
a					
b	_				
d	-		ļ	<u> </u>	
e					
<u> </u>	-				
g Fees and contracts from government agencies	s				
Membership dues and assessments					
Interest on savings and temporary cash investments	:				
Dividends and interest from securities			14	179,098	
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property	ļ				
Net rental income or (loss) from personal property Other investment income					
Gain or (loss) from sales of assets other than inventory					
Net income or (loss) from special events				_ _	
Gross profit or (loss) from sales of inventory			-		
Other revenue: a K-113			14	41,248	
b					
с	-				
d					
d			min-philotomic distance distance		
e · Subtotal. Add columns (b), (d), and (e)				220,346	
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)			THE COLUMN		20,346
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations					20,346
e · Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to the substitutions.	ons.)	ent of Exempt	· · · · · · · · · · · · · · · · · · ·	13 2	
e · Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation to the explain below how each activity for which	ons.)	ent of Exempt	· · · · · · · · · · · · · · · · · · ·	13 2	
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the	ons.)	ent of Exempt	· · · · · · · · · · · · · · · · · · ·	13 2	
e · Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to the substitutions.	ons.)	ent of Exempt	· · · · · · · · · · · · · · · · · · ·	13 2	
e · Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to the Relationship of Activities to the	ons.)	ent of Exempt	· · · · · · · · · · · · · · · · · · ·	13 2	
e · Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to the Relationship of Activities to the	ons.)	ent of Exempt	· · · · · · · · · · · · · · · · · · ·	13 2	
d e · Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to the Relationship of Activities to the	ons.)	ent of Exempt	· · · · · · · · · · · · · · · · · · ·	13 2	
e · Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to the Relationship of Activities to the	ons.) Accomplishm h income is repourposes (other than	ent of Exempt	· · · · · · · · · · · · · · · · · · ·	13 2	
d e · Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. XVI-B Relationship of Activities to the	ons.) Accomplishm h income is repourposes (other than	ent of Exempt	· · · · · · · · · · · · · · · · · · ·	13 2	
d e · Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. XVI-B Relationship of Activities to the	ons.) Accomplishm h income is repourposes (other than	ent of Exempt	· · · · · · · · · · · · · · · · · · ·	13 2	
d e · Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to the Relationship of Activities to the	ons.) Accomplishm h income is repourposes (other than	ent of Exempt	· · · · · · · · · · · · · · · · · · ·	13 2	
d e · Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. XVI-B Relationship of Activities to the	ons.) Accomplishm h income is repourposes (other than	ent of Exempt	· · · · · · · · · · · · · · · · · · ·	13 2	
d e · Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculations. XVI-B Relationship of Activities to the	ons.) Accomplishm h income is repourposes (other than	ent of Exempt	· · · · · · · · · · · · · · · · · · ·	13 2	
d e · Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. XVI-B Relationship of Activities to the	ons.) Accomplishm h income is repourposes (other than	ent of Exempt	· · · · · · · · · · · · · · · · · · ·	13 2	
e · Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to the Relationship of Activities to the	ons.) Accomplishm h income is repourposes (other than	ent of Exempt	· · · · · · · · · · · · · · · · · · ·	13 2	
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the	ons.) Accomplishm h income is repourposes (other than	ent of Exempt	t	13 2	
e · Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to the substitutions.	ons.) Accomplishm h income is repourposes (other than	ent of Exempt	t	13 2	
d e · Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation to the Relationship of Activities to the	ons.) Accomplishm h income is repourposes (other than	ent of Exempt	t	13 2	
d e · Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to the Relationship of Activities to the	ons.) Accomplishm h income is repourposes (other than	ent of Exempt	t	13 2	
d e · Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to the Relationship of Activities to the	ons.) Accomplishm h income is repourposes (other than	ent of Exempt	t	13 2	
e · Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to the substitutions.	ons.) Accomplishm h income is repourposes (other than	ent of Exempt	t	13 2	
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to the Relationship of Activities to the	ons.) Accomplishm h income is repourposes (other than	ent of Exempt	t	13 2	
e · Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations to the Relationship of Activities to the	ons.) Accomplishm h income is repourposes (other than	ent of Exempt	t	13 2	

Part	VAII		n Regarding 11 rganizations	ransters	io and ir	ansactic	ns and	Relations	hips Wit	h Nonch	aritab	le
1	Did th		directly or indirect	tly engage	in any of th	e followin	g with ar	ny other orga	anization	described		Yes No
	in sec	tion 501(c) of th	ne Code (other tha									
	-	izations?										
а			porting foundation			_						
											1a(1)	
_	• •	ther assets .									1a(2)	
b		transactions:										A CHARLES HOUSE LOST STATE OF THE
			a noncharitable								1b(1)	
			ets from a noncha								1b(2)	
			, equipment, or of								1b(3)	
			rrangements								1b(4) 1b(5)	
			ervices or membe								1b(6)	
С			quipment, mailing		_						10(0)	1
_			of the above is "									fair marke
_			ther assets, or se									
			on or sharing arra									
(a) Line	e no. (k) Amount involved	(c) Name of no	oncharitable e	exempt organiza	ation	(d) Desc	ription of trans	fers, transac	tions, and st	haring arra	angements
										,		
					,							
			<u> </u>									
			 	141	Υ							
			 									
												
			, 									
												
	$-\!\!\!\!+$											
												
												
2a	le the	foundation dire	ectly or indirectly	affiliated	with or rela	ted to o	ne or mo	re tax-exen	nt organ	uzations		
20			501(c) of the Code								□ Yes	□ No
b			following schedu			V-IV-II				Į.		
		(a) Name of organ		<u> </u>	(b) Type of o	rganization			(c) Descrip	otion of relati	onship	
		_` <u>`</u>									<u>-</u>	
				1								
												
												
		penalties of perjury, I	declare that I have exam	nined this retu	m, including acc	ompanying s	chedules an	d statements, an	d to the best	of my knowle	edge and b	elief, it is true
Sign	correc	t, and complete. Decia	aration of preparer (other	r than taxpaye	r) is based on all	intormation o	which prep	parer has any kno	owieage.			ss this return
Here	YX	Mary	MSho	te	6-27-	167	17	عملم				shown below ∑Yes ☐ No
		ture of officer or tras	itee		Date	Title						6.25.01.00
Paid		Print/Type preparer		Prepar	ers signature	D) -1-	Date	Ch	leck 🚺 if lf-employed	PTIN	> 053 0
Prepa	arer	RICHARD 1		$\perp \mathcal{K}$	uhre	Ful	~CM	6/22/1				
Use (Firm's name		BEN C	PA				Firm's EIN	1 - 65-0		
		Firm's address 🕨	House	DIL	3302	Ձ			Phone no			
				•						F	Form 99 0	0-PF (2015)

'SCHEDULE D-1 (Form (2')

Continuation Sheet for Schedule D (Form 4%)

► Attach to Schedule D to list additional transactions for lines 1a and 6a.

► Information about Schedule D (Form 1041) and its separate instructions is at www.irs.gov/form1041.

OMB No. 1545-0092

2015

Department of the Treasury Internal Revenue Service

MARY JANE HARLOW CHARLE TRUST

Employer identification number 26-6171650

ATT Short-Term Capital Ga					71650	
(a) Description of property (Example	(b) Date	(c) Date sold	1	(e) Cost or other basis	(f) Gain or (loss)	
100 sh. 7% preferred of "Z" Co)	acquired (mo., day, yr.)	(mo., day, yr)	(d) Sales price	(see instructions)	Subtract (e) from (d)	
1ª APRIL 2015	VARIOUS	4/30/15	78,099	78,123	(24)	
APRIL 2015	1/23/15	4/29/15	100,000	100,000	-0-	
MAY ZOIS	8/13/14	5/14/15	60,776	62,014	(1,238)	
MAY 2015	1/12/15	5/25/15	18,108	17,881	227	
JUME ZUK	12/19/14	6/24/14	104,500	100,000	4,500	
JUNE 2015	11/12/14	6/5/15	21,510	21,847	(337)	
JULY 2015	12/25/14	7/25/15	51	51	-0-	
JULY 2015	9/25/14	7/25/15	1,935	1,852	83	
AUGUST 2015	12/25/14	8/5/15	583	581	2	
AUGUST 2015	4/27/15	8/21/15	77,470	75,093	2,377	
SEPTEMBER 2015	3/6/15	9/10/15	57,827	59,818	(1,991)	
OCTUBER 2015	4/30/15	10/12/15	35,732	36,521	(789)	
OCTOBER ZOK	9/30/15	10/1/15	16	-0-	16	
MOVEMBER 2015	5/1/15	11/5/15	52,781	52,783	(2)	
NOVEMBER ZOK	8/20/15	11/11/15	32,532	34,236	(1,704)	
RECEMBER 2015	1/25/15	12/9/15	580	594	(14)	
DECEMBER 2015	10/29/15	12/14/15	98	103	(5)	
JANUARY 2016	1/21/16	1/25/16	700	244	456	
FEBRUARY 2016	12/3/15	2/4/16	456	395	61	
JAMMEY 2016	5/25/15	1/13/16	435	505	(70)	
FEBRUARY 2016	4/25/15	2/12/16	9,155	9,803	(648)	
MARCH 2016	12/3/15	3/20/16	1,230	-0-	1,230	
MARCH 2016	6/2/15	3/11/16	7,108	8,948	(1,840)	
			661,682			
b Total. Combine the amounts in			·		290	

MARCH

2016

Name of estate or trust as shown on Form 1041. Do not enter name and employer Identification number if shown on the other side.

Employer identification number,

SANE HAPLOW CHARTABLE 26-6171650 Long-Term Capital Gains and Losses - Assets Held More Than One Year Part II (b) Date (a) Description of property (Example 100 sh. 7% preferred of "Z" Co) (c) Date sold (e) Cost or other basis (see instructions) (f) Gain or (loss) acquired (mo., day, yr.) (d) Sales price (mo., day, yr.) Subtract (e) from (d) 6a APRIL 2015 VARIOUS 71,860 75,321 3,461 4/10/14 APRIL 2015 55,073 60,281 2.0f 6/10/11 MRY 42,285 40,733 2015 1,552 TUNE 9/3/10 23,729 .2015 17,610 6,119 JUNE 12/6/11 109.574 112,671 197 2015 6/2 JULY 6/24/11 121,828 114,129 2015 7,699 JULY 12/6/11 2015 34,170 9.196 24,974 8/5/15 6/20/14 AVGUST 2015 104,904 105,190 2 F6 8/7/15 163,890 10/30/13 177,668 13,778 AUGUST 2015 383 8/5/15 SEPTEMBER 2015 10/26/11 21,729 23,112 8/22/14 9/30/15 1,0 F5 11,114 OCTOBER 2015 10,029 OCTOBER 2015 10/21/14 121,751 138,901 17.150 NOVEMBER 11/24/15 161,233 6/27/11 159,535 1,69B 2015 792 NOVEMBER 2015 9/25/14 115 180 1,972 12/29/15 DECEMBER 5,606 2015 3/3/11 35,505 41,110 6,551 147,305 140,754 DECEMBER 12/14/15 2015 8,140 1/19/16 116,809 JANUARY 1/16/15 108,669 2016 2/29/16 207,099 186,433 FEBRUARY 2016 26/1K 20,666 JANUARY 2016 1/28/16 64,731 75,357 12/15 10,626 FEBRUARY 2/12/16 25,423 32,374 2016 3/15/13 3/21/16 75,000 2016 0-MARCH 75,000

6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b

2/24/15

3/7/16

23,255

1,726,990

Schedule D-1 (Form 1041) 2012

992

28,247