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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. formation about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

Depar Interna	tment al Rev	of the Treasury	ı		tion about For								f.	Open to	ublic Inst	ection
		dar year 2015	or tax year	r beginning	MAY	1,	2015		, and e	nding	APR	30,	2016			
Nan	ne of	foundation		<u> </u>							A Empl	oyer ide	ntification	number		
$\mathbf{T}^{2}$	ΗE	GOODE	FAMII	TY CH	ARITABL	E FC	UNDAT	ION			,					
_ <u>C</u>	/0	WILLIA	M C.	GOODI	I, III						46	-28	<u>47551</u>			
Num	ber a	nd street (or PO 1	oox number i	ıf maıl ıs not o	delivered to street	address)				Room/suite		hone nu				
_3	00	FIFTH	AVEN	JE, 2'	7TH FLO	OR					41	2-7	<u>62-95</u>	40		
-		own, state or þr	-			ostal cod	ie				C If exer	nption app	olication is p	ending, check	here	<b>-</b>
_P	IT'	<u> ISBURGH</u>	, PA	152	22											
G C	heck	all that apply:		Initial retu					rmer public o	harity	<b>D</b> 1. Fo	reign or	ganizations	, check her	e 🕨	<b>-</b>
				Final retur		닐	Amended r				2. Fo	reian oraa	nizations me	eting the 85% mputation	test.	
				Address o		<u></u>	Name chan				1					<b>-</b>
H C	_	type of organiz			on 501(c)(3) ex									tus was teri		
<u> </u>		ction 4947(a)(1 irket value of all					xable private		Accr		ł			(A), check		<b>-</b>
		Part II, col. (c),		enu oi yeai		ther (spe		Gasii	ACCI	uai				60-month to		on
( <i>II</i>		-art II, COI. (C),		8 609	(Part I, colu			cash b	asis )		unue	1 5601101	1 307 (0)( 1)	(B), check	ieie 🕨	
		Analysis of R	evenue ar	nd Expense	s		Revenue an			vestment	(c)	Adjuste	d net	(d) Di	sbursemer	nts
<u></u>		(The total of am- necessarily equ	ounts in colu al the amour	ımns (b), (c), a nts ın column	and (d) may not (a))		enses per bo		inco		(0,	incom		for char	able purp	oses
	1	Contributions,										N/A		,		···
	2	Check ► X														
	3	Interest on savin	gs and temp s	orary												
	4	Dividends and	interest fro	om securiti	es		30,5	79.	3	0,579.				STATE	MENT	1
	5a	Gross rents														
	b	Net rental income	or (loss)													
<u>o</u>	6a	Net gain or (loss)	from sale of				<u>62,8</u>	92.								
enn	b	Gross sales price assets on line 6a	e for all	22	<u>3,322.</u>							414				
16 Revenue	7	Capital gain net i		•	2)			<u> </u>	6	<u>2,892.</u>	<del>                                     </del>			-		
2016 Rev	8	Net short-term		ıın							1		EP 1 5	0040		
·-	9	Income modifi Gross sales less		i				!			-	<del>-</del>	LP 1 5	2018	<u> </u>	
es.	١	and allowances		-							1 !		٠			
<b>J</b> .	l	Gross profit of		L		-			1		h		<del> </del>	,	-	
Ω;:	ı	Other income	(1055)											<del>-</del>	· =====	
Ç	12	Total. Add line	es 1 throug	nh 11			93,4	71.	9	3,471.		•		<u> </u>		
جر جر سر	13	Compensation o			es. etc			0.		0.						0.
2	14	Other employe			,					-						
;ī	15	Pension plans														
₹ ses	16a	Legal fees														
Jen J	b	Accounting fe	es	S	TMT 2			00.		0.						000.
Š	C	Other professi	onal fees	S	<b>TMT</b> 3		30,6	90.	1	5,690.					<u>15,(</u>	000.
and Administrative Expenses	17	Interest								<del></del>						
trat	18	Taxes														
inis	19	Depreciation a	ınd depleti	on												
Ē	20	Occupancy												<del> </del>		
ΔĀ	21	Travel, confer				-					<u> </u>			<del> </del>		<del></del>
an	22	Printing and p		S												
ţi	23	Other expense Total operation		minietrative	•						<del> </del>					
Operating	24	expenses. Ad	_				33,6	590 -	1	5,690.					18 (	000.
Ö	25	Contributions		-		<u> </u>	86,0			.5/0500				<u> </u>	86.0	000.
	1	Total expense	-		<b>S</b> .											
		Add lines 24 a					119,6	90.	1	5,690.				<u>                                     </u>	.04,0	000.
	27	Subtract line 2		e 12:												
	a	Excess of reveni	ue over expe	nses and dis	bursements		<26,2	219.								
	6	Net investme	nt income	(if negative, e	enter -0-)	ļ		-		7,781.	<u> </u>			<b> </b>		
	0	Adjusted net	income (if a	negative, ente	ar -0-)			1			1	N/A				

523501 11-24-15 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2015)

THE GOODE FAMILY CHARITABLE FOUNDATION

orm 990-PF (2				<b>847551</b> Page
Part II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year (a) Book Value	End of y  (b) Book Value	rear (c) Fair Market Value
	non-interest-bearing	(a) DOUN VAIUE	(b) DOOK Value	(v) i aii iviai net value
	ps and temporary cash investments	20,913.	9,976.	9,976
1	nts receivable	20,515.	5,510.	2,210
1	allowance for doubtful accounts			
1				<del></del>
	es receivable			
ı	s receivable			
	vables due from officers, directors, trustees, and other			
1	alified persons Les and loans receivable			
-	allowance for doubtful accounts			
	cories for sale or use			
	F			<del> </del>
9 Prepa	id expenses and deferred charges ments - U.S. and state government obligations			
IUA IIIVOS				
ł .	ments - corporate stock	<del>-</del>		<del></del>
	ments - corporate bonds ints - land, buildings, and equipment basis			<del></del>
	cumulated depreciation  ments - mortgage loans			
	ments - other STMT 4	1,973,238.	1,957,956.	2,058,633
1	buildings, and equipment; basis	1,913,230.	1,931,930.	2,030,033
1 '	cumulated depreciation			
1	assets (describe ►) assets (to be completed by all filers - see the			
1	ctions. Also, see page 1, item I)	1,994,151.	1,967,932.	2,068,609
	ints payable and accrued expenses	1,004,1010	1,001,002.	2,000,002
l l	s payable			
40 0-6-	red revenue			
?   ```	from officers, directors, trustees, and other disqualified persons			
20 Loans	gages and other notes payable			
22 Other	liabilities (describe >)			
22 011101	nabilities (describe )			
23 Total	liabilities (add lines 17 through 22)	0.	0.	
	dations that follow SFAS 117, check here			
	omplete lines 24 through 26 and lines 30 and 31.			
24 Unres	stricted			
25 Temp	orarily restricted			
26 Perm	anently restricted			
Foun	dations that do not follow SFAS 117, check here			
and o	omplete lines 27 through 31.			
5 27 Capit	al stock, trust principal, or current funds	1,994,151.	1,967,932.	
28 Paid-	in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ž 29 Retai	ned earnings, accumulated income, endowment, or other funds	0.	0.	
<b>-</b>	net assets or fund balances	1,994,151.	1,967,932.	
-				
31 Total	liabilities and net assets/fund balances	1,994,151.	1,967,932.	
Part III	Analysis of Changes in Net Assets or Fund B	alances	<del>-</del>	
	ssets or fund balances at beginning of year - Part II, column (a), line	30	1.1	1 004 151
	e with end-of-year figure reported on prior year's return)		1	1,994,151
	unt from Part I, line 27a		2	<26,219
	ases not included in line 2 (itemize)		3	1 067 036
Add lines			4	1,967,932
	not included in line 2 (itemize)	oluma (h) tiga 20	5	1 067 033
5 Total net a	ssets or fund balances at end of year (line 4 minus line 5) - Part II, co	numii (D), iiile 30	16	1,967,932 Form <b>990-PF</b> (20

Enter the net value of noncharitable-use assets for 2015 from Part X, line 5

Multiply line 4 by line 3

6 Enter 1% of net investment income (1% of Part I, line 27b)

7 Add lines 5 and 6

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8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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38,551.

39,329.

104,000.

778.

5

6

7

THE GOODE FAMILY CHARITABLE FOUNDATION C/O WILLIAM C. GOODE, Page 4 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions Part VI 1a Exempt operating foundations described in section 4940(d)(2), check here | Image: and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) 778. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 1 of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 778. 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 778. 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-5 6 Credits/Payments: 1,687 a 2015 estimated tax payments and 2014 overpayment credited to 2015 b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6c 6d d Backup withholding erroneously withheld 1,687. 7 Total credits and payments. Add lines 6a through 6d Enter any **penalty** for underpayment of estimated tax. Check here X if Form 2220 is attached 8 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 909 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 909 . Refunded 11 Enter the amount of line 10 to be: Credited to 2016 estimated tax Part VII-A Statements Regarding Activities No Yes 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in X any political campaign? 1a X 1b b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 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. c Did the foundation file Form 1120-POL for this year? 1c Х d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0 • (2) On foundation managers. ▶ \$ 0. (1) On the foundation. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0. X 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 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 of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4h X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 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 • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law X remain in the governing instrument? 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 Part XV X

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8a Enter the states to which the foundation reports or with which it is registered (see instructions)

of each state as required by General Instruction G? If "No," attach explanation

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addres

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

	(1) Linguigo III dio dalo di oxionango, di nadamig di Proporty IIII di dia dalo di oxionango, di nadamig di Proporty IIII di dia dalo di oxionango, di nadamig di Proporty IIII di dia dalo di oxionango, di nadamig di Proporty IIII di dia dalo di oxionango di nadamig di Proporty IIII di dia dalo di oxionango di nadamig					
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)					
_	a disqualitied person:		X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes L	X No		İ	
	(5) Transfer any income or assets to a disqualified person (or make any of either available					
	for the benefit or use of a disqualified person)?	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"				ŀ	
	ıf the foundation agreed to make a grant to or to employ the official for a period after					
	termination of government service, if terminating within 90 days.)	Yes	X No			
b	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations					
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here					
C	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not correct	ted				
	before the first day of the tax year beginning in 2015?			1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating found	dation				
	defined in section 4942(j)(3) or 4942(j)(5)):					
a	a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) by				1	
	before 2015?	Yes	X No			
	If "Yes," list the years >	_				
t	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to in	correct				
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and	d attach				
	statement - see instructions.)		N/A	2b		
(	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.					
	<b>&gt;</b>					
38	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			1		
	during the year?	Yes	X No			
į	b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified pers	sons after				
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(	7)) to dispo	ose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Sche	dule C,				
	Form 4720, to determine if the foundation had excess business holdings in 2015.)		N/A	3b		
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a		Х
ı	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	purpose th	at			
	had not been removed from jeopardy before the first day of the tax year beginning in 2015?			4b		Х
			Fo	rm <b>99</b> 0	)-PF	(2015)

			1.		l
2	Compensation of five highest-paid employees (other than those in	ncluded on line 1). If none	, enter "NONE."		
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
_	NONE				
				ļ	-
_					<u> </u>
_				1	
_					
_					
_	otal number of other employees paid over \$50,000	<u>.</u>			L
- 1	otal humber of other embloyees baid over \$50,000				

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Form **990-PF** (2015)

### THE GOODE FAMILY CHARITABLE FOUNDATION

Form 990-PF (2015) C/O WILLIAM C. GOODE, III	46-2	2847551 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensatio
NONE		
Total number of others receiving over \$50,000 for professional services		<b>•</b>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers product N/A	al information such as the sed, etc.	Expenses
3		
4		
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lin	es 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.  3		
Total. Add lines 1 through 3	<b>&gt;</b>	0

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C/O WILLIAM C. GOODE, III

46-2847551

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	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	s, 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	2,126,194. 12,359.
b	Average of monthly cash balances	1b	12,359.
C	Fair market value of all other assets .	1c	
d	Total (add lines 1a, b, and c)	1d	2,138,553.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,138,553.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	32,078.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,106,475.
6	Minimum investment return. Enter 5% of line 5	6	105,324.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations ar	nd certair	1
	foreign organizations check here 🕨 🔃 and do not complete this part.)	···	
1	Minimum investment return from Part X, line 6	1	105,324.
2a	Tax on investment income for 2015 from Part VI, line 5 2a 778.		
b	Income tax for 2015. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	778.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	104,546.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	104,546.
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, line 1	7	104,546.
<u>P</u>	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		404 000
а		1a	104,000.
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., purposes	2	· · · · · · · · · · · · · · · · · · ·
3	Amounts set aside for specific charitable projects that satisfy the:		
a		3a	
b	Cash distribution test (attach the required schedule)	3b	4.4.4.5.5
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	104,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	778.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	103,222.
	Note: The amount on line C will be used in Bort V, column (b), in subsequent years when calculating whether the foundation is	auglifica	for the coetion

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4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,	·			104 546
line 7				104,546.
2 Undistributed income, if any, as of the end of 2015			05 006	
a Enter amount for 2014 only			85,906.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
b From 2011				
s From 2012				
d From 2013				
\e From 2014				
	0.			
f Total of lines 3a through e				
4 Qualifying distributions for 2015 from Part XII, line 4: ►\$ 104,000.				
a Applied to 2014, but not more than line 2a			· 85,906.	
· · · · · · · · · · · · · · · · · · ·			03,300.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
· · · · · · · · · · · · · · · · · · ·		0.		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)  d Applied to 2015 distributable amount				18,094.
· · ·	0.			10,034.
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.	4	
d Subtract line 6c from line 6b. Taxable		!		
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	_
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				86,452.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	•			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010	•			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016.	^			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013 d Excess from 2014				
e Excess from 2015				
E LAGESS HOIR ZU10		<u> </u>		Form 000 PE (2015)

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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SEE STATEMENT 6
c Any submission deadlines:
SEE STATEMENT 6

If recipient is an individual,

show any relationship to any foundation manager

or substantial contributor

Foundation

status of

recipient

PC

PC

PC

PC

Form 990-PF (2015) C/O WILLIAM C. GOODE, III

Recipient

Name and address (home or business)

Supplementary Information (continued)

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

N/A

N/A

N/A

N/A

Part XV

SPIRIT

a Paid dunng the year

PITTSBURGH, PA 15282

GIRLS INCORPORATED

NEW YORK, NY 10005

120 WALL STREET, FL. 18

FIVE PPG PLACE, SUITE 250

PITTSBURGH, PA 15222

PEABODY MA 01961-3453

PO BOX 3453

THE PITTSBURGH PROMISE FOUNDATION

THE PROGERIA RESEARCH FOUNDATION, INC

DUQUESNE UNIVERSITY OF THE HOLY

600 FORBES AVENUE, ROOM 410B

46-2847551

Purpose of grant or

contribution

UNRESTRICTED

UNRESTRICTED

UNRESTRICTED

UNRESTRICTED

Page 11 Amount 25,000. 3,500. 7,000. 7,500. 5,000. 86,000.

UNRESTRICTED BROTHER'S BROTHER FOUNDATION N/A PC 1200 GALVESTON AVENUE PITTSBURGH PA 15233 CONTINUATION SHEET(S) SEE ➤ 3a Total b Approved for future payment NONE Total

523611 11-24-15

Form **990-PF** (2015)

		es 			
er gross amounts unless otherwise indicated.		ousiness income		section 512, 513, or 514	(e)
	(a) Business	( <b>b)</b> Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
Program service revenue:	code	74Hount	code	Amount	
a					
b					
C		-			
d					
e					
f					
Fees and contracts from government agencie	es				
Membership dues and assessments	ļ <u>.</u>				
Interest on savings and temporary cash					
investments					
Dividends and interest from securities		<del></del>	14	30,579.	
Net rental income or (loss) from real estate:		<u> </u>			
a Debt-financed property					
b Not debt-financed property	ļ	···			
Net rental income or (loss) from personal					
property					
Other investment income					
Gaın or (loss) from sales of assets other			1 1		
than inventory			18	62,892.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
a					
b					
C					
d			$\longrightarrow$		
e					
Subtotal. Add columns (b), (d), and (e)			0.	93,471.	
Total. Add line 12, columns (b), (d), and (e)				13	93,47
ee worksheet in line 13 instructions to verify calc	ulations.)				
art XVI-B Relationship of Ac	tivities to the Accor	nplishment of	Exempt Pu	ırposes	
ine No. Explain below how each activity for	which income is concreted in	aclumn (a) of Part V		importantly to the accom	nlichment of
10 (				importantly to the accom	pusitivent of
the foundation's exempt purposes	Cottler trials by providing faile	10 101 00011 par poods	<i>)</i> -		·
				<del></del>	
	<del> </del>				
				· · · · · · · · · · · · · · · · · · ·	<del></del>

Form **990-PF** (2015)

Form àa		SOODE FAMIL VILLIAM C.			FOUNI	DATION	46-	2847551	Pa	ge <b>13</b>
Part	XVII Information R	legarding Trans	sfers To a	nd Transa	ctions ar	nd Relations				<u>ye 10</u>
	Exempt Organ						•			
1 Dic	the organization directly or ind	irectly engage in any c	of the following	with any othe	r organization	described in sect	ion 501(c) of		Yes	No
the	Code (other than section 501(	c)(3) organizations) or	ın section 527	, relating to po	litical organiz	ations?				
<b>a</b> Tra	ansfers from the reporting found	dation to a noncharitab	ole exempt orga	anızatıon of:						
(1)	Cash							1a(1)		<u> </u>
(2)	Other assets							1a(2)		X
<b>, b</b> Oth	ner transactions:									
٠,,	Sales of assets to a noncharit	· -						1b(1)		_X_
(2)	Purchases of assets from a n	oncharitable exempt or	rganization					1b(2)		X
	Rental of facilities, equipment							1b(3)		<u>X</u> _
	Reimbursement arrangement	S						1b(4)		X
	Loans or loan guarantees							1b(5)		X
	Performance of services or m							1b(6)		X
	aring of facilities, equipment, m	•			المالية المالية المالية	and about the four	markatualua af tha a			X
	he answer to any of the above is services given by the reporting								sets,	
	services given by the reporting lumn (d) the value of the goods			u 1622 (IIaII IaII	IIIai ket value	in any transaction	i or snaring arrange	ment, snow in		
(a) Line r			noncharitable	exempt organi	zation	(d) Description	n of transfers, transaction	ens, and sharing ar	rangeme	ents
(4) 201	is (b) / into and into its d	(6) //ш	N/A			(2) 2000		,		
			11/11	,						
		<del></del>								
				<del></del> · ·						
		-								
			-							
		<u> </u>					<del></del>			
	the foundation directly or indire				empt organiza	ations described			- T-	¬
	section 501(c) of the Code (oth		(3)) or in section	оп 5277				L Yes	LX	□ No
<b>p</b> It.	Yes," complete the following sc (a) Name of or			(b) Type of or	nanization T		(c) Description of re	Mationship		
	N/A	yamzanon		(b) Type of or	garnzation		(c) Description of re	ationamp		
	N/A	<del></del>								
	Under penalties of perjury, I declar	e that I have examined this	s return, including	accompanying s	chedules and s	tatements, and to the	best of my knowledge	May the IRS	discuss	this
Sign	and belief, it is true, correct, and c	omplete Declaration of pre	eparer (other than	taxpayer) is base	ed on all informa	ition of which prepare	r has any knowledge	return with the	e prepar	er
Here	William William	m > ood	e II	9/1	3/2016	PRESI	DENT	X Yes	• —	] No
	Signature of officer or truste			Date	- T	Title		<u> </u>		
	Print/Type preparer's	rame	Preparer's si	gnature		Date	Check if	PTIN		
			11.				self- employed			
Paid	MICHAEL M	. COMSTOCK		. Litter,	CPA	09/09/16		P00474		
Prep	Parer Firm's name ► SI	STERSON &	CO. LL	P			Firm's EIN ► 2	5-14671	.56	

Form **990-PF** (2015)

Phone no. 412-281-2025

Firm's address ▶ 310 GRANT STREET SUITE 2100

PITTSBURGH, PA 15219

### THE GOODE FAMILY CHARITABLE FOUNDATION

C/O WILLIAM C. GOODE, III

Part XV | Supplementary Information 46-2847551

Part XV Supplementary Information	1			
3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
GLOBAL LINKS	N/A	PC	UNRESTRICTED	
700 TRUMBULL DRIVE				
PITTSBURGH, PA 15205				4,000.
THE NEIGHBORHOOD ACADEMY	N/A	PC	UNRESTRICTED	
709 NORTH AIKEN AVENUE				
PITTSBURGH, PA 15206				5,000.
GIRLS ON THE RUN INTERNATIONAL	N/A	PC	UNRESTRICTED	
801 E MOREHEAD STREET NO 201				
CHARLOTTE, NC 28202				2,500.
AMERICAN NATIONAL RED CROSS	N/A	PC	HOUSTON FLOOD	
2025 E STREET NW WASHINGTON, DC 20006				7 000
MASHINGTON, DC 20000				7,000.
,			-	ļ
SOLVING KIDS CANCER INC	N/A	PC	UNRESTRICTED	
1 EAST 53RD STREET 5TH FLOOR NEW YORK, NY 10022				7 500
NEW TORK, NI 10022		<u> </u>		7,500.
THE HOLE IN THE WALL GANG FUND, INC. 555 LONG WHARF DRIVE	N/A	PC	UNRESTRICTED	
NEW HAVEN, CT 06511				5,000.
UNITED STATES FUND FOR UNICEF	N/A	PC	EQUADOR RELIEF	
125 MAIDEN LANE 10TH FLOOR	N/A	l FC	EQUADOR REDIEF	
NEW YORK, NY 10038				7,000.
•				
Total from continuation sheets				38,000.

FORM 990-PF DIVIDEND	S AND INTER	EST FROM	SECUR	TTIES	STATEMENT	1
GROSS SOURCE AMOUNT	CAPITAL GAINS DIVIDEND	REVE	NUE	(B) NET INVEST MENT INCOM		
PNC INVESTMENTS 85,411	. 54,83	2. 30	,579.	30,579	9.	
TO PART I, LINE 4 85,411	54,83	2. 30	579.	30,579	9.	
FORM 990-PF	ACCOUNTI	NG FEES			STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
ACCOUNTING FEES	3,000.		0.		3,00	00.
TO FORM 990-PF, PG 1, LN 16B	3,000.		0.		3,00	00.
FORM 990-PF C	THER PROFES	SIONAL F	EES		STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
MANAGEMENT FEES	15,000.		0.		15,00	١٥
INVESTMENT FEES	15,690.		690.		13,00	0.
		15			15,00	0.
INVESTMENT FEES	15,690.	15,	,690 <b>.</b>			0.
INVESTMENT FEES  TO FORM 990-PF, PG 1, LN 16C	15,690. 30,690. OTHER INV	15,	690.	K VALUE	15,00	0.
TO FORM 990-PF, PG 1, LN 16C  FORM 990-PF	15,690. 30,690. OTHER INV	15 15 15 ESTMENTS	,690. ,690. BOO	K VALUE ,392,918. 565,038.	15,00 STATEMENT FAIR MARKET	0. 00. 4

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

NAME OF MANAGER

WILLIAM C. GOODE, III RUTH A. GOODE

#### PLEASE PROVIDE CONCISE ANSWERS TO THE FOLLOWING QUESTIONS:

#### Submit these questions in a Microsoft Office Word document via email if possible.

- 1. What is the need or problem that your organization addresses? Who will benefit from your efforts?
- 2. Describe the proposed program or need for funding.
- 3. Are you collaborating with any other organizations on this program?
- 4. List specific program goals, measurable objectives, and expected outcomes. How will you measure your success?
- 5. How will volunteers be utilized in accomplishing your objective? Do you have a director of volunteer services on your staff?
- 6. What are your plans for ongoing sources of support?
- 7. Who will be responsible for the management of this grant? What are his/her qualifications?

### APPLICATION WILL NOT BE CONSIDERED UNTIL ALL OF THE FOLLOWING ARE RECEIVED: (PDF format accepted for the below items via email)

- 1. IRS Letter of Tax Exemption 501(c)(3)
- 2. Current Audited Financial Statement
- Program Budget and Grant Application Summary
- 4. Current list of Board of Directors
- 5. Representative List of Contributors who have, or are currently supporting your agency
- 6. Organization Conflict of Interest Policy

#### Return to:

kenneth.spruill@hawthorn.pnc.com

Any questions please call: Kenneth Spruill 412.762.9540 (telephone) 412.705.3743 (fax)

This Form must accompany your grant request as the cover page.

Date of Application:							
Name of organization to which grant would be paid. Please list exact legal name:							
Mailing Address:							
Telephone:	Fax:		Email:				
Executive Director:		Signature:					
President:		Signature:					
Contact person and title (if not Exec	cutive Directo						
Mission Statement of Organization:			4.				
Purpose of grant (one sentence):							
Project name (if applicable):							

Is your organization an IRS 501 (c)(3) not-for-profit? (Yes: Include IRS Status Letter):
If no, please explain:
Is the organization classified as a 509(a)(3) – Supporting Organization? Yes No
If yes, are you designated a Type I, Type II, or Type III? (please circle)
In the event that your organization is classified as a supporting organization of charitable entity, the supporting organization will be required to submit a legal satisfying the requirements of the Internal Revenue Service Notice 2006-109. Pote: Legal opinion must be issued within thirty days of the date of your application.
Request Amount: \$
Check one:
General Operational Support:
Matching Grant:
Seed Money for New Program:
Specific Program Support:
Total project budget:
Total organizational budget (for current year):
Dates covered by project budget (month/day/year):
Amounts and dates of previous grants received from the Goode Family Charitable Fo

### **Grant Budget**

Organization Name:	
Organizational Total Budget:	
Project/Program Budget (if applicable):	<u> </u>
Itemized Program Expenses:	
	\$
	\$ -
	\$
	\$
	\$
	\$ _
	\$ _
	\$ _
	\$
	\$
Total Cost (A)	\$ -

### **Grant Budget**

Funds Currently Committed For This Program:	
Trustees	\$
Corporations	\$
Foundations	\$
Individuals	\$
Government	\$
Other (memberships, earned income, special events, subscriptions, etc)	\$
Total Funds Available (B)	\$,
Balance Required (A minus B)	\$
Amount Requested	\$

#### **Grant Report Evaluation**

Please use the following outline when preparing your follow-up on the grant received from the grantmaking agency. Return after funds have been utilized.

### General Grant Information: Reporting Organization: Contact Person: E-mail Address: Telephone: \_\_\_\_\_ Fax:\_\_\_\_\_ Project Description: Grant Amount: \_\_\_\_\_ Type of Support: \_\_Capital expenditure General Support \_\_\_Matching Grant Seed Money \_\_\_Specific Program Date:

1.	What difference has this grant made in the services you provide?
2.	How has this grant improved the relative quality of life of the people you serve?
3.	During the course of this project, what occurred that was different than what you anticipated?
4.	Based upon current conditions, what would you do differently in utilizing the grant awarded?
5.	What are the future plans for this project and how will it impact your future services?