OMB No 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

		ndar year 2015, or tax year beginning 07-0	1-2015	, ar	nd ending 0		
	e of foun E CORWI	idation IN FAMILY FOUNDATION INC			A Employer ide	entification numbe	er
%	CHRISTO	DFER ACORWIN		-	26-2943033		
Num	ber and s	street (or P O box number if mail is not delivered to street address)	Room/suite		B Telephone nun	nber (see instruction	s)
PO	BOX 40				(973) 224-4100		
		state or province, country, and ZIP or foreign postal code NS, NJ 07950	1		C If exemption	application is pendin	g, check here
G C	neck all	that apply Initial return Initial return of a f	ormer public charity	,	D 1. Foreign or	ganizations, check he	ere >
		Final return A mended return			-		Г
		Address change Name change		I		ganizations meeting chere and attach co	
H C h	neck tvr	be of organization $\sqrt{Section 501(c)(3)}$ exempt privat	e foundation		E If private fou	ndation status was t	erminated
		4947(a)(1) nonexempt charitable trust Other taxab		n	under section	1 507(b)(1)(A), chec	k here
			▼ Cash	ıal	F If the founda	tion is in a 60-montl	n termination
		om Part II, col (c), Other (specify) _ (Part I, column (d) must	be on cash basıs)		under sectior	1 507(b)(1)(B), chec	k here
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	Revenue and expenses per (a) books	(b)	Net investment income	Adjusted net (c) income	Disbursements for charitable purposes (d) (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach					
		schedule)	60,000	L			
	2	Check ► ☐ If the foundation is not required to					
		attach					
		Sch B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	7,754		7,754		
	5a	Gross rents					
a)	ь	Net rental income or (loss)					
Ĭ	6a	Net gain or (loss) from sale of assets not on line 10					
Revenue	b	Gross sales price for all assets on line 6a					
	7	Capital gain net income (from Part IV, line 2)			0		
	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and					
	١.	allowances					
	b	Less Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)	M1				
	11	Other income (attach schedule)	424		424		
	12	Total.Add lines 1 through 11	68,178		8,178		
	13	Compensation of officers, directors, trustees, etc	0				
	14	Other employee salaries and wages					
6S	15	Pension plans, employee benefits					_
en:	16a	Legal fees (attach schedule)					
×	ь	Accounting fees (attach schedule)	2,295		2,295	0	0
and Administrative Expenses	С	Other professional fees (attach schedule)					
⋛	17	Interest					
stra	18	Taxes (attach schedule) (see instructions)	140		140		
ੂ	19	Depreciation (attach schedule) and depletion					
ŧ	20	Occupancy					
Ψ	21	Travel, conferences, and meetings					
Ē	22	Printing and publications					
5	23	Other expenses (attach schedule)	9 433		433		
perating	24	Total operating and administrative expenses.					
ğ		Add lines 13 through 23	2,868		2,868	0	0
ō	25	Contributions, gifts, grants paid	30,395				30,395
	26	Total expenses and disbursements. Add lines 24 and					
		25	33,263		2,868	0	30,395
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	34,915				
	b	Net investment income (if negative, enter -0-)			5,310		
	С	Adjusted net income(If negative, enter -0-)					

Dэ	rt II	Ralance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
ď:	11.5.11.	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	2,209	6,239	6,239
	2	Savings and temporary cash investments	6,347	5,037	5,037
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable -			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
5	8	Inventories for sale or use			
4ssets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	76,731	107,795	83,819
	С	Investments—corporate bonds (attach schedule)	99,739	99,725	98,120
	11	Investments—land, buildings, and equipment basis 🕨			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	75,301	74,720	78,760
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	260,327	293,516	271,975
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ıab	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ▶)			
	23	Total liabilities(add lines 17 through 22)		0	
		Foundations that follow SFAS 117, check here ▶			
es.		and complete lines 24 through 26 and lines 30 and 31.			
Balance	24	Unrestricted			
3a lė	25	Temporarily restricted			
	26	Permanently restricted			
Fund		Foundations that do not follow SFAS 117, check here ▶ □			
or F		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	260,327	293,516	
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund	,		
As	29	Retained earnings, accumulated income, endowment, or other funds			
Net	30	Total net assets or fund balances(see instructions)	260,327	293,516	
Z	31	Total liabilities and net assets/fund balances(see instructions)	260,327	293,516	
Da	rt III		,	,	
1	4.777	Total net assets or fund balances at beginning of year—Part II, column ((a) line 30 (must as:	-	
-			a), line 30 (must agi		260,327
2		Enter amount from Part I, line 27a			34,915
3				3	34,413
э 4		Other increases not included in line 2 (itemize) Add lines 1, 2, and 3		_ 3	205 242
				· · · 4	295,242
5		Decreases not included in line 2 (itemize) ► Total net assets or fund balances at end of year (line 4 minus line 5)—Pa	art II. column /b\ !		1,726
6		Total her assets of fully paralices at end of year (line 4 minus line 5)—Pa	arc 11, column (D), lin	e 30 . 6	293,516

Part I	V Capital Gains	and Lo	sses for Tax on Inv	estme	ent Income					
			d(s) of property sold (e g , i or common stock, 200 sh				How acquired P—Purchase D—Donation	Į υa	te acquired o , day, yr)	Date sold (d) (mo , day, yr
1a										
b										
c										
d										
e										
(e)	Gross sales price		Depreciation allow (f) (or allowable)	ed			ther basis nse of sale			n or (loss) (f) mınus (g)
а										
b										
С										
d										
е										
Cor	nplete only for assets	showing	gain in column (h) and owr	ned by				┨		(h) gain minus
(i)	M V as of 12/31/69		A djusted basis (j) as of 12/31/69				of col (ı) (j), ıf any	(I) co	. ,,	ot less than -0-) o i (from col (h))
a			()) 43 01 12/31/03		(11) 57 61		()), 11 4117	1		(,,
b										
c										
d										
e										
2	Capital gain net inco	me or (n	et capital loss)		iin, also enter oss), enter -0-			2		
3	Net short-term capit	al gain c	or (loss) as defined in secti	ons 12	222(5) and (6)					
		-	ne 8, column (c) (see instr		s) If (loss), er	nter -	0 -	3		
Part \	Oualification I	Under	Section 4940(e) for	Redu	ced Tax on	Net	Investme		ome	
	-	private f	oundations subject to the s							
			on 4942 tax on the distribu Ty under section 4940(e) [ın the base pe	eriod?		┌ Yes ┌ No
1 Ent	er the appropriate amo	unt in ea	ach column for each year,	see ins	tructions befo	re m	akıng any ent	ries		
	(a) period years Calendar r tax year beginning in)	Adjı	(b) Isted qualifying distributions	Net	(c) value of nonchan	table-	use assets	(((d) Distribution of (b) divided	n ratio
	2014									
	2013									
	2012									
	2011									
2		n (d)					+	2		
3										
4	A verage distribution ratio for the 5-year base period—divide the total on line 2 by 5, or the number of years the foundation has been in existence if less than 5 years. Enter the net value of noncharitable-use assets for 2015 from Part X, line 5			L	3 4					
5					•		<u> </u>	5		
6			income (1% of Part I, line				<u> </u>	6		
7				•			<u> </u>	7		
8			from Part XII, line 4.				<u> </u>	8		
Ū		r greate	r than line 7, check the box						ng a 1% ta	x rate See

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 49	940(e),	or 4948 —see	page	e 18 of	the in	structio	ns)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	- _		1					
	Date of ruling or determination letter			Į					
	(attach copy of letter if necessary–see instructions)			- (
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	, check		J	1				106
	here ► Tand enter 1% of Part I, line 27b · · · · · · · · · · · · · · · · · · ·			. ′					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizal Part I, line 12, col (b)	ations e	nter 4% of						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable four	ndations	only Others		2				
3	enter -0-) Add lines 1 and 2				3				106
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable four enter -0-)	ndations	s only Others	6	4				100
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, e	enter -0			5				106
6	Credits/Payments								
а	2015 estimated tax payments and 2014 overpayment credited to 2015	6a							
b	Exempt foreign organizations—tax withheld at source	6b							
c	Tax paid with application for extension of time to file (Form 8868)	6 c							
d	Backup withholding erroneously withheld	6d							
7	7 Total credits and payments Add lines 6a through 6d							0	
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 .		1	>	9				106
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amoun	nt overp	aid	•	10				
11	Enter the amount of line 10 to be Credited to 2015 estimated tax		Refunded	▶	11				
Par	t VII-A Statements Regarding Activities								
1a	During the tax year, did the foundation attempt to influence any national, state	e, or loca	al legislation	or dı	d			Yes	No
	it participate or intervene in any political campaign?						. 1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for p	political	purposes (se	e In	structi	ions			
	for definition)?					•	1b		No
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities	and cop	oies of any ma	teria	ls				
	published or distributed by the foundation in connection with the activities								
	Did the foundation file Form 1120-POL for this year?					•	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) impos								
	(1) On the foundation \$ (2) On foundation managers								
е	Enter the reimbursement (if any) paid by the foundation during the year for poli	iticai ex	penditure tax	ımp	osea				
,	on foundation managers \$	norted t	o the IDC2				,		No.
2	Has the foundation engaged in any activities that have not previously been rep	portea t	o the IRS		• •		· 2		No
2	If "Yes," attach a detailed description of the activities	ta aayay	rning instrum	on+	artiala				
3	Has the foundation made any changes, not previously reported to the IRS, in it of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a confi</i>	_	-			5	. 3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more d		• •	_	•		4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	-	ic year i		• •	•	4b		140
5	Was there a liquidation, termination, dissolution, or substantial contraction du		vear?				. 5		No
•	If "Yes," attach the statement required by General Instruction T	ining the	, cui i i			•	` -		110
6	Are the requirements of section 508(e) (relating to sections 4941 through 49	45) sat	isfied either						
	By language in the governing instrument, or	,					1	1	
	• By state legislation that effectively amends the governing instrument so th	nat no m	andatory dire	ctio	ns				
	that conflict with the state law remain in the governing instrument?						. 6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year?	?If "Yes	," complete Pai	rt II,	, col (c	:),			
	and Part XV						. 7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (s N)	(see inst	tructions)						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99	90-PF t	o the Attorne	у					
General (or designate) of each state as required by General Instruction G? If "No," attach explanation .						8b	Yes		
9	Is the foundation claiming status as a private operating foundation within the r	meaning	g of section 49	942	(J)(3)				
	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (s	ee instr	ructions for Pa	art X	(VI				
	If "Yes," complete Part XIV						. 9		No
10	Did any persons become substantial contributors during the tax year? If "Yes,	." attach	a s chedule lıs	tıng	their n	ames			
	and addresses 🥦						. 10	Yes	

Par	t VII-A Statements Regarding Activities (continued)			age -
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had	l		
4.2	advisory privileges? If "Yes," attach statement (see instructions)	12	V	No
13	Website address	13	Yes	
1.1		\ 224	4100	
14	The books are in care of \triangleright CHRISTOFER ACORWIN Telephone no \triangleright (973 Located at \triangleright PO BOX 40 MORRIS PLAINS NJ ZIP+4 \triangleright 07950) 224-	4100	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here			
13	and enter the amount of tax-exempt interest received or accrued during the year		P	
16				
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			
	Accounts (FBAR) If "Yes", enter the name of the foreign country ▶			
Pai	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
1 a	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 Vo	!		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	 		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes Vo			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	for the benefit or use of a disqualified person)?	 		
	If the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days) Yes Vo			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	ĺ		
	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			
,	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,	I		
Ĭ	that were not corrected before the first day of the tax year beginning in 2015?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section $4942(j)(3)$ or $4942(j)(5)$)			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2015? Yes Vo			
	If "Yes," list the years > 20, 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	If the foundation had excess business holdings in 2015)	3b		
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

	990-PF (2		Doggudin	a Aativitiaa fau	14/L	ich Form 47	720 M	ov Do Dogui			۸۱.	Page (
	t VII-B			ng Activities for		iich Form 47	/20 M	ау ве кеци	rea (Cont	mue	<i>a)</i>	
5a	_	•		or incur any amoun attempt to influence		uslation (sostio	n 101E	(0))3				
				·	Ū	,		,	Yes	/ No		-
				ific public election (registration drive?.		• •		*				
				_					1	/ No		
		-		travel, study, or oth					☐ Yes ☐	/ No		
	• •	_	_	other than a charita						_		
		, , , ,	. , .	structions)					Yes	/ No		
				religious, charitable evention of cruelty t					┌ Yes ┌	No		
b	If any ans	wer is "Yes" to 5	āa(1)−(5), d	ıd any of the transac	tions	fail to qualify u	ınder th	ne exceptions o	escribed in			
	-			urrent notice regard ice regarding disast	-		•			•	5b	
									Г	_		1
С				4), does the foundat								
				responsibility for th					☐ Yes ☐	No		
				y Regulations section								
6 a		· -		ceive any funds, dire		• •						
	a persona	l benefit contract	t ⁷		•				Yes	/ No	!!	ļ
b	Did the fo	undation, during	the year, pa	y premiums, directly	or I	ndırectly, on a p	persona	al benefit contr	act?	•	6b	No
	If "Yes" to	6b, file Form 887	0									
7a	At any tim	ne during the tax	year, was th	ne foundation a party	/ to a	a prohibited tax	shelte	r transaction?	☐ Yes ☐	/ No	ļ ļ	ļ
b				proceeds or have an	_						7b	
Par		Information and Contract		ficers, Directors	, Tı	rustees, Fou	ındati	on Managei	s, Highly	Paid	Emplo	oyees,
1				ındation managers a	nd t	heir compensati	ion (se	e instructions).				
		·	ĺ			-		(d)				
	(a) Nar	me and address	(b)	Title, and average hours per week devoted to position	(ε,	Compensation not paid, enter -0-)	.	Contribution employee ben nd deferred cor	efit plans			account, owances
ARTHI	JR CORWIN		PRE	SIDENT			0		0			C
	O X 40		0									
		IS,NJ 07950										
	ORWIN		VIC	E PRESIDEMNT			0		0			C
	OX 40 RIS PLAIN	IS,NJ 07950	ľ									
	TOPHER COR		TRE	ASURER			0		0			
	O X 40		0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					ŭ			
MOR	RIS PLAIN	IS,NJ 07950										
MARK	CORWIN			RETARY			0		0			C
	OX 40	IS,NJ 07950	0									
			st-naid emn	loyees (other than t	hos	e included on lin	ne 1—se	e instructions	If none er	ıter"l	NONE "	
	compensat		oc para emp			l meraded on m			butions to		TO ITE	
Nan	ne and add	(a) ress of each emp	lovee paid	Title, and aver hours per wee		(c) Compen	sation		ee benefit			account,
		e than \$50,000	,	(b) devoted to posi		(3, 2 2 , 2			nd deferred ensation	(e)	other all	owances
								(4)	0110 411011			
				1								
				1								
Tata	Lnumbaraf	ather employees	nald avar	L		I.			_			

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106

13,552

13.552

13,552

30,395

0 Ω

30,395

30,395

Form 990-PF (2015)

Form 990-PF (2015)

2a

3

4

5

6

7

1

2

5

Part XII

2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	277,31
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	4,16
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	273,15
6	Minimum investment return. Enter 5% of line 5	6	13,65

Distributable Amount Part XI (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and certain foreign organizations

check here ► and do not complete this part.) 1 1 13,658

2a

2b

106

2c

3

4

5

6

7

1a

1h

2

3а

3b

4

5

Tax on investment income for 2015 from Part VI, line 5.

Income tax for 2015 (This does not include the tax from Part VI). . .

Recoveries of amounts treated as qualifying distributions.

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Distributable amount before adjustments Subtract line 2c from line 1.

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

Expenses, contributions, qifts, etc —total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Ŀ	art XIIII Undistributed Income (see instr	uctions)			
		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
	Distributable amount for 2015 from Part XI, line 7	Сограз	rears prior to 2014	2014	13,552
	Undistributed income, if any, as of the end of 2015				/
	Enter amount for 2014 only			0	
	Total for prior years 2013, 2012, 2011		0		
	Excess distributions carryover, if any, to 2015				
a	From 2010				
b					
	From 2012				
d	10.103				
	From 2014				
	Total of lines 3a through e	23,550			
	Qualifying distributions for 2015 from Part				
Ī	XII, line 4 \$ 30,395				
а	Applied to 2014, but not more than line 2a			0	
	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				13,552
	Remaining amount distributed out of corpus	16,843			
	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:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	40,393			
	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)				
4	tax has been previously assessed Subtract line 6c from line 6b Taxable amount				
u	—see instructions		0		
e	Undistributed income for 2014 Subtract line				
_	4a from line 2a Taxable amount—see				
	instructions			0	
f	Undistributed income for 2016 Subtract				
	lines 4d and 5 from line 1. This amount must				
7	be distributed in 2015				
′	corpus to satisfy 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 distributions carryover to 2016.	40,393			
	Subtract lines 7 and 8 from line 6a	,000			
	Excess from 2011				
	Excess from 2011				
	Excess from 2013 10,193				
	Excess from 2014				
	Excess from 2015				
	2,7000				orm 990-PF (2015)
				1 ,	

	m 990-PF (2015)			NATE A SUSSESSES	0)	Page 1 0
	Part XIV Private Operating Founda	•		'''	9)	
la	If the foundation has received a ruling or dete foundation, and the ruling is effective for 2015			. •		
	Check box to indicate whether the organization	n is a private opera	ting foundation de		4942(J)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(-)
	year listed					
b	85% of line 2a					
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					
е	Qualifying distributions made directly for active conduct of exempt activities					
_	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	of minimum investment return shown in					
_	Part X, line 6 for each year listed "Support" alternative test—enter					
Č	(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					
Đ.	art XV Supplementary Information	(Complete this	part only if th	e organization	had \$5,000 o	r more in
	assets at any time during the				α. ψο,σσσ σ.	
L	Information Regarding Foundation Managers:					
а	List any managers of the foundation who have before the close of any tax year (but only if th					ation
b	List any managers of the foundation who own :		•		large portion of the	9
	ownership of a partnership or other entity) of v	which the foundation	n has a 10% or gre	eater interest		
2	Information Regarding Contribution, Grant, G	ift, Loan, Scholarsh	ip, etc., Programs:			
	Check here ►	on makes gifts, grar		_		
а	The name, address, and telephone number or	email address of th	e person to whom	applications shoul	d be addressed	
	The form in which applications should be sub-	mitted and informat	ion and materials t	they should include	<u> </u>	
	The form in which applications should be sub-	mitted and informat	ion and materials (they should include	:	
c	: Any submission deadlines					
d	I Any restrictions or limitations on awards, suc	th as by deographic	al areas : charitabl	e fields, kinds of in	stitutions, or other	-
-	factors	== =, goograpine				

Form 990-1	PF (2015)		Page 1
Part XV	Supplementary	Information(continued)	

2 County and Contributions Boild				
3 Grants and Contributions Paid		proved for F	uture Payment	1
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year See Additional Data Table	or substantial contributor			
			<u> </u>	
		<u> </u>	▶ 3a	30,395
Total				

Part XVI-	A Analysis of Income-Produc	ing Activitie	es .			
Enter gross	amounts unless otherwise indicated	Unrelated bu	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Program	service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	function income (See instructions)
a						·
b						
g Fees a	nd contracts from government agencies					
	ship dues and assessments					
	on savings and temporary cash ents					
4 Dividend	s and interest from securities			14	7,754	
5 Net renta	al income or (loss) from real estate					
	nanced property					
	ot-financed property al income or (loss) from personal					
	'					
7 Other in	vestment income					
	loss) from sales of assets other than					
	me or (loss) from special events					
	ofit or (loss) from sales of inventory					
11 Other revenue a MISCELLANEOUS INCOME				18	424	
ь						
с						
	Add columns (b), (d), and (e).				8,178	
13 Total. Ad	d line 12, columns (b), (d), and (e)			1	13	8,178
	Relationship of Activities to		nlichmant of l	Evampt Burnes	0.5	
Line No. ▼	Explain below how each activity for wh the accomplishment of the foundation's instructions)	ich income is re	ported in column ((e) of Part XVI-A co	ontributed importa	

Part XV	Information Reg Noncharitable E				actions and I	Relationships	With			
	organization directly or inc	directly engag	ge in any of t	the following wit					Yes	No
section organiza	501(c) of the Code (other	than section	501(c)(3) c	organizations) oi	r in section 527,	relating to politic	al		165	NO
	rs from the reporting found	ation to a noi	ncharitable i	exempt organiza	ation of					
	sh							1a(1)		No
(2) Oth	nerassets							1a(2)		No
b Other tr	ransactions							• •		
(1) Sal	es of assets to a nonchari	table exempt	organizatioi	n				1b(1)		No
(2) Pur	chases of assets from a n	oncharitable (exempt orga	anızatıon			. [1b(2)		No
(3) Rer	ntal of facilities, equipment	, or other ass	sets				[1b(3)		No
(4) Rei	mbursement arrangements	s					[1b(4)		No
(5) Loa	ans or loan guarantees						[1b(5)		No
(6) Perfo	ormance of services or me	mbership or f	undraising s	olicitations				1b(6)		No
c Sharing	of facilities, equipment, m	ailing lists, of	ther assets,	or paid employ	ees		[1c		No
of the go	nswer to any of the above i oods, other assets, or serv ransaction or sharing arrar	rices given by ngement, sho	the reporti w in column	ng foundation I (d) the value of	f the foundation r the goods, other	eceived less thar assets, or servic	n fair market des received	t value d		
(a) Line No	(b) Amount involved	(c) Name of nor	ncnaritable exe	empt organization	(a) Description	of transfers, transact	ions, and snar	ing arra	ngemer	its
describe √ No	oundation directly or indire ed in section 501(c) of the " complete the following so (a) Name of organization	Code (other	than section	•	in section 527?.		otion of relation		es	
the	nder penalties of perjury, I e best of my knowledge an formation of which prepare ***** Signature of officer or tru	d belief, it is t r has any kno	true, correct				May the return with the below	e IRS di e prepai	sed on scuss th	all iis vn
					In .	To		str)?	vtes N	40
	Print/Type preparer's na Ken Lang	ame Pre	parer's Sıgn	ature	Date 2017-01-09	Check if self- employed ▶	PTIN PO	00399	965	
Paid Prepare Jse		1			•	Firm's EIN ▶	•			
Only	Firm's address ▶									
-	465 South St Ste 200 M	Morristown, N	J 0796064	197		Phone nb (973)898-9494	4		
	Í					I				

Recipient	If recipient is an individual,	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	
a Paid during the year				
HOMELESS SOLUTIONS STREET MORRISTOWN,NJ 07960	N/A		CHARITABLE	16,583
INTERFAITH FOOD PANTRY STREET MORRISTOWN,NJ 07960	N/A		CHARITABLE	3,000
TARA PERFORMING ARTS 4180 19TH STREET BOULDER,CO 80304	N/A		CHARITABLE	150
SUNY COLLEGE 33 W 42ND STREET NEW YORK,NY 10036	N/A		CHARITABLE	750
MAYO ARTS CENTER 100 SOUTH STREET MORRISTOWN,NJ 07960	N/A		CHARITABLE	5,000
CHILDRENS MIRACLE NETWORK STREET MORRISTOWN,NJ 07960	N/A		CHARITABLE	500
ST HUBERTS 575 WOODLAND AVE MADISON,NJ 07940	N/A		CHARITABLE	650
CORNELIA CONNELY CENTER STREET MORRISTOWN,NJ 07960	N/A		CHARITABLE	2,500
NJ FOOD BANK STREET MORRISTOWN,NJ 07960	N/A		CHARITABLE	1,262

enie GRAPHIC PHIIL - DO NOT PROCESS	AS Filed Data -	DLN: 93491024001027
TY 2015 Accounting Fees Sche	dule	
Name:	THE CORWIN FAMILY FOUNDATION IN	С
EIN:	26-2943033	

DI N. 93491034001037

ofile CRAPHIC print - DO NOT PROCESS | As Filed Data -

ACCOUNTING FEES

	EIN: 20-2	2943033		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

2,295

2,295

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491024001027 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2015 Depreciation Schedule Name: THE CORWIN FAMILY FOUNDATION INC.

EIN: 26-2943033

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491024001027
TY 2015 Other Decreases Sch	edule	
Name:	THE CORWIN FAMILY FOUNDATION INC	
EIN:	26-2943033	
_		

Description **Amount**

UNREALIZED LOSS

DLN: 93491024001027

Name: THE CORWIN FAMILY FOUNDATION INC EIN: 26-2943033

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE EXPENSE AND POSTAGE	229	229		
NJ ANNUAL REPORT	30	30		
BANK CHARGES/FEES	174	174		

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

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
MISCELLANEOUS INCOME	424	424	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Rame Address ARTHUR B CORWIN PO BOX 40 MORRIS PLAINS, NJ 07950

TY 2015 Taxes Schedule	
Name:	THE CORWIN FAMILY FOUNDATION INC
ETM.	26 2042022

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

	EIN: 26-2943	3033		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAX	140	140		

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -			DLN: 93491024001027
Schedule B		Schedule of	Contributors		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Information abo	ut Schedule B (Form 990	90, 990-EZ, or 990-PF , 990-EZ, or 990-PF) and its iov/form990	s instructions is at	2015
Name of the organizati				Employer id	entification number
——————————————————————————————————————	TOUNDATION INC			26-294303	33
Organization type (ch	eck one)				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)()(enter number) organizatio	on		
	T 4947(a)(1)	nonexempt charitable tru	st not treated as a private	foundation	
	☐ 527 politica	organization			
Form 990-PF	√ 501(c)(3) €	xempt private foundation			
	T 4947(a)(1)	nonexempt charitable tru	st treated as a private foun	dation	
	┌─ 501(c)(3) t	axable private foundation			
other property Special Rules For an organizar under sections sections areceived from a Part VIII, line 1h,) from any one contribition described in section 509(a)(1) and 170(b)(1) any one contributor, during or (ii) Form 990-EZ, line	n 501(c)(3) filing Form 99 (A)(vi), that checked Schog the year, total contribution of the complete Parts I and I	erved, during the year, contil See instructions for dete O or 990-EZ that met the 33 nedule A (Form 990 or 990-itions of the greater of (1) \$ I	rmining a contributor's f i ¹ /3% support test of th EZ), Part II, line 13, 16a i5,000 or (2) 2% of the	e regulations e, or 16b, and that amount on (i) Form 990,
during the year,	total contributions of m		ely for religious, charitable,		
during the year, this box is chec purpose Do not	contributions <i>exclusiv</i> ked, enter here the tota complete any of the pa	ely for religious, charitable contributions that were rts unless the General F	ling Form 990 or 990-EZ thate, etc., purposes, but no su received during the year for Rule applies to this organizations the year	ch contributions totaled r an <i>exclusively</i> religion ation because it receive	I more than \$1,000 If us, charitable, etc , ed <i>nonexclusively</i>
990-EZ, or 990-PF), but	ıt must answer "No" d	n Part IV, line 2, of its For	the Special Rules does no m 990, or check the box or meet the filing requirement	line H of its	

Name of organization
THE CORWIN FAMILY FOUNDATION INC

Employer identification number 26-2943033

Part I	Contributors (see instructions) Use duplicate copies of Part I if	additional space is needed	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4			Person 🗸
1	A DTILLID D. CO D.WIN		
	ARTHUR B CORWIN PO BOX 40		Payroll
		\$ 37,301	│ │ Noncash ┌─
	MORRIS PLAINS, NJ07950		
			(Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2			Person
	ARTHUR B CORWIN		D
	PO BOX 40	6 22 600	Payroll
		\$ 22,699	l Noncash ————————————————————————————————————
	MORRIS PLAINS, NJ07950		
			(Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
	1		
	-		Payroll
		<u>\$</u>	Nanaaah
			Noncash
			(Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
	1		Payroll
		\$	Faylon
		<u> </u>	Noncash —
			(Complete Part II for noncash
			contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
	1		
	-		Payroll
		<u>\$</u>	Noncash ┌─
			(Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
	1		Payroll —
		\$	Payroll
			Noncash —
			(Complete Part II for noncash
			contributions)

Employer identification number

	MILY FOUNDATION INC			
IL CORWINTAL	TELL TO GROW TON THE	26-2943033		
art II	Noncash Property	·		
	(see instructions) Use duplicate copies of Part II if additional space is needed			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		s		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		s		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		s		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	

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