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# SCANNED DEC 0 5 2016

Form 990-PF 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 separate instructions is at www.lrs.gov/form990pf.

Forc	alen	dar year 2015 or tax year beginning JUL	1, 2015	, and ending	JUN 30, 2016	5			
Nan	ne of	n number							
The Shoemaker Family Foundation Inc. 27-1507030									
The Shoemaker Family Foundation Inc 27-1507030									
Number and street (or P.O. box number if mail is not delivered to street address)  Room/suite  B Telephone number									
		3RD Street South	<del></del>		813-908-87				
		own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is	pending, check here			
		les, FL 34102	Initial return of a fa	error aublio aborti	D 4 Famera armonymetica	a shook have			
G C	песк	all that apply: Initial return Final return	Amended return	rmer public charity	D 1. Foreign organization	is, check here			
		Address change	Name change		Foreign organizations m check here and attach c	eeting the 85% test,			
<u></u>	book	type of organization: X Section 501(c)(3) ex			ì				
<u>"</u>	_	· · · · · · · · · · · · · · · · · · ·	Other taxable private founda	ition	E If private foundation sta under section 507(b)(1				
_ <del></del> I Fa		rket value of all assets at end of year J Accounting		Accrual	1				
		· 1	her (specify)		F If the foundation is in a under section 507(b)(1				
<b>.</b>		776,919. (Part I, colui	mn (d) must be on cash b	pasis.)		//D/, blicok flore			
		Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements			
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)			
	1	Contributions, gifts, grants, etc., received	48,964.		N/A				
	2	Check In the foundation is not required to attach Sch. B							
	3	Interest on savings and temporary cash investments	11.	11.		Statement 1			
	4	Dividends and interest from securities	14,912.	14,912.		Statement 2			
	5a	Gross rents		·					
	b	Net rental income or (loss)							
<b>,</b>	6a	Net gain or (loss) from sale of assets not on line 10	-41,201.						
Ĭ.	b	Gross sales price for all assets on line 6a 645.				RECENTED			
Revenue	7	Capital gain net income (from Part IV, line 2)		0.	1				
ш	8	Net short-term capital gain				11 10V 17 2013			
	9	Income modifications				100 2 4 1100			
	10a	and allowances		_ <del></del>		\			
		Less Cost of goods sold		<del></del>		165 1. W. L. L			
	C	Gross profit or (loss)				<del></del>			
	11	Other income	00.606	14 002		<del> </del>			
	12	Total. Add lines 1 through 11	22,686.	14,923.		<del>                                     </del>			
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.			
	14	Other employee salaries and wages							
S	ı	Pension plans, employee benefits							
ins(	1	Legal fees Accounting fees Stmt 3	2,800.	0.		0.			
xpe	t	Other professional fees	2,000.		<del></del>	<del> </del>			
ē M	ı	Internet			<del></del>	<del>                                     </del>			
ativ	18	Taxes Stmt 4	171.	0.		0.			
and Administrative Expense	19	Depreciation and depletion				† ·			
nin	20	Occupancy		<del></del>					
Adr	21	Travel, conferences, and meetings							
P.	22	Printing and publications				1			
e D	23	Other expenses Stmt 5	11,970.	11,970.		0.			
Operating	1	Total operating and administrative							
per		expenses. Add lines 13 through 23	14,941.	11,970.		0.			
ō	25	Contributions, gifts, grants paid	45,500.			45,500.			
	26	Total expenses and disbursements.							
		Add lines 24 and 25	60,441.	11,970.		45,500.			
	27	Subtract line 26 from line 12:							
	a	Excess of revenue over expenses and disbursements .	-37,755.			<del> </del>			
	b	Net investment income (if negative, enter -0-)		2,953.					
		Adjusted net income (if negative, enter -0-)	<u> </u>	L	N/A	<u></u>			
5235 11-2	บา 4-15	LHA For Paperwork Reduction Act Notice, see	instructions.			Form <b>990-PF</b> (2015)			

For	m 99	0-PF(2015) The Shoemaker Family Fou		27-3	L507030 Page 2
P	Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year	End of	<del></del>
÷			(a) Book Value	(b) Book Value	
		Cash - non-interest-bearing	42,836.	149,259.	
	2	Savings and temporary cash investments	693,858.	549,799.	627,660.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			·
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
ιņ	8	Inventories for sale or use			
Assets	1	Prepaid expenses and deferred charges			<del></del>
As	ı	Investments - U.S. and state government obligations			
	ı	Investments - corporate stock			
	l .				<del></del>
	l	· · · · · · · · · · · · · · · · · · ·			<del></del>
	' '	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	ì	Investments - mortgage loans			<del></del>
	ı	Investments - other			<del></del>
	14	Land, buildings, and equipment basis			
	١.	Less accumulated depreciation			
	l	Other assets (describe )			
	16	Total assets (to be completed by all filers - see the	705 504		
		instructions. Also, see page 1, item !)	736,694.	699,058.	<u>776,919.</u>
	17	Accounts payable and accrued expenses			
	18	Grants payable			
63	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jab	21	Mortgages and other notes payable			
_	22	Other liabilities (describe >)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
	ŀ	and complete lines 24 through 26 and lines 30 and 31.			
Net Assets or Fund Balances	24	Unrestricted			
aŭ	25	Temporarily restricted			
Ba	26	Permanently restricted			
g	1	Foundations that do not follow SFAS 117, check here			
교		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	0.	0.	
šets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	736,694.	699,058.	
et'	30	Total net assets or fund balances	736,694.	699,058.	
Z	"	Total not absolute in failed buildings.	75070520	0,3,7,0,30.	
	21	Total liabilities and net assets/fund balances	736,694.	699,058.	
_				0,5,0,50.	
P	art	III Analysis of Changes in Net Assets or Fund Ba	lances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line 3	0 .		·
•		st agree with end-of-year figure reported on prior year's return)	-		736,694.
9		r amount from Part I, line 27a		2	-37,755.
		r increases not included in line 2 (itemize) Miscellaneou	g incressor	3	
			ID THUTEGRES		119.
		lines 1, 2, and 3		4	699,058.
		reases not included in line 2 (itemize)	umn (h) line 20		600.058
b	ı ota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, coli	urini (D), iiile 30		699,058.
					Form <b>990-PF</b> (2015)

	Shoemaker Famil and Losses for Tax on In			nc	27-150	7030 Page 3
(a) List and descr	ibe the kind(s) of property sold (e.g. rehouse; or common stock, 200 shs	, real estate,		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a TRADE PMR		· · · · · · · · · · · · · · · · · · ·			Various	06/30/16
b TRADE PMR					Various	06/30/16
c Capital Gains I	Dividends					
d						
е						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis pense of sale		(h) Gain or (loss (e) plus (f) minus	
a						-34,923.
b						-6,923.
c 645.			<del></del>			645.
d						
е			·		·	
Complete only for assets showin	g gain in column (h) and owned by t	the foundation	on 12/31/69		Gains (Col. (h) gain	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any	col	(k), but not less tha Losses (from col. (	n -0-) <b>or</b> (h))
a		_				-34,923.
b						-6,923.
С						645.
d						
e			·			
2 Capital gain net income or (net cap	( ( , ,	- in Part I, line		} 2		-41,201.
Net short-term capital gain or (los if gain, also enter in Part I, line 8,		d (6):		}	•-	
Part V Qualification U	nder Section 4940(e) for	Doducad	Tay on Not	Investment Inc.	N/A	
(For optional use by domestic private If section 4940(d)(2) applies, leave th Was the foundation liable for the sect	us part blank.			·		Yes X No
If "Yes," the foundation does not qual	fy under section 4940(e). Do not co	mplete this par	t		••	163 (24) 140
	ach column for each year, see the in	nstructions bef	ore making any e	ntries.		
(a) Base period years	(b)		Not value of an	(c)	Distrib	(d) oution ratio
Calendar year (or tax year beginning			Net value of no	ncharitable-use assets	(col. (b) div	ided by col. (c))
2014		0,920.		824,559		.049627
2013		7,000.		697,225		.053068
2012		3,000.		621,755		.053076
2011		9,653.	<del> </del>	586,280		.084692
2010	4	1,360.	<del></del>	509,766	•	.081135
2 Total of line 1, column (d)					2	.321598
3 Average distribution ratio for the the foundation has been in exister			or by the number	of years	3	.064320
4 Enter the net value of noncharitab	le-use assets for 2015 from Part X,	line 5			4	811,276.
5 Multiply line 4 by line 3					5	52,181.
6 Enter 1% of net investment incom	ie (1% of Part I, line 2/b)		•	•	6	30.
7 Add lines 5 and 6					7	52,211.
8 Enter qualifying distributions from	n Part XII, line 4 line 7, check the box in Part VI, line	1h and come	late that next uses	a a 1% tay rata	8	45,500.
See the Part VI instructions.	mio , oncor the box in ratt vi, inte	and comp	mai pait usiii	ש נייי ופאומול.		

Form 990-PF (2015) THE SHOEMAKET FAMILY FOUNDATION INC	27-15U			Page 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	946 - See	instr	ICTIO	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.	.			
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 here 🕒 🔲 and enter 1%	1			<u>59.</u>
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-)	2			0.
3 Add lines 1 and 2	3			59.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			59.
6 Credits/Payments:				
a 2015 estimated tax payments and 2014 overpayment credited to 2015	,			
b Exempt foreign organizations - tax withheld at source				
c Tax paid with application for extension of time to file (Form 8868)				
d Backup withholding erroneously withheld				
7 Total credits and payments. Add lines 6a through 6d	7			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	9			59.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			<del></del>
11 Enter the amount of line 10 to be: Credited to 2016 estimated tax	11			
Part VII-A Statements Regarding Activities				
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın	1	Yes	No
any political campaign?		1a		x
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)		1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published		15		
distributed by the foundation in connection with the activities.	<i>3 0,</i>	-		
c Did the foundation file Form 1120-POL for this year?		1c		x
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		16		
(1) On the foundation. $\blacktriangleright$ \$ 0 . (2) On foundation managers. $\blacktriangleright$ \$ 0 .				1
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
				1
managers. > \$				v
		2		X
If "Yes," attach a detailed description of the activities.	_			İ
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, o	i			77
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?	BT / B	4a		<u>X</u>
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
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:		Į		l
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	iaw			
remain in the governing instrument?		6	X	
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		7	X	<b></b>
				l
8a Enter the states to which the foundation reports or with which it is registered (see instructions)				
FL CONTRACTOR		. }		ĺ
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)				İ
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 cale	ndar			l <u>-</u> -
year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10 orm <b>99</b> 0	\ n=	X
	F	orm <b>44</b>		/つハイだし

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Pa	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of		1	
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	. 11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	. 13	X	
	Website address ► N/A			
14	The books are in care of ▶ Peter Shoemaker Telephone no. ▶813-			
		34102	<u> </u>	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		•	· []
	and enter the amount of tax-exempt interest received or accrued during the year	N	I/A	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	. 16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pa	art 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 X No	,		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	į	} }	
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	,		
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	,		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		1 1	
	if the foundation agreed to make a grant to or to employ the official for a period after	1		
	termination of government service, if terminating within 90 days.) Yes X No	.	İ	
ŧ	o 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)?	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, that were not corrected	ł		
	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 foundation			
	defined in section $4942(j)(3)$ or $4942(j)(5)$ :			
á	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	1	} }	
	before 2015? Yes X No	.		
	If "Yes," list the years >	l		
ı	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		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	"		
		Ì	<b>i</b> i	
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	.	{	
1	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	- 1	[ ]	
	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.)  N/A	3ь		
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<del>                                     </del>	<u>x</u>
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	<del></del>		<del></del> -
	had not been removed from isopardy before the first day of the tay year beginning in 20152	1	1 1	37

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orm 990-PF (2015) The Shoemaker Family Fou	ndation inc	Na	<u> 21-15070</u>	30 Page 6
Part VII-B   Statements Regarding Activities for Which I	orm 4/20 May Be F	required (contin	ued)	<del>,</del>
5a During the year did the foundation pay or incur any amount to:		<del></del>		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section		* *	es X No	
(2) Influence the outcome of any specific public election (see section 4955); o				
any voter registration drive?		• • • ==	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		L Ye	es X No	1 1
(4) Provide a grant to an organization other than a charitable, etc., organization		<u> </u>	[ <del></del> ]	
4945(d)(4)(A)? (see instructions)		Ye	es Las No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,			[ TEF]	
the prevention of cruelty to children or animals?		L Ye	es La No	ł (
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		-	37 / 3	FL
section 53.4945 or in a current notice regarding disaster assistance (see instru				5b
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			. — .	1 1
expenditure responsibility for the grant?		/A L. Y	s NO	] ]
If "Yes," attach the statement required by Regulations section 53.4945				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to page 2 page 2 page 2 page 2 page 2 page 3 page 2 page 3			, <b>v</b>	
a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	areonal hanafit contract?	Ц Үе		6b X
If "Yes" to 6b, file Form 8870.	ersonal Delient Contract?	• • • • • • • • • • • • • • • • • • • •		DU A
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		se Y No	
b If "Yes," did the foundation receive any proceeds or have any net income attributions.	itable to the transaction?	🗀 18	N/A	7b
Part VIII Information About Officers, Directors, Trusto				7.0
Paid Employees, and Contractors			1	
List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
Peter W. Shoemaker	Chairman & Pr	esident		
525 3RD ST S#401				
Naples, FL 34102	0.00	0.	0.	0.
Rosalind Shoemaker	Vice Presiden	t		
525 3RD ST S#401				
Naples, FL 34102	0.00	0.	0.	0.
Leslie Carney	Treasurer			
19 Devon Road				
Darien, CT 06820	0.00	0.	0.	0.
Christina Daly	Secretary			
115 Randlett Park				
Newton, MA 02465	0.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc	<del></del>	enter "NONE."	(-00-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
(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 deterred	(e) Expense account, other allowances
NONE	devoted to position	<del></del>	compensation	allowalices
140111				
	1			
	1			
				····
	1			
Total number of other employees paid over \$50,000				0
			Form	990-PF (2015)

Form 990-PF (2015) The Shoemaker Family Foundation Inc  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, High Paid Employees, and Contractors (continued)	<u>27-1507</u> ly	030 Page 7
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 ser	vice	(c) Compensation
NONE		
		<del></del>
<u> </u>		<del></del>
Total number of others receiving over \$50,000 for professional services	<b>—</b>	0
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 such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A		
2		
3		
<u> </u>		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 <u>N/A</u>		
	<del></del>	
2	—	
	$\overline{}$	
All other program-related investments. See instructions.	-	
3		
Total. Add lines 1 through 3	▶	0.
	For	m <b>990-PF</b> (2015)

Form **990-PF** (2015)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2014	2014	2015
1 Distributable amount for 2015 from Part XI,				
line 7				40,505.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010 16,752.				
b From 2011 21,033.	]			
c From 2012 2,625. d From 2013 3,291.			:	
	]			
6 Tetal of lines 2s through s	44,162.			
f Total of lines 3a through e	44,102.			
4 Qualifying distributions for 2015 from Part XII, line 4: ▶ \$ 45,500				
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				<del></del>
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				40,505.
e Remaining amount distributed out of corpus	4,995.			±0,303.
5 Excess distributions carryover applied to 2015	0.	<del></del>		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:				
& Corpus Add lines 3f, 4c, and 4e. Subtract line 5	49,157.			
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.		
d Subtract line 6c from line 6b. Taxable	1			
amount - see instructions		0.		· · · · · · · · · · · · · · · · · · ·
e Undistributed income for 2014. Subtract line	İ			
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				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 required - see instructions)	0.			
8 Excess distributions carryover from 2010				<del></del>
not applied on line 5 or line 7	16,752.			
9 Excess distributions carryover to 2016.	10,732.			
Subtract lines 7 and 8 from line 6a	32,405.			
10 Analysis of line 9:				· · · · · · · · · · · · · · · · · · ·
a Excess from 2011 21,033.				
b Excess from 2012 2,625.				
c Excess from 2013 3, 291.				
<b>d</b> Excess from 2014 461.		ĺ		
e Excess from 2015 4,995.				
				Form 000-DE (2015)

Form 990-PF (2015) The Sho	emaker Fami				507030 Page 10
<u> </u>	<del></del>		I-A, question aj	N/A	<del></del>
1 a If the foundation has received a ruling of		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
foundation, and the ruling is effective fo			▶ ∟	1	
<b>b</b> Check box to indicate whether the found		ig toundation described i		4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	0.0044	Prior 3 years	T	<u>.</u> .
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed			<u> </u>		
<b>b</b> 85% of line 2a					
e Qualifying distributions from Part XII,					
line 4 for each year listed				1	
d Amounts included in line 2c not					
used directly for active conduct of					
•					
exempt activities		<u> </u>	<del> </del>	<del> </del>	<del></del>
e Qualifying distributions made directly	1		}		
for active conduct of exempt activities.					
Subtract line 2d from line 2c			ļ <u>-</u>	<del> </del>	<del> </del>
3 Complete 3a, b, or c for the alternative test relied upon:	1				
a "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					<del> </del>
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed	<u> </u>	<u> </u>	<del></del>	<del></del>	
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)			<u> </u>		
(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					
Part XV Supplementary Info	ormation (Comple	te this part only	if the foundation	had \$5,000 or m	ore in assets
at any time during					oro m abocto
1 Information Regarding Foundation	-	Ab - = 00/ - f Ab - 4 - 1 - 1	h. b. d. a. a. a. a. b. a. d. b. a. d. b.		
<ul> <li>List any managers of the foundation will year (but only if they have contributed)</li> </ul>			tributions received by the	e foundation before the cit	ise of any tax
. ,	more man \$3,000). (See S	ection 307 (u)(z).)			
None					
b List any managers of the foundation w			(or an equally large port	ion of the ownership of a p	artnership or
other entity) of which the foundation ha	as a 10% or greater interes	SL.			
None					
2 Information Regarding Contribu	tion, Grant, Gift, Loan,	Scholarship, etc., P	rograms:		
Check here <b>X</b> If the foundation the foundation makes gifts, grants, etc					
	<del></del>			<del> </del>	
a The name, address, and telephone nur	nder or e-mail address of t	ine person to whom app	ncations should be addre	essea;	
<b>b</b> The form in which applications should	be submitted and informa	tion and materials they s	should include:		
c Any submission deadlines:					
d Any restrictions or limitations on awar	ds, such as by geographic	al areas, charitable fields	, kinds of institutions, or	other factors:	
523801 11-24-15			——————————————————————————————————————		Form <b>990-PF</b> (2015)

Amount

3,000,

2,500.

500,

1,500.

disabilities through the benefit of

therapeutic horseback

To support the

institution

academically, physically and

		financially,	1_500.
Total	See continuation sheet(s)	<b>&gt;</b> 3a	45 500
<b>b</b> Approved for future payment			

Private

Institution

None

Old Lyme, CT 06371

Rutgers University

10 Seminary Place New Brunswick, NJ 08901

Form **990-PF** (2015)

**▶** 3b

Total

## Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated i	ousiness income		by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	Amount	TUNCTION INCOME
8	<u> </u>				
b					
c	<del></del>				
d	<del></del>		- +		
¢	<del> </del>		<del>-                                    </del>		
f	<del></del>				
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					11
4 Dividends and interest from securities					14,912
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					-
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory	1		1	1	-41,201
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)			0.	0.	-26,278
13 Total. Add line 12, columns (b), (d), and (e)				13	-26,278
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	o the Asser	anlishment of	Evennt F	lumosos	
rait Avi-b Relationship of Activities to	o tile Accom	irbiigiiiileiit Oi	Evellih( L	uihoses	

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).									
3	Investment									expenses
4					<u>portfolio</u>					
8	Investment	income	earned	on	portfolio	<u>balance</u>	used	to	pay	expenses
										<del></del>
						·				
	<u> </u>									
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	_l									<del></del>

Form **990-PF** (2015)

Part	XVII	Information Re Exempt Organ		sfers To a	and Trans	sactions a	nd Relations	hips With Noncha	aritabl	е	
1 Di	d the ord	anization directly or indi		of the followin	g with any of	her organizatio	n described in secti	ол 501(c) of		Yes	No
	_	other than section 501(c)						o oo .(o) o.		100	
	a Transfers from the reporting foundation to a noncharitable exempt organization of:									1	ĺ
	(1) Cash									i .	X
•	•	assets							1a(1) 1a(2)	1	X
		sactions:									
(1	) Sales	of assets to a noncharital	ble exempt organizat	tion					1b(1)		X
		ases of assets from a not							45/01		X
		of facilities, equipment,									X
(4	) Reimb	oursement arrangements							1b(4)		X
		or loan guarantees									X
(6	) Perfor	mance of services or me	mbership or fundrais	sıng solicıtatıo	ns				1b(6)		X
		facilities, equipment, ma							10		X
d If	the answ	er to any of the above is	"Yes," complete the t	following sche	dule. Columr	ı (b) should alv	vays show the fair m	arket value of the goods,	other ass	sets,	
or	services	given by the reporting for	oundation. If the four	ndation receive	ed less than f	air market valu	e in any transaction	or sharing arrangement,	nı worla		
CC		the value of the goods,									
(a) Line	no (	(b) Amount involved	(c) Name of	f noncharitable	exempt orga	nization	(d) Description	of transfers, transactions, and	sharing ar	rangeme	nts
				<u> N/A</u>							
			<del></del>				<del></del>				
							<del></del>	<del></del>			
							<del></del>				
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			<u> </u>				<del></del>	<del></del>			
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						<del></del>	<del>                                     </del>				
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	-	<del></del>						<del></del>			
		<del></del>					<del> </del>				
		<del></del>					<u> </u>				
20 10	the four	idation directly or indirec	thy affiliated with or i	related to one	or more tay-	evernit organi:	rations described	<del></del>			
		501(c) of the Code (othe	-			cxcript organia	Laudiis acsoribed	Γ	Yes	X	] No
		emplete the following sch		)(0))				_	103		1110
	100, 00	(a) Name of org			(b) Type of	organization		c) Description of relations	ship		
		N/A	<u> </u>		, , , , , , , , , , , , , , , , , , ,		<u> </u>	· <del></del>		-	
		penalties of perjury, I declare							y the IRS	discuss t	his
Sigr	1	elief it is thue, correct, and cor	mplete. Declaration of pr	reparer (other than	ın taxpayer) ıs b	ased on all inform	× ()- 10	nas any knowledge ret	urn with th	e prepare	er l
Here	•	Druven	Muller		(1)	112-116	treside		X Yes		No
	Sign	ature of officer or trustee	)		Date		Trtle	L			
		Print/Type preparer's na	ame	Preparer's s	agnature		Date	Check X If PTIN			
self- employed											
Paic		Robert V.	Lally	<u> </u>			<u> </u>	P0	0023	<u>543</u>	
-	oarer	Firm's name ► Fed	lerman, La	ally &	Remis	LLC		Firm's EIN ▶ 06-1			
Use	Only										
		Firm's address ► 23	1 Farming	ton Av	re						
Farmington, CT 06032 Phone no. 860 678 7						100					

Part XV Supplementary Information	<u>Demaker Family 1</u> on		Inc 27-150	
3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual,	Foundation	Durance of great or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
Girard College Alumni Association		Private	To provide assistance	
2101 South College Avenue #605		Institution	for students and	
Philadelphia, PA 19121-4865			alumni in addition to	
			funding scholarships.	6,000
Girard College Development Fund		Private	To provide extra	
2101 South College Avenue		Institution	resources needed to	
Philadelphia, PA 19121-4860			meet basic needs of	
			the institution.	20,000
Goodspeed Opera House Foundation		Private	To restore the 19th	
PO Box A		Institution	century opera house	
East Haddam, CT 06423-0281			and to preserve and	
			advance musical	
		<del> </del>	theatre and the	1,500
		l		
The Shoreline Soup Kitchens &		Private	To purchase food and	
Pantries		Institution	to meet overhead costs	
P.O Box 804			of the institution.	2 500
Essex, CT 06426			<del> </del>	2,500
Hugo House		Private	To support the	
1634 11th Ave		Institution	institution in	
Seattle, WA 98122			providing resources to	
5020010, MI 50222			aspiring writers.	500
Thames River Community Service		Public	To provide housing	
One Thames River Place		Institution	with support services	
Norwich, CT 06360			for formerly homeless	
•			individuals and	
		<u> </u>	families.	500
Connecticut Community Foundation		Public	To provide financial	
43 Field Street		Institution	assistance to programs	
Waterbury, CT 06702			that are fostering	
			creative partnerships	
		<del> </del>	that build rewarding	500
Hollins University		Private	To provide financial	
7916 Williams Road		Institution	assistance to students	
Roanoke, VA 24019	:		and to enhance the	
			diverse education	1 000
		<del> </del>	environment.	1,000
The Katherine Hepburn Foundation		Public Chariter	To promote the variety	
300 Main Street		Twite charity	and diversity of the	
Old Saybrook, CT 06475			performing arts on the	
			Connecticut Shoreline.	1,500
The HARTT School		Private	To provide financial	2,550
200 Bloomfield Avenue		Institution	assistance to students	
West Hartford, CT 06117			and pre-college	
•			students and to	
			enhance the diverse	2,500
Total from continuation sheets				36 500

The Shoemaker Family Foundation Inc 27-15  Part XV Supplementary Information	07030
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution	
Name of Recipient - Jazz Foundation of America	
To provide financial, medical and legal assistance to those great	jazz
and blues veterans who find themselves in crisis due to illness,	age
and/or circumstance.	
Name of Recipient - Metropolitan Ministries	
To provide support for the homeless and those at risk of becoming	·
homeless through services that alleviate suffering, promote digni	ty and
instill self-sufficiency.	<del></del>
Name of Recipient - Cradles to Crayons	
To provide clothing, school supplies and toys that children need	to be
safe, protected from the elements and ready to learn.	
Name of Recipient - High Hopes Theraputic Riding, Inc.	
To improve the lives of people with disabilities through the bene	fit of
therapeutic horseback riding, equine assisted activities and ther	apies.
Name of Recipient - Goodspeed Opera House Foundation	
To restore the 19th century opera house and to preserve and advan	ce
musical theatre and the development of new works.	
	····
Name of Recipient - Connecticut Community Foundation	
To provide financial assistance to programs that are fostering cr	eative
partnerships that build rewarding lives and thriving communities.	
Name of Recipient - The HARTT School	
To provide financial assistance to students and pre-college stude	nts
FARANCE AL DE 40	

			The S	<u>hoemake</u>	er Far	<u>nily</u>	Found	<u>ation</u>	Inc	<u> 27-150</u>	7030
Part XV S	Supplemer	ntary Ir	nformation	า							
The Shoemaker Family Foundation Inc 27-1507030  Part XV   Supplementary Information  3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution											
and to e	nhance	the	divers	e educa	ation	envi	ronme:	nt.			
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### Schedule B

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

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

OMB No 1545-0047

2015

Name of the organization Employer identification number The Shoemaker Family Foundation Inc 27-1507030 Organization type (check one): Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

# The Shoemaker Family Foundation Inc

27-1507030

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	Peter and Rosalind Shoemaker  625 3rd Street South  Naples, FL 34102	\$48,964.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
NO.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroli Complete Part II for noncash contributions.)

Employer identification number

# The Shoemaker Family Foundation Inc

27-1507030

(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1 400	shares of Stericyle Inc.		
		\$ 48,964.	11/25/15
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		* \$	
(a) No. om art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. om art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. om art l	- (b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. Pom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
153 10-26-15		\$\$	90, 990-EZ, or 990-PF) (2

Name of organization Employer identification number The Shoemaker Family Foundation Inc 27-1507030

Part III Exclusively the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations of the year from any one contributor. completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Form 990-PF Interes	st on Savir	ngs and Ten	porary	Cash In	vestments	Statement 1
Source		Reve	Revenue Net In		(b) (c)  ivestment Adjusted icome Net Income	
GRAND CENTRAL INVEST	rment groui	<u></u>	11.		11.	
Total to Part I, lin	ne 3		11.	====	11.	
Form 990-PF	Dividends	s and Inter	est fr	om Secur	ities	Statement 2
Source	Gross Amount	Capital Gains Dividend	R	(a) evenue r Books	(b) Net Invest ment Incom	
TRADEPMR - Capital Gains Dividends TRADEPMR -	645		<u> </u>	0.		0.
Ordinary Dividends TRADEPMR - Qualified Dividends	5,585 9,327		0.	5,585. 9,327.	-	
To Part I, line 4	15,557	. 64	15. =====	14,912.	14,91	2.
Form 990-PF		Account	ing Fee	s		Statement 3
Description		(a) Expenses Per Books	Net I	b) nvest- Income	(c) Adjusted Net Incom	
Tax return 6/30/15	_	2,800	•	0.		0.
To Form 990-PF, Pg	1, ln 16b	2,800	•	0.		0.

Form 990-PF	Tax	es	Statement 4		
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Minimum net investment income tax paid for PY return	171.	0.		0.	
To Form 990-PF, Pg 1, ln 18	171. 0.			0.	
Form 990-PF	Other E	xpenses	S	tatement 5	
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Management and broker fees	11,970.	11,970.		0.	
To Form 990-PF, Pg 1, ln 23	11,970.	11,970.		0.	