EXTENDED TO MARCH 15, 2018

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.

calendar year 2016 or tax year beginning MAY		nstructions is at www	APR 30, 2017	Open to Public Inspection
calendar year 2016 or tax year beginning MAY ame of foundation	1, 2016	, and ending	A Employer identification	
ane or roundation			A Chiproyer Identification	
SILVER FOUNDATION, INC.			54-1556341	
imber and street (or P.O. box number if mail is not delivered to street a	ddress)	Room/suite	B Telephone number	<del>-</del>
1001 EAST TELECOM DRIVE			561-981-52	52
ty or town, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
BOCA RATON, FL 33431				
Check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	s, check here $ ightharpoonup$
Final return	Amended return		Foreign organizations me check here and attach co	eeting the 85% test,
X Address change	Name change		check here and attach co	omputation
Check type of organization: X Section 501(c)(3) ex		9 Y	E If private foundation sta	
Section 4947(a)(1) nonexempt charitable trust  air market value of all assets at end of year  J Accounti	Other taxable private founda ng method: X Cash	Accrual	under section 507(b)(1	
	ther (specify)	Accidaly	F If the foundation is in a under section 507(b)(1	- [
from Part II, col (c), line 16) ▶\$ 16,987. (Part I, colu		asis )	-   411461 36611011 367 (B)(1	)(D), 01100K 11010
art   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	псоте	ıncome	for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	713,600.			
2 Check if the foundation is not required to attach Sch. B			<u> </u>	<u> </u>
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities	<del></del>			
5a Gross rents			<u> </u>	<u> </u>
Net rental income or (loss)		<del></del>		<u> </u>
63. Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				
b assets on line 6a  7 Capital gain net income (from Part IV, line 2)		0		
8 Net short-term capital gain				
9 Income modifications				
Gross sales less returns 10a and allowances				
b Less Cost of goods sold				ļ
c Gross profit or (loss)				<del>                                     </del>
11 Other income	713,600.	0	0.	
12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees etc	713,000.			0
14 Other employee salaries and wages				
15 Pension plans remitores benefits		<del></del>	·	
6 16a Legal fees				
c Other professional fees				ļ
17 Interest				
a 18 Taxes OGDEN.	<del></del>		<del>- </del>	
b Accounting fees A 2 2018 c Other professional fees 17 Interest 18 Taxes OGDEN 19 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings			<del> </del>	
20 Occupancy 21 Travel, conferences, and meetings			<del> </del>	<del> </del>
23 Other expenses STMT 1	144.		0.	0
22 Printing and publications 23 Other expenses STMT 1 24 Total operating and administrative expenses. Add lines 13 through 23				
expenses. Add lines 13 through 23	144.		0.	. 0
25 Contributions, girls, grants paid	676,591.			676,591
26 Total expenses and disbursements.		_		1
Add lines 24 and 25	676,735.		0.	676,591
27 Subtract line 26 from line 12:	36 065		1	
8 Excess of revenue over expenses and disbursements	36,865.		).	<del> </del>
b Net investment income (if negative, enter -0-)	1			

For	m 99	0-PF (2016) SILVER FOUNDATION, INC.			1556341 Page 2
Ē	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year		of year
<u>:</u>		column should be for end-of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	-19,163.	6,557.	6,557.
	2	Savings and temporary cash investments			
	3	Accounts receivable			_
		Less: allowance for doubtful accounts			
	4	Pledges receivable ►			
	1	Less: allowance for doubtful accounts	i		L
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
	1	Less: allowance for doubtful accounts	1	-	,
t/A	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ass	I -	Investments - U.S. and state government obligations	<del></del>		
	ı	Investments - corporate stock	<del></del>		
	ı	Investments - corporate bonds			
	ı	Investments land buildings and equipment basis			<del>                                     </del>
	1''				
	10	Less accumulated depreciation	<del></del>	<del></del>	<del></del>
	ì	Investments - mortgage loans Investments - other			<del></del>
	13			<del></del>	<del> </del>
	14		0.	10,430.	10,430.
	l	Less accumulated depreciation		10,430.	10, 430.
	1	Other assets (describe			<del> </del>
	16	Total assets (to be completed by all filers - see the	10 162	16 007	16 007
_	├—	instructions. Also, see page 1, item I)	-19,163.	16,987.	16,987.
		Accounts payable and accrued expenses	715.		
	18	Grants payable	<del></del>		
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			ļ
iab	21	Mortgages and other notes payable			
_	22	Other liabilities (describe			
	}				'
	23	Total liabilities (add lines 17 through 22)	715.	0.	
		Foundations that follow SFAS 117, check here			'
	l	and complete lines 24 through 26 and lines 30 and 31			ļ
ces	24	Unrestricted			<u>'</u>
au	25	Temporarily restricted			
Bal	26	Permanently restricted			<u>'</u>
Ъ	1	Foundations that do not follow SFAS 117, check here			
Ţ	}	and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	0.	0.	
sets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	]
Net Assets or Fund Balan	29	Retained earnings, accumulated income, endowment, or other funds	0.	36,865.	
et	30	Total net assets or fund balances	-19,878.	16,987.	1
_	1	Ī			
	31	Total liabilities and net assets/fund balances	-19,163.	16,987.	İ
<u></u>					
كي	art	III Allaysis of Changes in Net Assets of Fund Bal			
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line 3	00		
		st agree with end-of-year figure reported on prior year's return)		1	-19,878.
2		amount from Part I, line 27a		2	36,865.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	16,987.
		eases not included in line 2 (itemize)		5	
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	lumn (b), line 30	6	16,987.
_					- 000 DE (0040)

Form 990-PF (2016) SILVER FOUNDATION, INC.  Part VI Excise Tax Based on Investment Income (Section 49)	940(a), 4940(b), 4940(e), or 4	54-155 1948 - see i		Page 4
1a Exempt operating foundations described in section 4940(d)(2), check here		$\top$		<del></del>
Date of ruling or determination letter: (attach copy of letter if				1
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here		1 1		0.
of Part I, line 27b	and sinter 176			<del></del> ,
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter	4% of Part I, line 12, col. (b).	1 1		1
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only		2		0.
3 Add lines 1 and 2		3		0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	v Others enter -0-)	4		0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	,	5		0.
6 Credits/Payments;				
a 2016 estimated tax payments and 2015 overpayment credited to 2016	6a	1 1		İ
<b>b</b> Exempt foreign organizations - tax withheld at source	6b	7		i
c Tax paid with application for extension of time to file (Form 8868)	6c	7		
d Backup withholding erroneously withheld	6d	7 1		
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		0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpai	d 🕨	10		
11 Enter the amount of line 10 to be: Credited to 2017 estimated tax	Refunded >	. 11		
Part VII-A Statements Regarding Activities				
1a During the tax year, did the foundation attempt to influence any national, state, or local le	egislation or did it participate or intervei	ne in	Yes	No
any political campaign?			1a	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political pu	rposes (see instructions for the definition	on)?	1b	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activitie	•			
distributed by the foundation in connection with the activities				
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:			
(1) On the foundation $\blacktriangleright$ \$ 0 . (2) On foundation mana	gers. ▶ \$ 0	•	1 !	
e Enter the reimbursement (if any) paid by the foundation during the year for political expi			1 1	
managers. ► \$ 0 •				
2 Has the foundation engaged in any activities that have not previously been reported to the	ne IRS?		2	X
If "Yes," attach a detailed description of the activities				
3 Has the foundation made any changes, not previously reported to the IRS, in its governi	ng instrument, articles of incorporation,	or		
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the cha	nges		3	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the	year?		4a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	ear?		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) satisfie	d either:			!
<ul> <li>By language in the governing instrument, or</li> </ul>			} }	,
<ul> <li>By state legislation that effectively amends the governing instrument so that no manda</li> </ul>	atory directions that conflict with the sta	ate law		'
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 )	(V	7 X	<u> </u>
8a Enter the states to which the foundation reports or with which it is registered (see instru	ictions) >		_	Ì ;
VA	· · · · · · · · · · · · · · · · · · ·		_	
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	ne Attorney General (or designate)			
of each state as required by General Instruction G? If "No," attach explanation			8b X	<u>↓</u>
9 Is the foundation claiming status as a private operating foundation within the meaning of		alendar		ļ
year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes			9	X '
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a sc	hedule listing their names and addresses		10 X	
		1	Form <b>990-PF</b>	(2016)

orm 990-PF (2016) SILVER FOUNDATION, INC.			<u>54-155634</u>	Page 6
Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be Re	equired (continu	ied)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955);		ectly,	İ	
any voter registration drive?	, ,		s X No	
(3) Provide a grant to an individual for travel, study, or other similar purpose:	۲,	Ye	F 1	
(4) Provide a grant to an organization other than a charitable, etc., organization				1 1
• • • • • • • • • • • • • • • • • • • •	JII GCSCI IDCG III SCCIIOII	Ye	s X No	
4945(d)(4)(A)? (see instructions)			3 [22] 140	1 1
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or equicational purposes, or i		s X No	
the prevention of cruelty to children or animals?		_	S A NO	
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify un		n Regulations	37/3	
section 53 4945 or in a current notice regarding disaster assistance (see instri	•		— <u>—</u>	b
Organizations relying on a current notice regarding disaster assistance check				1 1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption				1 1
expenditure responsibility for the grant?	N	[/A Ye	s No	1 1
If "Yes," attach the statement required by Regulations section 53 494s	5-5(d)			'
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	s 🗓 No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		6	ь <u> </u>
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attrib				ь
Part VIII Information About Officers, Directors, Trust		nagers, Highly		
Paid Employees, and Contractors				
List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
ARRY D. SILVER	PRESIDENT	eliter -o-)	compensation	unovanocs
1001 EAST TELECOM DRIVE	TRESIDENT		Ĭ	
BOCA RATON, FL 33431	0.00	0.	0.	0.
JESSE A. HOLSHOUSER	CHIEF FINANCI			
	CUIDE LINWICI	AL OFFICE	`	
1001 EAST TELECOM DRIVE	1 000	_		0
BOCA RATON, FL 33431	0.00	0.	0.	0.
3. JUDSON HONAKER JR.	DIRECTOR	Į.		
552 HEATHERSTONE LANE	1			•
REDERICKSBURG, VA 22407	0.00	0.	0.	0.
	<u> </u>			
			[	
	1			
Compensation of five highest-paid employees (other than those in		enter "NONE."	(d) Control	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	devoted to position	(O) compensation	compensation	allowances
NONE		Į.		
	7			
	7	1		
	<del>                                     </del>			
	┥			
	<del> </del>	<del> </del>	<del></del>	
	┥			
Catal number of other amployage paid over \$50,000	<del></del>	<u> </u>	<del> </del>	
otal number of other employees paid over \$50,000				990-PF (2016)
			Form '	330-L1 (5010)

Form 990-PF (2016)

Part X Minimum Investment Return (All domestic foundations must complete this part Fo	reign foundations, see	instructions)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Average monthly fair market value of securities	1a	
b Average of monthly cash balances	1b	
c Fair market value of all other assets	10	
d Total (add lines 1a, b, and c)	1d	0.
e Reduction claimed for blockage or other factors reported on lines 1a and	<del>  "  </del>	
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	0.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6 Minimum investment return Enter 5% of line 5	6	0.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four		
foreign organizations check here  and do not complete this part )	ndations and cortain	
1 Minimum investment return from Part X, line 6	1	0.
2a Tax on investment income for 2016 from Part VI, line 5		
b Income tax for 2016. (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	2c	0.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	0.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	0.
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	0.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		656 564
a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	676,591.
b Program-related investments - total from Part IX-B	<u>1b</u>	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:		
Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	676, <u>5</u> 91.
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	0.
6 Adjusted qualifying distributions Subtract line 5 from line 4	6	676, <u>5</u> 91.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the feature 4940(e) reduction of tax in those years.	oundation qualifies for the	e section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,	· · · · · · · · · · · · · · · · · · ·			
line 7				0.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only				
<b>b</b> Total for prior years:				
<del></del>		0.		
3 Excess distributions carryover, if any, to 2016:				
<b>a</b> From 2011				1
<b>b</b> From 2012				
c From 2013				
d From 2014				
e From 2015	· · · · · · · · · · · · · · · · · · ·			
f Total of lines 3a through e				
4 Qualifying distributions for 2016 from Part XII, line 4; ▶\$676,591.				į
a Applied to 2015, but not more than line 2a			0.	ı
b Applied to undistributed income of prior		·	0.	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		<u> </u>		
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				0.
e Remaining amount distributed out of corpus	676,591.			
5 Excess distributions carryover applied to 2016	0.			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	676,591.			1
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		,
c Enter the amount of prior years'				1
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				,
amount - see instructions		0.		
e Undistributed income for 2015 Subtract line				
4a from line 2a Taxable amount - see instr.  f Undistributed income for 2016. Subtract			0.	
lines 4d and 5 from line 1 This amount must				
be distributed in 2017		İ		٥
7 Amounts treated as distributions out of				0.
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 2011			· · · · · · · · · · · · · · · · · · ·	
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.				Ī
Subtract lines 7 and 8 from line 6a	676,591.			
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015	Ì			
e Excess from 2016 676,591.				

SILVER FOUNDATION, INC. 54-1556341 Form 990-PF (2016) Page 10 Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(1)(5) Tax year 2 a Enter the lesser of the adjusted net Prior 3 years (c) 2014 (a) 2016 (b) 2015 (d) 2013 (e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: 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 2/3 of minimum investment return shown in Part X, line 6 for each year 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) (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 Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here 🕨 🗓 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed; DEBRA EBY, 561-981-5252 1001 EAST TELECOM DRIVE, BOCA RATON, FL 33431 b The form in which applications should be submitted and information and materials they should include: WRITTEN REQUEST VIA USPS. c Any submission deadlines: NONE. d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: NONE. 623601 11-23-16

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ter gross amounts unless otherwise indicated.	Unrelated b	usiness income		d by section 512, 513, or 514	(e)
-	(a) Business code	(b) Amount	Exclu- sion code	( <b>d</b> ) Amount	Related or exemp
Program service revenue:	- code		+=+		
	- <del> </del>		+-+		
	l i		-1-1		<del></del>
	1 1				<del> </del>
		·	$\top$		
	_		$\top$		
Fees and contracts from government agencies					
fembership dues and assessments					
nterest on savings and temporary cash					
nvestments					
lividends and interest from securities					
et rental income or (loss) from real estate:					
Debt-financed property			$\perp$		
Not debt-financed property					
let rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other			{ {		
han inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					<u> </u>
Other revenue					
·	_		_\ _\		
·	_				ļ <u> </u>
	_		<del></del>		<u> </u>
	_				
Subtotal Add columns (b), (d), and (e)		0		0.	
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e)		0		0. 13_	
Bubtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations	.)			13 _	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations	.)			13 _	
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  Relationship of Activities	s to the Accom	plishment of E	xempt F	13 _ Purposes	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  THE XVI-B Relationship of Activities  Explain below how each activity for which in the columns of the	s to the Accom	plishment of E	xempt F	13 _ Purposes	
iubtotal Add columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  irt XVI-B Relationship of Activities  e No Explain below how each activity for which i	s to the Accom	plishment of E	xempt F	13 _ Purposes	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  THE XVI-B Relationship of Activities  Explain below how each activity for which in the columns of the	s to the Accom	plishment of E	xempt F	13 _ Purposes	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  THE XVI-B Relationship of Activities  Explain below how each activity for which in the columns of the	s to the Accom	plishment of E	xempt F	13 _ Purposes	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  THE XVI-B Relationship of Activities  Explain below how each activity for which in the columns of the	s to the Accom	plishment of E	xempt F	13 _ Purposes	
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Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  THE XVI-B Relationship of Activities  Explain below how each activity for which in the columns of the	s to the Accom	plishment of E	xempt F	13 _ Purposes	
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  Explain below how each activity for which i	s to the Accom	plishment of E	xempt F	13 _ Purposes	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  THE XVI-B Relationship of Activities  Explain below how each activity for which in the columns of the	s to the Accom	plishment of E	xempt F	13 _ Purposes	
ubtotal Add columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  IT XVI-B Relationship of Activities  e No Explain below how each activity for which i	s to the Accom	plishment of E	xempt F	13 _ Purposes	
inubtotal Add columns (b), (d), and (e)  fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  IRT XVI-B Relationship of Activities  e No Explain below how each activity for which i	s to the Accom	plishment of E	xempt F	13 _ Purposes	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  THE XVI-B Relationship of Activities  Explain below how each activity for which i	s to the Accom	plishment of E	xempt F	13 _ Purposes	
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  E worksheet in line 13 instructions to verify calculations  BET XVI-B Relationship of Activities  Relationship of Activities	s to the Accom	plishment of E	xempt F	13 _ Purposes	
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  Explain below how each activity for which i	s to the Accom	plishment of E	xempt F	13 _ Purposes	
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  Explain below how each activity for which i	s to the Accom	plishment of E	xempt F	13 _ Purposes	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations  THE XVI-B Relationship of Activities  Explain below how each activity for which i	s to the Accom	plishment of E	xempt F	13 _ Purposes	
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  E worksheet in line 13 instructions to verify calculations  BET XVI-B Relationship of Activities  Relationship of Activities	s to the Accom	plishment of E	xempt F	13 _ Purposes	
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  E worksheet in line 13 instructions to verify calculations  Relationship of Activities  Relationship of Activities	s to the Accom	plishment of E	xempt F	13 _ Purposes	

623621 11-23-16

Part XVII	Information Re Exempt Organ	•	Sters 10 a	and Transactions	and Relations	nips With Nonc	naritable		
1 Did the or			of the follows	ng with any other organizat	tion described in sect	uon 501(c) of		Yes	No
	-			ng with any other organizat 27, relating to political orga		3011 30 1(b) UI		<del>                                     </del>	1.5
	from the reporting founda				inizations,				
(1) Cash	, -	ation to a nonchanta	ibio exempt of	gamzation of,			1a(1)		x
(2) Other							1a(2)	<u> </u>	X
<b>b</b> Other tran							1.51.57		<del>                                     </del>
	of assets to a noncharita	ble exempt organiza	tion				1b(1)	\	X
• •	hases of assets from a no	• -					1b(2)		Х
` '	al of facilities, equipment,	•					1b(3)		Х
	bursement arrangements						1b(4)		X
` '	s or loan guarantees						1b(5)		Х
	rmance of services or me	embership or fundrai	sing solicitation	ons			1b(6)		Х
	f facilities, equipment, ma						1c		X
•		-		edule. Column (b) should a	always show the fair	market value of the go	ods, other ass	ets,	
or service	s given by the reporting fo	oundation. If the fou	ndation receiv	ed less than fair market va					
Column (c	the value of the goods,     (b) Amount involved			e exempt organization	(d) Description	n of transfers, transactions	and charing arr	angeme	nte
(a) Line no	(U) Amount mvorved	(c) Name o	N/A	e exempt organization	(U) Descriptio	n or transfers, transactions	, and sharing arr	angerne	
					<del>-   -</del>				
									_
					_ \				
					_				
					_				
						<del></del>		_	
					<del></del>				
ın section	501(c) of the Code (other	r than section 501(c edule.					Yes	X	No.
	(a) Name of org	ganization		(b) Type of organization	<u> </u>	(c) Description of rela	tionship		
	N/A								
				<del> </del>	<del></del>				
					<del></del>				
				<del> </del>	<del></del>				
Sign Here	elief, it is true, correct, and con	plete Declaration of pro	s teturn, including	g accompanying schedules and naxpayer) is based on all inform	or of which prepared CHIEF	FINANCIAL	May the IRS return with the shown below	e prepai	rer
Sigi	nature of officer of trustee	/	Ta :	Date	Title	Obselv Control	TIN.		
	Print/Type preparer's ma	ıme	Preparer's s	signature	Date	L	PTIN		
Paid	TIII TO	MANUTUS D	TITE T-12	) D1/31000 -	02/10/10	self- employed	D00645	020	,
Preparer	JULIE A. E			A. EMANUELE	03/10/18		P00645		
Use Only	Firm's name ► ROS	ептие дух	Y ADATS	OKS, PLLC		Firm's EIN ► 20	-30003	30	
<del>-</del> ,	Firm's address > 1 A	O VIRCINI	ላ ረጥኮ	ET, SUITE 30	10	<del>                                     </del>			
		CHMOND, V				Phone no 804	-545-7	440	ļ
	<u>.                                    </u>		<u> </u>			17 110110 110 003	Form <b>99</b>		
									,

SILVER FOUNDATION, INC.

Part XV Supplementary Information	n		54-155	
3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amo unt
BB&T		₽C	BACKPACKS FOR KIDS	
FREDERICKSBURG, VA		<u> </u>		358.
BETH SHALOM TEMPLE		PC	ROOF REPLACEMENT	
FREDERICKSBURG, VA	<del> </del>			100,000.
BOCA RATON JEWISH EXPERIENCE		PC	FOR GENERAL CHARITABLE PURPOSES	5,000.
BOCK RATON , FD				
BOYS AND GIRLS CLUB: RAPPAHANNOCK		₽C	FOR GENERAL CHARITABLE PURPOSES	
RAPPAHONNOCK, VA				25,000.
CHABAD STUDENT ASSOCIATION		PC	FOR GENERAL CHARITABLE PURPOSES	5,000.
CHAI LIFELINE		₽C	F	
NEW YORK, NY				18,000
DECESARIS PROUT CANCER		₽C	JINGLE BELL RUN	
ANNAPOLIS, MD				500
DOMINION ENERGY SHARE		PC	FOR GENERAL CHARITABLE PURPOSES	
RICHMOND, VA	<del> </del>			569.
EBENEZER BAPTIST CHURCH		PC	FOR GENERAL CHARITABLE PURPOSES	2 500
ACUMOND, VR				3,500
FREDERICKSBURG SOCCER CLUB		₽C	FOR GENERAL CHARITABLE PURPOSES	
FREDERICKSBURG, VA  Total from continuation sheets	<u> </u>			533,491.

SILVER FOUNDATION, INC. 54-1556341

3 Grants and Contributions Paid During the Ye	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
FRIENDS OF ISRAEL SCOUTS NEW YORK, NY		₽C	FOR GENERAL CHARITABLE PURPOSES	25,000
NEW TORK, NI			<del>                                     </del>	25,000
HOLIDAY PROJECT		PC	PROVIDE CHRISTMAS FOR	41,600
JAMES MONROE HIGH SCHOOOL FREDERICKSBURG, VA		₽C	FOR GENERAL CHARITABLE PURPOSES	375
JEWISH FEDERATION OF SOUTH PALM BEACH		₽C	FOR GENERAL CHARITABLE PURPOSES	375
PALM BEACH, FL				105,000
JEWISH WOMEN'S RENAISSANCE		₽C	FOR GENERAL CHARITABLE PURPOSES	
ROCKVILLE, MD				5,000
JF IRREVOCABLE TRUST		PC	ALS MEDICAL ASSISTANCE	4,200
KINGDOM FAMILY WORSHIP		PC	FOR GENERAL CHARITABLE PURPOSES	25.000
FREDERICKSBURG, VA				25,000
LOISANN'S HOPE HOUSE		₽C	FOR GENERAL CHARITABLE PURPOSES	
FREDERICKSBURG, VA				79,840
PROJECT ALS NEW YORK, NY		₽C	FOR GENERAL CHARITABLE PURPOSES	25,80
			+	
PROJECT BIG HEART		₽C	FOR GENERAL CHARITABLE PURPOSES	
RAPPAHONNOCK, VA	<u> </u>			30

Part XV Supplementary Information	<del></del>		<del></del>	
9 Grants and Contributions Paid During the Yea			<del></del>	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
SCOTTY WILLIAMS		PC	MEDICAL EXPENSES	10
SHERI BILL 3985 SW 15TH ST #A-105 POMPANO BEACH, FL		PC	RENT ASSISTANCE	2,64
STAFFORD ARMED SERVICES		₽C	FOR GENERAL CHARITABLE	50,00
sysco		₽C	COMMUNITY DAY	
PREDERICKSBURG, VA			<del> </del>	50
UMW FOUNDATION FREDERICKSBURG, VA		PC	FOR GENERAL CHARITABLE PURPOSES	10,00
Total from continuation sheets				

## 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 irs gov/form990 .

OMB No 1545-0047

2016

Employer identification number Name of the organization SILVER FOUNDATION, INC. 54-1556341 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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 X 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 Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

## STLVER FOUNDATION, INC.

54-1556341

2111	R FOUNDATION, INC.		100011
Part I	Contributors (See instructions) Use duplicate copies of Part I if	f additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MAXINE SILVER  5542 VINTAGE OAKS TERRANCE  DELRAY BEACH, FL 33484	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LARRY SILVER  1001 EAST TELCOM DRIVE  BOCA RATON, FL 33431	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash 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
623452 10-18	1.16	\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

## SILVER FOUNDATION, INC.

<u>54-15</u>56341

Part II	Noncash Property (See instructions) Use duplicate copies of P	art II ir additional space is needed	
(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 receive d
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date receive d
		<b>\$</b>	
(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
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_		   \$	

FORM 990-PF	OTHER EXPENSES		STATEMENT 1	
DESCRIPTION	(A)	(B)	(C)	(D)
	EXPENSES	NET INVEST-	ADJUSTED	CHARITABLE
	PER BOOKS	MENT INCOME	NET INCOME	PURPOSES
LICENSES ADVERTISING OVERDRAFT FEE	72.	0.	0.	0.
	36.	0.	0.	0.
	36.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 23	144.	0.	0.	0.