Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

| | ment of th il Revenue | ne Treasury e Service | | orm 990 and its instructions i | _ | • 1 11 | Open to Public Inspection |
|----------------------------|-----------------------------|--------------------------|--|---------------------------------------|--|-----------------------------|--------------------------------|
| _ | | | | | | UG 31, 2017 | - Mopodadii |
| B cr | | | f organization | <u>,</u> | | D Employer identifi | cation number |
| ap | plicable | | iva Academy of Har | risburg Foundati | ion | | |
| | Address change | d/b/ | a Silver Academy F | oundation | | Į | |
| | Name change | | usiness as Silver Acad | 25-1 | 707927 | | |
| | Initial return | Number | and street (or P.O. box if mail is not di | elivered to street address) | Room/suite | E Telephone numbe | r |
| | Final return/ | P.O. | Box 60784 | | | (717 |)213-9020 |
| | termin- at ed | | own, state or province, country, and | | | G Gross receipts \$ | 228,774. |
| | Amended return | Harr | isburg, PA 17106- | 0784 | | H(a) Is this a group r | eturn |
| | Applica- tion pending | | nd address of principal officer ${	t MO1}$ | ton Spector | | for subordinates | s? . Yes X No |
| | pending | | as C above | | -2 | H(b) Are all subordinates i | ncluded? Yes No |
| | | | X 501(c)(3) 501(c) (|) | or 5 27 | If "No," attach a | a list (see instructions) |
| | | <u>: ► N/A</u> | | | | H(c) Group exemption | |
| | | | | Association Other | L Year | of formation: 1993 | M State of legal domicile: PA |
| Pa | | Summary | | m1- | — 1 | | 00/21/21 |
| g) | 1 Bi | nefly describ | be the organization's mission or mos | t significant activities Tne | Founda | ttion is a 5 | 09(A)(3) |
| Governance | _ | | ing organization f | | | | |
| era | | | x If the organization disco | | sed of more | 1 | 1 |
| Š | | | ting members of the governing body | • | | 3 | 11 |
| | | | dependent voting members of the go | | | 4 | |
| es l | | | of individuals employed in calendar | • | | 5 | 0 |
| Activities & | | | of volunteers (estimate if necessary) | | | 6 | 0 |
| PG | | | d business revenue from Part VIII, c | | | <u>7</u> a | |
| - | <u> </u> | et unrelated | business taxable income from Form | | | 7b | |
| ŀ | | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | DEC 15 2017 10 | <u> </u> | Prior Year | Current Year |
| e l | | | and grants (Part VIII, line 1h) | DEC 1 5 2017 | <u> </u> | 87,900. | 137,734. |
| en | | • | ice revenue (Part VIII, line 2g) | | | 0. | 0. |
| Revenue | | | come (Part VIII, column (A), lines 3, | | | 38,963. | 33,071. |
| _ | | | e (Part VIII, column (A), lines 5, 6d, 8 | , ,,,,,, | _ | 126 063 | 170 005 |
| | | | - add lines 8 through 11 (must equa | | | 126,863. | 170,805. |
| | | | milar amounts paid (Part IX, column | , ,, | - | 262,000. | 215,700. |
| | | • | to or for members (Part IX, column (| | <u> </u> | 0. | 0. |
| S S | | | r compensation, employee benefits | | | <u>0.</u> 0. | 0. |
| Expenses | | | fundraising fees (Part IX, column (A), | • | , ⊢ | | 0. |
| × | | | ing expenses (Part IX, column (D), li | | <u>0.</u> | 10 400 | 12 616 |
| - " | | | es (Part IX, column (A), lines 11a-11d | | <u> </u> | 12,488. 274,488. | |
| | | | es Add lines 13-17 (must equal Part | | _ | | |
| | | <u>levenue less</u> | expenses Subtract line 18 from line | 12 | | <147,625.> | |
| 10 SI | | | - | | <u> B</u> | eginning of Current Year | |
| t Assets or of Balances | 20 T | | Part X, line 16) | | - | 240,911. | |
| NetA | 21 To | | s (Part X, line 26) | | - | 125,445. | |
| | | et assets or Signatur | fund balances Subtract line 21 from | n line 20 | | 115,466. | 40,304. |
| | | | | | | | |
| | | | I declare that I have examined this return | | | | ly knowledge and belief, it is |
| irue, | correct, | and couplete | Declaration of preparer (other than offi | cer) is based on all information of v | vnich prepare | r nas any knowledge. | |
| | | Signatur | e of officer | | | | '7 |
| Sigr | | , , | | lone | | Odic | |
| Her | e | | on Spector, Preside print name and title | tent_ | | | |
| | | <u> </u> | · | | | Date Check | PTIN |
| Da:4 | | Print/Type pre | | Made Colland | <i>/ </i> | # | |
| Paid | - | | Deppen CPA | Associatos PC | CP# | 11/29/17 self-empl | |
| Prep | | Firm's name | | Associates, PC | | Firm's EIN ▶ | 23-2324837 |
| Use | ONLY | Firm's addres | 339 West Governo Hershey, PA 1703 | | | Db | 717) 533-5154_ |
| N.4 | the ID | 2 diportos Al- | is return with the preparer shown ab | | | Phone no. (| X Yes No |
| IVIAV | THE INC | a uiscuss ini | is recurr with the preparer shown ab | OVE (ISSEE HISHIICHONS) | | | IALITES I INO |

Yeshiva Academy of Harrisburg Foundation Form 990 (2016) d/b/a Silver Academy Foundation 25-1707927 Page 2 Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission 509(A)(3) Supporting Organization for The Rabbi David L Silver Yeshiva Silver Academy Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported) (Expenses \$ (Code including grants of \$ The foundation supports the The Rabbi David L Silver Yeshiva Academy of Harrisburg, DBA The Silver Academy. 217,053. including grants of \$ 215,700.) (Revenue \$ (Code) (Expenses \$ ______) (Expenses \$ __

| ŀd | ld Other program services (Describe in Schedule O) | |
|----|---|--|

) (Revenue \$

4e Total program service expenses ►

217,053.

(Expenses \$

| | | | Yes | <u>No</u> _ |
|----|---|--------|--|-----------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | _X_ | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | <u> X</u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | _X_ |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | <u> </u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | _X_ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | _X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | _X_ |
| 0 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | X | |
| 1 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | | <u> X</u> |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| _ | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 2a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | ٠,, |
| | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | ٠,, |
| _ | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 3 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | <u> </u> | X |
| D | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | a a la | | х |
| 5 | or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 14b | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 45 | | х |
| 6 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 15 | | ^ |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 46 | | х |
| 7 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 16 | | <u> </u> |
| • | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 47 | | х |
| 8 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 17 | | - |
| - | 1c and 8a? If "Yes," complete Schedule G, Part II | 10 | | x |
| 9 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 18 | | ** |
| - | complete Schedule G. Part III | 19 | | x |
| _ | National Management V. Lattin | פו | | |

Yes No

| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | <u>X</u> |
|-----|---|------|----------|----------|
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II | 21 | Х | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | - 1 | |
| | Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III | 22 | | _X_ |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | ĺ | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25a | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| Ť | any tax-exempt bonds? | 24c | | |
| ч | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| 204 | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| ~ | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | 1 | | |
| | Schedule L. Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| 20 | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | |
| | complete Schedule L, Part II | 26 | | х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | İ | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV | 28a | | Х |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | _X_ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 1 | 1 | |
| | Schedule N, Part II | 32 | <u> </u> | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | <u> </u> | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| - | If "Yes," complete Schedule R, Part V, line 2 | 36 | L | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| - | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| _ | Note. All Form 990 filers are required to complete Schedule O | 38 | X | |
| | | Forn | 990 | (2016 |

Yeshiva Academy of Harrisburg Foundation

One of Harrisburg Founda 25-1707927 Page 5

| a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | Greek in Generality a response of note to any line in this racky | i | —, | <u> </u> | | | |
|--|-----|---|------------|--|----------------|--|--|--|
| Enter the number of Forms W-2G included in line 1s. Enter 0-d not applicable Old the origanization comply with backup withholding justes for reportable payments to vendors and reportable gaming (gambling) withings to pixe winners? 28. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendary veri varioning with or within the year covered by this return I lit at least one is reported on line 2a, did the origanization file all required federal employment tax returns? Note, if the sum of lines 1 and 25 air greater than 250, you may be required to e-file (see instituctions) 30. Did the origanization have unrelated business gross income of \$1,000 or more during the year? 33. St. If 'Yes', has life did Form 9901 for the leyar! I' I''. No line 8b, provide an explanation or Schedule O 44. At any time during the calendar year, did the origanization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or orther financial account? 44. If 'Yes', enter the name of the foreign country lew and the origanization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or orther financial account? 44. If 'Yes', enter the name of the foreign country lew and the report of Foreign Bank and Financial Accounts (FBAR). 55. Was the origanization aparty to a prohibited tax shelter transaction at any time during the tax year? 56. Unit year, to line 5a or 5b, did the origanization in file Form 8885 T? 57. Did of any taxable party norify the origanization in file form 8885 T? 58. If 'Yes', to line 5a or 5b, did the origanization include with very selectation and express statement that such contributions origins were not tax deductibles. 59. If 'Yes', and the origanization include with very selectation and partly for goods and services provided to the payor? 70. Origanization service a payment as exces | | | | Yes | No | | | |
| C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (graphing) winnings to prize winners? 2a Enter the number of emptyces reported on Form W.3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year overed by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (Bee instructions) 3a Uth organization have unrelated business gross income of \$1,000 or more during the year? 5b If "Yes," has if filed a form 990°T for this year? If "No." to line 3b, provide an explanation in Schedule O 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If "Yes," enter the name of the foreign country by the country (such as a bank account, securities account, or other financial account ("BAR). 5c Was the organization and party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, dod the organization file Form 8889?? 6c Dea the organization and gross receips that are normally greater than \$100,000, and did the organization solicit any contributions with the organization have an include with every solicitation an express statement that such contributions or gifts were not tax deductable? 7c Organization that may receive deductable contributions under section 170(b). 8d If "Yes," do the organization michige with the donor of the value of the goods or services provided to the payor? 8th "Yes," do the organization receive a contribution of qualified intellectual property, for which it was required to file form 8899 as required? 9th the organization received a contribution of caps, boots, anplianes, or otherwise day did the or | | | | | | | | |
| (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required to e-file (See instructions) 3b. Did the organization have unrelated business gross income of \$1,000 or more during the year? 4c. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4c. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4c. At any time during the calendar year, did the organization file abank account, securities account, or other financial accounts (FBAR). 5c. Was the organization apparty to a prohibited tax shelter transaction at any time during the tax year? 5c. Was the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicid any contributions that were not tax deductibles? 6c. The contributions or gifts were not tax deductibles or contributions under section 170(c). 8c. If I'ves, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7c. Tygenization shall represent a payment in access of \$75 mate parity as a contribution and parity for goods and services provided to the payor? 8c. If 'i'ves,' i'ndicate the number of Forms 8282 filed during the year 9c. I'ves,' i'ndicate the number of Forms 8282 filed during the year 9c. I'ves,' i'ndicate the number of Forms 8282 filed during the year 9c. I'ves,' i'ndicate the number of Forms 8282 filed during the year 9c. I'ves,' i'ndicate the number of Form | | the the name of the tribated in the factories and the table | | | ł | | | |
| 2a Enter the number of employees reponded on Form W-3, Transmittal of Wage and Tax Statements, 2a 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (See instructions) 3b Old the organization have unrelated business gross income of \$1,000 or more during the year? 5c If "Yes," has if filed a Form 990 T for this year? If "No," to line 8b, provide an explanation in Schedule O 5c If "Yes," has if filed a Form 990 T for this year? If "No," to line 8b, provide an explanation in Schedule O 5c If "Yes," has if filed a Form 990 T for this year? If "No," to line 8b, provide an explanation in Schedule O 5c If "Yes," has if filed a Form 990 T for this year? If "No," to line 8b, provide an explanation in Schedule O 5c If "Yes," to line 5a or 5b, did the organization flavor in an any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization flavor in any time during the tax year? 6c If "Yes," to line 5a or 5b, did the organization flavor in 886 T? 6c If "Yes," to line 5a or 5b, did the organization flavor for 886 T? 6c If "Yes," to line 5a or 5b, did the organization flavor for 886 T? 6c If "Yes," to line 5a or 5b, did the organization flavor for 886 T? 6c If "Yes," to line 5a or 5b, did the organization flavor for 886 T? 6c If "Yes," to line 5a or 5b, did the organization flavor for 886 T? 6c If "Yes," to line 5a or 5b, did the organization flavor annual greater than \$100,000, and did the organization solicit any contributions or gifts were not tax deductible? 6c Organization shart may receive deductible contributions under section 170(c). 6c Did the organization receive a contribution of understance of the property for which it was required to file form 8822? 6c If "Yes," indicate the number of Forms 8282 filed during the year 6c Did the organization receive a contribution of carry, did the organiza | С | | _ | | | | | |
| filed for the calendary year ending with or within the year covered by this return 2a 0 | • | | 10 | | | | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1 kills. Onc more during the year? 3b If "Yes," has if filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 0 4b At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account, in ofereign country. 5ce in structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce in structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce in Yes, "to line 5a or 5b, did the organization have tit was or is a party to a prohibited at swhelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-1? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-1? 5d Des the organization induced with every solicitation an express statement that such contributions or gifts were not tax deductible? 5d If "Yes," and the organization induced with every solicitation an express statement that such contributions or gifts were not tax deductible? 5d If "Yes," and the organization notify the donor of the value of the goods or services provided? 7d Did the organization seleve a payment in excess of \$75 make party as a contribution and party for goods and services provided to the payor? 7d If "Yes," and the organization incity the donor of the value of the goods or services provided? 7d Did the organization seleves a payment in excess of \$75 make party as a contribution of quartication from \$822? 7e Did the organization received a contribution of quark of the grant party of the payment of the payor of the payment of the payor of th | 2a | | | | | | | |
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| b If "Yes," has it filed a Form 990-T for this year? #*No," to line 3b, provide an explanation in Schedule O 4. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country ▶ If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FICEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5. Was the organization a party to a proribited tax shelter transaction at any time during the tax year? 5. Was the organization aparty to a proribited tax shelter transaction at any time during the tax year? 6. Dos the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions? 6. If "Yes," tid the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible as chantable contributions? 7. Organizations that may receive deductible contributions under section 170(c). 8. If "Yes," indicate the number of Forms 8828 filed during the year 9. If "Yes," indicate the number of Forms 8828 filed during the year 9. If "Yes," indicate the number of Forms 8282 filed during the year 9. If "Yes," indicate the number of Forms 8282 filed during the year 9. If "Yes," indicate the number of Forms 8282 filed during the year 9. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9. If the organization received an contribution of cars, boats, ampliens, or other vehicles, did the organization file Form 8899 as required? 9. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. 9. Did the sponsoring organization make a distribution to a donor, donor advised, fund the organization file Form 890 per solicity organization | 20 | | 22 | | | | | |
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| | a | II Tes, Has it lied a FOHH 720 to report these payments? If "No," provide an explanation in Schedule O | | n 990 | (2016) | | | |

Yeshiva Academy of Harrisburg Foundation d/b/a Silver Academy Foundation 25-1707927 Form 990 (2016) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 11 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 11 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a Х 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Х 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 12a Х 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 120 in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 Х Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a Х b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure None List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain in Schedule O)

| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial |
|----|---|
| | statements available to the public during the tax year. |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: |
| | The Organization - 717-213-9020 |

17106-0784

Box 60784

Harrisburg

PA

d/b/a Silver Academy Foundation

25-1707927

Form 990 (2016) Page 7 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons

| X Check this box if neither the organization | on nor any related | orga | nıza | tion | con | npen | sate | ed any current officer, di | rector, or trustee | |
|--|--|--|-----------------------|----------|-----------------------|------------------------------|----------------------------------|--|----------------------------------|--|
| (A) Name and Title | (B) Average hours per week | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | l than c s both | ne an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other | |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Othcer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) Morton Spector | 2.00 | | | | | | | | | |
| President | | X | L | Х | | | | 0. | 0. | 0. |
| (2) Lee Siegel | 2.00 | | | | | | | | | |
| Vice President | | Х | | Х | | | | 0. | 0. | 0. |
| (3) Martin Lowy | 1.00 | | | | | | | | | |
| Treasurer | | Х | | X | | | | 0. | 0. | 0. |
| (4) Myra Sacks | 1.00 | | | | | | | ĺ | | |
| Secretary | | Х | | X | <u> </u> | | | 0. | 0. | 0. |
| (5) Barbara Bazelon | 1.00 | | | | | | | | | |
| Director | | X | | | L. | | | 0. | 0. | 0. |
| (6) Joel Burcat | 1.00 | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (7) Arthur Hoffman | 1.00 | | ļ | | | | | | | |
| Assistant Secretary | | X | | Х | | | | 0. | 0. | 0. |
| (8) Davy Goldsmith | 1.00 | | į | | | | İ | | | |
| Director | | Х | | | | L. | | 0. | 0. | 0. |
| (9) Leah Muroff | 1.00 | | | | | | | | | |
| Director | | Х | | _ | | | | 0. | 0. | 0. |
| (10) Aaron Dym | 1.00 | | | | | | | | | |
| Director, Ex Officio | | X | <u> </u> | | ļ., | <u> </u> | | 0. | 0. | 0. |
| (11) Andrea Lieber | 1.00 | | | | | | | | _ | |
| Director, Ex Officio | | X | ļ | <u> </u> | <u> </u> | <u> </u> | | 0. | 0. | 0. |
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\$100,000 of compensation from the organization

25-1707927

Page 9

| | | Check if Schedule O cont | ains a response o | or note to any line | ın this Part VIII | | | <u> </u> |
|--|--------------------|--|---------------------------|---------------------|-------------------|--|---|--|
| | | Greek it Schedule O cont | ants a response c | in note to any line | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a b c d e f | Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f | ve 1f | | 137,734. | | | |
| <u> </u> | | Total. Add lines 1a-11 | | Business Code | <u> </u> | ·- - | | |
| Program Service Revenue | 2 a b c d | | | Susmess Gode | | | | |
| | | Total. Add lines 2a-2f | , and c | | | _ | | |
| | 3 4 5 | Investment income (including other similar amounts) Income from investment of tax Royalties | | ▶ | 3,018. | | | 3,018. |
| | | Gross rents Less: rental expenses Rental income or (loss) | (i) Real | (II) Personal | | | | |
| | | Net rental income or (loss) Gross amount from sales of assets other than inventory | (i) Secunties 88,022. | (II) Other | | | | |
| | | Less cost or other basis and sales expenses Gain or (loss) | 57,969. 30,053. | | | | | |
| ane | | Net gain or (loss) Gross income from fundraisin including \$ | g events (not of | • | 30,053. | | | 30,053. |
| Other Revenue | c | contributions reported on line Part IV, line 18 Less direct expenses Net income or (loss) from fund | a b draising events | | | | | |
| | | Part IV, line 19 Less direct expenses | ctivities See a b | | | | | |
| , | 10 a | Net income or (loss) from gan Gross sales of inventory, less and allowances Less cost of goods sold Net income or (loss) from sale | returns a b | | | | | |
| | ۳, | Miscellaneous Revenu | | Business Code | 1 | | | |
| | 11 a | | | | | | | |
| | l t | | | | | | | |
| | c | i All other revenue Total. Add lines 11a-11d | | | | | | |
| | 12 | Total revenue See instructions. | | | 170,805. | 0. | 0. | 33,071. |

| | Check if Schedule O contains a respons | | his Part IX | | |
|----|--|-----------------------|------------------------------------|-------------------------------------|--------------------------------|
| | ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | • | | 1 | |
| | and domestic governments. See Part IV, line 21 | 215,700. | 215,700. | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | |] | • |
| | organizations, foreign governments, and foreign | İ | | İ | • |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | } | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | Ì | | • | |
| | persons (as defined under section 4958(f)(1)) and | j | | } | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees) | | | ; | |
| а | Management | | | | |
| ь | Legal | | | | |
| С | Accounting | 1,263. | | 1,263. | |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A) amount, list line 11g expenses on Sch O.) | 10,000. | · | 10,000. | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 1,353. | 1,353. | | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses Add lines 1 through 24e | 228,316. | 217,053. | 11,263. | 0. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here If following SOP 98-2 (ASC 958-720) | | | 1 | |

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 1 Cash - non-interest-bearing 77,956. 58,768. 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L. Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10c b Less. accumulated depreciation 10b 162,955. 113,261. 11 Investments - publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 172,029. 240,911. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 125,445. 125,445. Schedule D 25 125,445. 125,445. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. **Fund Balances** 73,291. 27,656. 27 Unrestricted net assets 32,451. 9,203. 28 28 Temporarily restricted net assets 9,724. 9,725. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Net Assets or 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 115,466. 46,584. 33 33 Total net assets or fund balances 172,029. 240,911. Total liabilities and net assets/fund balances

25-1707927 Form 990 (2016) Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 170,805. Total revenue (must equal Part VIII, column (A), line 12) 1 1 228,316. Total expenses (must equal Part IX, column (A), line 25) 2 2 <57,511.> Revenue less expenses. Subtract line 2 from line 1 3 3 115,466. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 <11,371.> Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 6 Investment expenses 7 8 Prior period adjustments 8 0. Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 46,584. column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis X b Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Both consolidated and separate basis Consolidated basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2¢ X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit X Act and OMB Circular A-133? За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2016)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

<u>Total</u>

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 **Employer identification number**

Yeshiva Academy of Harrisburg Foundation

OMB No 1545-0047

Open to Public Inspection

d/b/a Silver Academy Foundation 25-1707927 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. X Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN (iii) Type of organization in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) The Silver Academy 23-1386179 215,700. 2 X 215.700. 0.

25-1707927

Schedule A (Form 990 or 990-EZ) 2016 d/b/a Silver Academy Foundation

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support c) 2014 Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (d) 2015 (e) 2016 (f) Total Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 % 15 15 Public support percentage from 2015 Schedule A/Part II, line 14 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test/The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the f'facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 d/b/a Silver Academy Foundation
Part III | Support Schedule for Organizations Described in Section 509(a)(2) 25-1707827 Page 3

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | ction A. Public Support | iow, piease comp | nete Part II.) | | | | |
|-----|--|--------------------|--|-------------------------|---------------------|---------------------|--|
| | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | | (f) Total |
| | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | } | | | X I | |
| | include any "unusual grants.") | <u></u> | | | | <u> </u> | |
| 2 | Gross receipts from admissions, | | | | | 1 | |
| | merchandise sold or services per- formed, or facilities furnished in | | | | | | n |
| | any activity that is related to the | | | | | Ì | 4 |
| | organization's tax-exempt purpose | | | | // | | |
| 3 | Gross receipts from activities that | | | | | ļ | |
| | are not an unrelated trade or bus- | | | | / | <u> </u> | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | 1 | ' | j l | |
| | ızatıon's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | / | ļ | | |
| 5 | The value of services or facilities | | | | | | : |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | <u> </u> | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 78 | Amounts included on lines 1, 2, and | | 1 | | | | |
| | 3 received from disqualified persons | | | / | 1 | | |
| ŀ | Amounts included on lines 2 and 3 received from other than disqualified persons that | | | / | | | |
| | exceed the greater of \$5,000 or 1% of the | | | <i>V</i> | | | |
| | amount on line 13 for the year | | - | 4 | | <u> </u> | |
| | Add lines 7a and 7b | | | | <u> </u> | ļ | |
| 8 | Public support. (Subtract line 7c from line 6) | | | <u> </u> | | <u> </u> | <u> </u> |
| | ction B. Total Support | | | T | 1 | T | T |
| | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| | Amounts from line 6 | <u> </u> | | | | | |
| 108 | Gross income from interest, dividends, payments received on | | / | 1 | | | |
| | securities loans, rents, royalties | | . 4 | | ļ | | |
| | and income from similar sources | <u> </u> | 1 | | - | - | |
| | Unrelated business taxable income | | / | | | | |
| | (less section 511 taxes) from businesses | | , | | | | |
| | acquired after June 30, 1975 | _ | | _ | | | |
| | Add lines 10a and 10b Net income from unrelated business | | | - | | | |
| • • | activities not included in line 10b, | | | | | | ľ |
| | whether or not the business is | | 11 | | 1 | | |
| 12 | regularly carried on Other income Do not include gain | | 1 | - | | | <u> </u> |
| - | or loss from the sale of capital | | ļ | | | | |
| 13 | assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12) | ··· | | | | | |
| | First five years. If the Form 990 is for | the organization | s first second th | urd fourth or fifth t | tax vear as a secti | n 501(c)(3) organiz | ation |
| | check this box and stop here | the organization | 3 mai, second, an | ira, ioartri, or inter- | iax year as a seem | on so regariza | ■ |
| Se | ction C. Computation of Publi | c Support Pe | rcentage | | | | |
| | Public support percentage for 2016 (li | | | column (fl) | | 15 | % |
| | Public support percentage from 2015 | 1 | - | | | 16 | |
| | ction D. Computation of Inves | | | | | | |
| 17 | Investment income percentage for 20 | 16 (line 10c, colu | mn (f) divided by | ine 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from | 2015 Schedule A | , Part III, line 17 | | | 18 | _% |
| | a 33 1/3% support tests - 2016. If the | i | | on line 14, and lir | ne 15 is more than | 33 1/3%, and line 1 | 7 is not |
| | more than 33 1/3%, check this box ar | - 1 | | | | | ightharpoons |
| | b 33 1/3% support tests - 2015. If the | i i | _ | | | | and |
| | line 18 is not more than 33 1/3%, che | ck this box and | stop here. The or | ganization qualifies | s as a publicly sup | ported organization | ▶□ |
| 20 | Private foundation. If the organization | n did not check a | box on line 14, 1 | 9a, or 19b, check | this box and see in | structions | > |

Schedule A (Form 990 or 990-EZ) 2016 d/b/a Silver Academy Foundation

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Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
|----------|--|--|
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| 8 | | X |
| | | |
| 9a | 1- | $\frac{1}{x}$ |
| | | |
| 9b | | Х |
| | - | |
| 9c | — | Х |
| | | |
| 10- | +- | X |
| 10a | + | |
| 10b | + | |

| | | 07927 | <u>7 Pa</u> | qe 5 |
|------------|--|----------------|-------------|--------------|
| Pai | t IV Supporting Organizations (continued) | | | |
| | • , | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | 1 1 | - 1 | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| _ | below, the governing body of a supported organization? | 11a | | X |
| | A family member of a person described in (a) above? | 11b | | X |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations | 11c | | |
| <u>Jec</u> | tion B. Type i Supporting Organizations | | Yes | No_ |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | res | NU |
| • | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | ľ | |
| | |] | J | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | 1 1 | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | 1 | | |
| 2 | organizations and what conditions or restrictions, if any, applied to such powers during the tax year Did the organization operate for the benefit of any supported organization other than the supported | ' ' | | |
| 2 | | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | 2 | | |
| Sec | supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations | 1 | | |
| | were a special garage and a sp | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | 100 | 110 |
| • | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | 1 1 | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | Х | |
| Sec | tion D. All Type III Supporting Organizations | | _== | |
| | , , , , , , , , , , , , , , , , , , , | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| • | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| _ | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | ļ |
| | the organization maintained a close and continuous working relationship with the supported organization(s) | 2 | _ | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| _ | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | | | |
| а | The organization satisfied the Activities Test Complete line 2 below | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins | tructions) | | |
| 2 | Activities Test. Answer (a) and (b) below | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | \ | ļ |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | } | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | <u> </u> | <u> </u> |
| | that these activities constituted substantially all of its activities. | 2a | ļ | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | 1 | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | 1 | } |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | <u> </u> | L | <u> </u> |
| | activities but for the organization's involvement | 2b | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | <u> </u> | | <u> </u> |
| | trustees of each of the supported organizations? Provide details in Part VI | 3a | ļ | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | <u> </u> | ļ | |
| | of its supported organizations? If "Ves." describe in Part VI, the role played by the organization in this regard | 3h | 1 | 1 |

| Sche | dule A (Form 990 or 990-EZ) 2016 d/b/a Silver Academy For | <u>undat i</u> | on 2 | 25-1707927 Page 6 |
|-------|---|----------------|--|--------------------------------|
| Par | | g Organi | zations | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | | | Part VI) See instructions. A |
| | other Type III non-functionally integrated supporting organizations must co | mplete Sec | tions A through E. | |
| Secti | on A - Adjusted Net Income | | (A) Pnor Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | · · · · · · · · · · · · · · · · · · · | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5_ | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year) | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | <u>. </u> | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| đ | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI) | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 035 | 6 | | |
| 7 | Recovenes of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functiona | lly integrate | ed Type III supporting org | anization (see |

Schedule A (Form 990 or 990-EZ) 2016

| chec | ule A (Form 990 or 990-EZ) 2016 d/b/a Silver A | | | 5-1707927 Page 7 |
|-------|---|------------------------------|--|-------------------------------------|
| Par | 1 .,,,, | a)(3) Supporting Organ | nizations _(continued) | |
| ectio | on D - Distributions | Current Year | | |
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | | | |
| 2 | Amounts paid to perform activity that directly furthers exempt | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes | | | |
| | Amounts paid to acquire exempt-use assets | | | |
| | Qualified set-aside amounts (pnor IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI) See instructions | | | |
| 7 | Total annual distributions. Add lines 1 through 6 | · <u></u> | | |
| 8 | Distributions to attentive supported organizations to which the | e organization is responsive | | |
| | (provide details in Part VI). See instructions | | | |
| 9 | Distributable amount for 2016 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | · ", | | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
| 1 | Distributable amount for 2016 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2016 (reason- | | | |
| | able cause required- explain in Part VI). See instructions | | | |
| 3 | Excess distributions carryover, if any, to 2016 | | | |
| а | | | | |
| b | | | | |
| С | From 2013 | | | |
| d | From 2014 | | | |
| е | From 2015 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2016 distributable amount | | | |
| i | Carryover from 2011 not applied (see instructions) | | | |
| i | Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 | Distributions for 2016 from Section D, | | | |
| | line 7 \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2016 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4 | | | |
| 5 | Remaining underdistributions for years prior to 2016, if | | | |
| | any Subtract lines 3g and 4a from line 2 For result greater | | | |
| | than zero, explain in Part VI See instructions | | | |
| 6 | Remaining underdistributions for 2016 Subtract lines 3h | • | | |
| | and 4b from line 1 For result greater than zero, explain in | | ; | |
| | Part VI See instructions | | | |
| 7 | Excess distributions carryover to 2017. Add lines 3j | | | |
| | and 4c | | | |
| 8 | Breakdown of line 7 | | | |
| а | | | | |
| | Excess from 2013 | | | |
| | Excess from 2014 | | | |
| | Excess from 2015 | | | |
| | Excess from 2016 | | | |

Schedule A (Form 990 or 990-EZ) 2016

| Schedule A | (Form 990 or 990 EZ) 2016 Q/D/a Silver Academy Foundation 25-1707927 Page 8 |
|------------|---|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions) |
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SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.us.gov/form990.

Information about Schedule D (Form 990) and its instructions is at www.us.gov/form990.

16 Open to Public Inspection

Name of the organization

Yeshiva Academy of Harrisburg Foundation d/b/a Silver Academy Foundation

Employer identification number 25-1707927

| Pa | t I Organizations Maintaining Donor Advised | d Funds or Other Similar Funds | or Accounts. Complete if the | |
|-----|--|--|--|--|
| | organization answered "Yes" on Form 990, Part IV, line | e 6. | | |
| | | (a) Donor advised funds | (b) Funds and other accounts | |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | _ | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the assets held in donor advis | ed funds | |
| | are the organization's property, subject to the organization's | - | Yes No | |
| 6 | Did the organization inform all grantees, donors, and donor ad | dvisors in writing that grant funds can be | used only | |
| | for charitable purposes and not for the benefit of the donor or | | • | |
| | ımpermissible private benefit? | | Yes No | |
| Pai | t II Conservation Easements. Complete if the org | ganization answered "Yes" on Form 990, | Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply). | | |
| | Preservation of land for public use (e g , recreation or e | ducation) Preservation of a his | toncally important land area | |
| | Protection of natural habitat | Preservation of a cer | tified historic structure | |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation contribution in the form | of a conservation easement on the last | |
| | day of the tax year. | | Held at the End of the Tax Year | |
| а | Total number of conservation easements | | 2a | |
| b | Total acreage restricted by conservation easements | | 2b | |
| С | Number of conservation easements on a certified historic stru | , , | 2c | |
| d | Number of conservation easements included in (c) acquired a | after 8/17/06, and not on a historic structi | ıre | |
| | listed in the National Register | • | 2d | |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated by the | organization during the tax | |
| | year ▶ | | | |
| 4 | Number of states where property subject to conservation eas | | | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of | | | |
| | violations, and enforcement of the conservation easements it | | Yes No | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing con- | servation easements during the year | |
| - | Agranda fa a sa sa sa sa sa sa sa sa sa sa sa sa | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and enforcing conserva | tion easements during the year | |
| | Does each conservation easement reported on line 2(d) above | | 7-1/4//D1/4 | |
| 8 | and section 170(h)(4)(B)(ii)? | e satisfy the requirements of section 170 | | |
| 9 | In Part XIII, describe how the organization reports conservation | on aggregate in its revenue and avecan | Yes No | |
| 3 | include, if applicable, the text of the footnote to the organization | | | |
| | conservation easements | don's infancial statements that describes | the organization's accounting for | |
| Pai | rt III Organizations Maintaining Collections of | Art. Historical Treasures, or O | her Similar Assets | |
| | Complete if the organization answered "Yes" on Form | | | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | | nent and balance sheet works of art | |
| | historical treasures, or other similar assets held for public exh | | | |
| | the text of the footnote to its financial statements that descrit | | rice of public service, provide, in real XIII, | |
| b | If the organization elected, as permitted under SFAS 116 (AS | | and halance sheet works of art, historical | |
| _ | treasures, or other similar assets held for public exhibition, ec | | | |
| | relating to these items | parameter, or resource in farmoration of par | bile service, provide the following amounts | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | L ¢ | |
| | (ii) Assets included in Form 990, Part X | | \$ | |
| 2 | If the organization received or held works of art, historical trea | asures or other similar assets for financia | | |
| _ | the following amounts required to be reported under SFAS 1: | | a gair, provide | |
| а | Revenue included on Form 990, Part VIII, line 1 | . o v . co coop rotating to these items | > \$ | |
| | Assets included in Form 990. Part X | | | |

| Sched | dule D (Form 990) 2016 d/b/aSi | lver Acade | my Foundat | ion | | 25-170 | 07927 _Р | age 2 |
|-------|---|--------------------------|-----------------------|----------------------|-------------|---------------|--------------------|-------|
| Par | | | | | r Simila | r Assets | (continued) | |
| 3 | Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items | | | | | ; | | |
| _ | (check all that apply). | , | • | • | • | | | |
| а | Public exhibition | d | Loan or exch | ange programs | | | | |
| b | Scholarly research | е | Other | | | | | |
| c | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explain | how they further the | e organization's exe | mpt purpo | se in Part 2 | XIII. | |
| 5 | During the year, did the organization solicit or | | | | | | | |
| | to be sold to raise funds rather than to be ma | | | | | | Yes | No |
| Par | | | | | n Form 990 |), Part IV, I | ine 9, or | |
| | reported an amount on Form 990, Par | • | · · | | | | | |
| 1a | Is the organization an agent, trustee, custodia | an or other intermedia | ary for contributions | or other assets not | ıncluded | | | |
| | on Form 990, Part X? | | | | | |] Yes 🗌 |] No |
| ь | If "Yes," explain the arrangement in Part XIII a | and complete the follo | | | | | | |
| _ | , , | • | - | | | | Amount | |
| С | Beginning balance | | | | 1c | | | |
| d | Additions during the year | | | | 1d | | | |
| e | Distributions during the year | | | _ | 1e | | | |
| f | Ending balance | | | • | 1f_ | | _ | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line : | 21, for escrow or cu | stodial account liab | ılıty? | |] Yes | No |
| | If "Yes," explain the arrangement in Part XIII | | | | | , | | |
| Par | | | | | | | _ | |
| | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three | years back | (e) Four years | back_ |
| 1a | Beginning of year balance | 9,724. | 9,723. | 9,722. | | 9,721. | 9 | ,719. |
| ь | Contributions | | | | 1 | | | |
| С | Net investment earnings, gains, and losses | | 1. | 1. | | 1. | | 2. |
| d | Grants or scholarships | | | | | | | |
| е | Other expenditures for facilities | | | | | | | |
| | and programs | | | • | | | | |
| f | Administrative expenses | | | | | | | |
| g | End of year balance | 9,724. | 9,724. | 9,723. | | 9,722. | 9 | ,722. |
| 2 | Provide the estimated percentage of the curr | ent year end balance | (line 1g, column (a) |) held as | <u> </u> | | | |
| а | Board designated or quasi-endowment | • | % | | | | | |
| b | Permanent endowment | % | _ | | | | | |
| С | Temporarily restricted endowment | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | uld equal 100% | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiza | tion that are held ar | nd administered for | the organiz | zation | | |
| | by: | | | | | | Yes | |
| | (i) unrelated organizations | | | | | | 3a(i) | X |
| | (ii) related organizations | | | | | | 3a(ii) | X |
| b | If "Yes" on line 3a(ii), are the related organiza | itions listed as require | ed on Schedule R? | | | | 3b | 1 |
| 4 | Describe in Part XIII the intended uses of the | | wment funds | | | | | |
| Pa | rt VI Land, Buildings, and Equipm | ent. | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 990 | , Part IV, line 11a S | ee Form 990, Part) | K, line 10 | | | |
| | Description of property | (a) Cost or o | ther (b) Cost | or other (c) | Accumula | ted | (d) Book val | ue |
| | | basis (investr | nent) basis | (other) c | lepreciatio | n | | |
| 1a | Land | | | | | | | |
| b | Buildings | | | | | | | |
| С | Leasehold improvements | | | <u> </u> | | | | |
| d | Equipment | | | | | | | |
| е | Other | | | | | | | |

Schedule D (Form 990) 2016

Total. Add lines 1a through 1e (Column (d) must equal Form 990. Part X. column (B). line 10c.)

25-1707927 Page 3

Schedule D (Form 990) 2016

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12 (c) Method of valuation Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely-held equity interests (3) Other (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (b) Book value (c) Method of valuation Cost or end-of-year market value (a) Description of investment (1) (2)(3) (4)(5) (6)**(7)** (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2)(3)(4) (5) (6) (7)(8) Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value Federal income taxes Due to Yeshiva Academy-Cantor 125,445. (3)(4)(5)(6)(7)(8)125,445. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

| Sche | dule D (Form 990) 2016 d/b/a Silver Academy Found | ation | 25-1707927 Page 4 |
|-------|---|---------------------------------------|-----------------------------|
| Par | | nts With Revenue per Re | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains (losses) on investments | 2a |] |
| b | Donated services and use of facilities | 2to | |
| С | Recovenes of prior year grants | 2c | |
| d | Other (Describe in Part XIII) | 2d | <u>j</u> |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | _ |
| b | Other (Describe in Part XIII.) | 4b | |
| С | Add lines 4a and 4b | | 4c |
| _5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 |
| Pai | t XII Reconciliation of Expenses per Audited Financial Stateme | ents With Expenses per | Return. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | 1 1 |
| а | Donated services and use of facilities | 2a | |
| b | Prior year adjustments . | 2b | _} |
| С | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | <u> </u> |
| b | Other (Describe in Part XIII) | 4b | |
| С | Add lines 4a and 4b | | 4c |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 |
| Pa | t XIII Supplemental Information. | | |
| Prov | de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part | IV, lines 1b and 2b, Part V, line | 4, Part X, line 2, Part XI, |
| lines | 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add | litional information | |
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Schedule D (Form 990) 2016

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

OMB No 1545-0047

, Inspection

Employer identification number

ê N 25-1707927 (h) Purpose of grant or assistance Yes General Support Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any SITC Support STC Support Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance : (f) Method of valuation (book, FMV, appraisal, other) 。 ٥. 。 (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yeshiva Academy of Harrisburg Foundation recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 87,500. 28,200. 100,000 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table d/b/a Silver Academy Foundation (c) IRC section (if applicable) 23-1386179 501-c-3 23-1386179 501-c-3 23-1386179 501-c-3 Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? Academy d/b/a The Silver Academy ~ Academy d/b/a The Silver Academy -1 (a) Name and address of organization The Rabbi David L. Silver Yeshiva The Rabbi David L. Silver Yeshiva The Rabbi David L, Silver Yeshiva 3301 N Front Street - Harrisburg, 3301 N Front Street - Harrisburg, 3301 N Front Street - Harrisburg, Academy d/b/a The Silver Academy or government Name of the organization Part PA 17110 PA 17110 Part |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

Page 2

25-1707927

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed d/b/a Silver Academy Foundation Schedule | (Form 990) (2016) Part III | Grants and Othe

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Schedule I (Form 990) (2016)

632102 11-01-16

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

16 Open to Public

Inspection

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Yeshiva Academy of Harrisburg Foundation Name of the organization

d/b/a Silver Academy Foundation

Employer identification number 25-1707927

| Form 990, Part I, Line 1, Description of Organization Mission: | | | | |
|---|--|--|--|--|
| of Harrisburg | | | | |
| Form 990, Part VI, Section B, line 11b: | | | | |
| Officers review form 990 in detail prior to filing. All Board members are | | | | |
| provided with a review copy prior to filing. | | | | |
| Form 990, Part VI, Section B, Line 12c: | | | | |
| Reviewed annually by the Board of Directors | | | | |
| Form 990, Part VI, Section C, Line 19: | | | | |
| Upon request | | | | |
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