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AMENDED

Form 990-PF

Department of the Treasury

Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2010

Fo	r cal	endar year 2010, o	or tax year beginning		9/1/2010 , a	nd ending	8	/31/2011		
G	Che	ck all that apply	Initial return	$\overline{\Box}$	Initial return of a for	mer public cha	rıty	Final re	eturn	
			X Amended return		Address change	☐ Na	me c	hange		
-Na	me of	foundation					A	mployer identification n	umber	
BE	RTH	A SHERWOOD HO	PPER MEM					16-6188	192	
			umber if mail is not delivered to stree	et ac	ldress)	Room/suite	В	elephone number (see page		tions
RN	Y Me	ellon, NA - PO Bo	x 185					(212) 635	-6854	
		wn, state, and ZIP code	<u> </u>				C If	exemption application is p		. •1
Pit	sburg	nh			PA	15230-0185	1	Foreign organizations, ch	-	
		ck type of organizat	tion X Section 501(c)(3)	exe			7	Foreign organizations me		- 1
Ü			nexempt charitable trust				-	check here and attach co	•	•
	For	market value of all	accets at and I Account	=	method X Casl	Accrual		private foundation status w		
. ```		ar (from Part II, col				i Accidal		nder section 507(b)(1)(A), i the foundation is in a 60-m		Pį
-		16) ▶ \$	1 252 (Part I, colun	าก (เ	d) must be on cash bas	us)		nder section 507(b)(1)(B), of		•
Pa	rt I	Analysis of Reve	enue and Expenses (The total		_			T	(d) Disbursem	ents
		-), (c), and (d) may not necessarily ed		(a) Revenue and expenses per	(b) Net investn	nent	(c) Adjusted net	for charitab	
~			(a) (see page 11 of the instructions)		books	ıncome		income	purposes (cash basis o	
	1	Contributions rifts are	ints, etc., received (attach schedule)	_					(cash basis o	(iiy)
	2	_ ` `	ndation is not required to attach Sch							
	3		and temporary cash investment		0	<u> </u>	0			
	4	Dividends and intere		.5	18		18			_
	_	Gross rents	, st nom secunies				0			
	_	Net rental income or	r (loss)	0						
Ē			om sale of assets not on line 10	_	0					
Revenue		Gross sales price for all		0					**********	
ě	7	·	ome (from Part IV, line 2)				0			
œ	8	Net short-term capita	• • •					0		
	9	Income modification	- -					<u>_</u>		
		Gross sales less return	· I	0						
		Less Cost of goods		0						
					0					
	11	Gross profit of (lbas) Other income (attacl	h schedule)		0		0	0		
		Total. Add lines 1 th			18		18	0		
			ficers, directors, trustees, etc		5		3			
Se	14	Other employee sala	aries and wages							
e e	15	Pension plans Empl	ovee benefits							
Expense	16 a	Legal (ges lattach so	chedule)	ł	0		0	0		
	b	Accounting fees (atta	ach schedule)	1	0	-	0	0		
Administrative			ees (attach schedule)	ı	0		0	0		
rat	17	Interest								
ist	18	Taxes (attach schedule)	(see page 14 of the instructions)		0		0	0		
j	19	Depreciation (attach	schedule) and depletion		0	···	0	0		
£	20	Occupancy								
	21	Travel, conferences,	, and meetings					·		
and	22	Printing and publicat	tions							
6	23	Other expenses (atta	ach schedule)	ļ	0		0	0		
Operating	24		d administrative expenses.							
3ra		Add lines 13 through		ļ	5		3	0		
Ă	25	Contributions, gifts, o		ļ	40					
	26	Total expenses and dis	sbursements Add lines 24 and 25	_	45		3	0		
	27	Subtract line 26 from	ı line 12	İ						
	а	Excess of revenue over	r expenses and disbursements		-27					
Į			ome (if negative, enter -0-)	ļ			15			
- 1	C	Adjusted net incom	ne (if negative, enter -0-)	ĺ	ĺ			n l		

For Paperwork Reduction Act Notice, see page 30 of the instructions.

91R-14

Form **990-PF** (2010)

	11 390-1	P (2010) BERTHA SHERWOOD HOPPER MEM		10-0	0100192 Page 2
D.	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
Г с	ЩШ	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	244	217	217
	2	Savings and temporary cash investments		O	
	3	Accounts receivable 0			
	J	Less allowance for doubtful accounts	ol	ol	0
	4	Pledges receivable 0			
		Less allowance for doubtful accounts	ol	ol	0
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	-	disqualified persons (attach schedule) (see page 15 of the			
		instructions)	o	ol	0
	7	Other notes and loans receivable (attach schedule)			
S	'	Less allowance for doubtful accounts	اه	o	0
šet	8	Inventories for sale or use		0	
Assets	9	Prepaid expenses and deferred charges		0	
_		Investments—U.S. and state government obligations (attach schedule)	406	406	424
	l .	investments—corporate stock (attach schedule)	813	813	611
		Investments—corporate bonds (attach schedule)	0	0	0
	11	Investments—land, buildings, and equipment basis			
	''	Less accumulated depreciation (attach schedule)	0	o	0
	12	Investments—mortgage loans		<u>*</u>	
	13	Investments—other (attach schedule)	0	0	0
	14	Land, buildings, and equipment basis			<u> </u>
	'	Less accumulated depreciation (attach schedule)	اه	0	0
	15	Other assets (describe	0	0	0
	16	Total assets (to be completed by all filers—see the			
	'0	instructions. Also, see page 1, item I)	1,463	1,436	1,252
	17	Accounts payable and accrued expenses	1,400	0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	18	Grants payable and accided expenses			
es		Deferred revenue		0	
Ξ	19 20	ļr	0		
Liabilities	21	Loans from officers, directors, trustees and other disqualified persons	0	0	
Ë	22	Mortgages and other notes payable (attach schedule) Other liabilities (describe ▶)	0	0	
	23	Total liabilities (add lines 17 through 22)	0		
	-23				
۲Δ.		Foundations that follow SFAS 117, check here		1	
nces	١	and complete lines 24 through 26 and lines 30 and 31			
ă	24	Unrestricted			
ä	25	Temporarily restricted			
<u>Б</u>	26	Permanently restricted			
Ī		Foundations that do not follow SFAS 117, check here		1	
or Fund Bala		and complete lines 27 through 31.	1,463	1,436	
	27	Capital stock, trust principal, or current funds	1,403	1,430	
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds			
Ā	30	Total net assets or fund balances (see page 17 of the instructions)	1,463	1,436	
Net	31	Total liabilities and net assets/fund balances (see page 17	1,403	1,430	
	31	of the instructions)	1,463	1,436	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	1,403]	1,430]	
		net assets or fund balances at beginning of year—Part II, column (a), line 3	30 (must agree with	Т	
•		f-year figure reported on prior year's return)	, 	1	1,463
2		amount from Part I, line 27a		2	-27
		increases not included in line 2 (itemize)		3	0
		nes 1, 2, and 3		4	1,436
		ases not included in line 2 (itemize) ►		5	0
		net assets or fund balances at end of year (line 4 minus line 5)—Part II, co	lumn (b), line 30 .	6	1,436
	_				

Lottu aan-be (5010) BEK I H	I SHERWOOD HOPPER MEM	1				16	-6188192	Page J	
Part IV Capital Gains a	nd Losses for Tax on Inve	estment Inc	ome						
(a) List and describe t	he kind(s) of property sold (e.g., real es	tale,	(b)	How acquired —Purchase		Date acquired no day, yr)	(d) Date (mo , day		
1a		·	-{-'	D—Donation	-				
b			_						
C	······································		+		<u> </u>				
d			 						
e			+						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or othe			•	or (loss)) minus (g)		
a (pido o		0		(0) pido (1	, m., co (g)	C	
b (0					
<u>c</u> (0				<u>0</u>	
<u>d</u> (0				0	
e (<u> </u>			0					
	wing gain in column (h) and owned	d by the found	ation or			"			
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col (j), i	col (ı)		coi (k), but not	(h) gain minus less than -0-) o om col (h))		
a (00. (), .	0		200000 (0	
<u>a</u> (·			0				0	
C	 			0				0	
d 0	 			0					
e				0				0	
	<u> </u>	ilso enter in F	Part I I		Т				
2 Capital gain net income or	(not canital loce) ()	enter -0- in F		, , ,	2			0	
	or (loss) as defined in section line 8, column (c) (see pages	s 1222(5) an	d (6)]					
instructions) If (loss), ente	r -0- in Part I, line 8			J	3			0	
Part V Qualification Un	der Section 4940(e) for Re	duced Tax	on N	et Investme	ent In	come			
If section 4940(d)(2) applies, If Was the foundation liable for the section of the section 4940(d)(2) applies, If "Yes," the foundation does not be section 4940(d)(2) applies, If section 4940(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(·				the ba	ase period?	Yes X] No	
1 Enter the appropriate am	ount in each column for each y	year, see pag	je 18 c	of the instructi	ions b	efore making	any entries.		
(a) Base period years	(b)			(c) ncharitable-use a		Disti	(d) abution ratio		
Calendar year (or tax year beginning 2009	<u>in)</u>	12			,183	(CO) (D) d	ivided by col (c	010144	
2009		21			,098			019126	
2007				<u>'</u>	,030			000000	
2006	 							000000	
2005								000000	
2005		L			-+			000000	
2 Total of line 1, column (d)	or the 5-year base period—dıv	ide the total (on line	2 by 5 or by	.	2	0	029270	
	undation has been in existence				-	3	0	014635	
4 Enter the net value of none	charitable-use assets for 2010	from Part X,	line 5		-	4		1,270	
5 Multiply line 4 by line 3							5		
6 Enter 1% of net investment income (1% of Part I, line 27b)							6		
7 Add lines 5 and 6						7		19	
8 Enter qualifying distribution If line 8 is equal to or great the Part VI instructions on	er than line 7, check the box in	ı Part VI, line	1b, ar	nd complete t	hat pa	8 art using a 1%	tax rate Se	42 ee	

Form 990-PF (2010) BERTHA SHERWOOD HOPPER MEM	16-618	<u>8192</u>	Pa	age 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page	e 18 of the	ınst	ructio	ons)
1 a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1	İ			İ
Date of ruling or determination letter(attach copy of letter if necessary—see instructions)	ŀ			Ì
b Dolliestic loalidations that meet the section to re(e) requirements in that 1; show	1		0	
here X and enter 1% of Part I, line 27b				
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%	ŀ			1
of Part I, line 12, col (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2		0	
- 1 ax and 0 00000 1 1 1 (2000000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3		0	
o ridd iirioc r drid 2	4			
Todalilo / (moonly tax (asmosto section /s / (a)//) a asia analysis for a section of the	5	-	0	
6 Credits/Payments			<u>~</u>	
a 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 0				
b Exempt foreign organizations—tax withheld at source 6b				
c Tax paid with application for extension of time to file (Form 8868) 6c 0				
d Backup withholding erroneously withheld 6d	ŀ			
	7		0	
	В		0	
Enter any politicity for an acceptance of the contract of the	9		0	
	0		0	
To overpayment it may be made that the course of a made	1		0	
Part VII-A Statements Regarding Activities	t			l
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
participate or intervene in any political campaign?		1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
instructions for definition)?		1b		x_
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		··~		
published or distributed by the foundation in connection with the activities				
c Did the foundation file Form 1120-POL for this year?		1c		х
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		-1.5		
(1) On the foundation \$\Bigs\\$ \text{(2)} On foundation managers \$\Bigs\\$ \text{\text{\text{(a)} On foundation managers}} \Bigs\\$ \text{\text{\text{\text{(a)} On foundation managers}}} \Bigs\\$		1		ŀ
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
on foundation managers \$				
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
If "Yes." attach a detailed description of the activities				
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles				
of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		Х
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		Х
b If "Yes," has it filed a tax return on Form 990-T for this year?		4b	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Х
If "Yes," attach the statement required by General Instruction T				
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				ļ
By language in the governing instrument, or			1	
 By state legislation that effectively amends the governing instrument so that no mandatory directions 				
that conflict with the state law remain in the governing instrument?		6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and	Part XV	7	<u> </u>	X
8 a Enter the states to which the foundation reports or with which it is registered (see page 19 of the				
instructions) ► NY				
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			ŀ	
General (or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	N/A	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)		•		
or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)?				
If "Yes," complete Part XIV		9		<u> </u>
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing		ا ۔۔ ا		١
their names and addresses		10	L	Х

FULL	1990-PF (2010) BERTHA SHERWOOD HOPPER MEM 16-618	38192		age 3
Pai	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12	ļ	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u> </u>
	Website address N/A			
14	The books are in care of ► BNY MELLON, N A Telephone no ► (212) 635-6			
	Located at PO. BOX 185, PITTSBURGH, PA ZIP+4 ► 15230-018	<u></u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here	•	ı	▶ ⊔
16	and enter the amount of tax-exempt interest received or accrued during the year 15 N/A		Van	No
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority	16	Yes	X_
	over a bank, securities, or other financial account in a foreign country? See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter	10	L	 ^-
	the name of the foreign country			
Pa	irt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	T	Yes	No
1a	During the year did the foundation (either directly or indirectly)	 		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	İ		
	If the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days)			
þ	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?	1c		×
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2010?			
ь	If "Yes," list the years 20 , 20 , 20 , 20 , 20]		
U	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	1		
	to all years listed, answer "No" and attach statement—see page 22 of the instructions)	2b	N/A	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	2 0			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business	ĺ		
	enterprise at any time during the year?			
þ	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)	(·	
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine] , .	N/A	
4a	if the foundation had excess business holdings in 2010.)	3b 4a	N/A	X
4a b	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	70		
~	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		X
		_		

Form 990-PF (2010) BERTHA SHERWOOD HOP				<u>16-6188192</u>	2 Pag	ge (
Part VII-B Statements Regarding Activit	ies for Which Forr	n 4720 May Be F	Required (continued)		,	
5a During the year did the foundation pay or incur an	y amount to					
(1) Carry on propaganda, or otherwise attempt	to influence legislation	(section 4945(e))?	Yes >	∐ No		
(2) Influence the outcome of any specific public	election (see section 4	955), or to carry		_		
on, directly or indirectly, any voter registration	on drive?		Yes	No	1 1	
(3) Provide a grant to an individual for travel, st	udy or other similar nu	rnoene?	Yes X	Ī _{No} I		
	•		[7 40		
(4) Provide a grant to an organization other that	_		П., Г.	a l		
in section 509(a)(1), (2), or (3), or section 49			YesX	∐ No		
(5) Provide for any purpose other than religious		•	<u> </u>	- I	1 1	
educational purposes, or for the prevention	-			∐ No		
b If any answer is "Yes" to 5a(1)–(5), did any of the	transactions fail to qual	lify under the exception	ons described in		1 1	
Regulations section 53 4945 or in a current notice	regarding disaster ass	ıstance (see page 22	of the instructions)?	<u>5b</u>	N/A	
Organizations relying on a current notice regarding	g disaster assistance cl	neck here	▶			
c If the answer is "Yes" to question 5a(4), does the	foundation claim exemp	otion from the		_ [1 1	
tax because it maintained expenditure responsibil	ty for the grant?	N/A	Yes	No		
If "Yes," attach the statement required by Regulat	ions section 53 4945–5	(d)		_		
6a Did the foundation, during the year, receive any fu	inds, directly or indirect	ly, to pay		İ		
premiums on a personal benefit contract?	,	, ,	Yes X	No	1	
b Did the foundation, during the year, pay premiums	directly or indirectly of	on a nersonal henefit		6b	1 1	Х
If "Yes" to 6b, file Form 8870	, allocay of mailcony, c	ma personal benefit		100	 	<u> </u>
7a At any time during the tax year, was the foundation	n a namu ta a neahibitas	l tay abaltar transacti	on? Yes X	No	1 1	
					AL/A	
b If "Yes," did the foundation receive any proceeds				7b	N/A	
Part VIII Information About Officers	, Directors, Truste	es, Foundation	Managers, Highly Pa	id Employ	rees,	
and Contractors						
1 List all officers, directors, trustees, found				instruction	ıs).	
(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expen	se accoun	ıt,
	devoted to position	-0-)	and deferred compensation	other a	llowances	
BNY MELLON, N A	TRUSTEE					
P O BOX 185 PITTSBURGH PA 15230-0185	SEE ATTACHED	13	NONE	INCARE		
BNV MELLON, N.A.				NONE		
DIVI MELLON, N.A.	TRUSTEE FEE			INONE	 -	
BNY MELLON, N A P O BOX 185 PITTSBURGH PA 15230-0185						
P O BOX 185 PITTSBURGH PA 15230-0185	TRUSTEE FEE REIMBURSEMENT		NONE	NONE		
	REIMBURSEMENT	-8	NONE	NONE		
				NONE		
	REIMBURSEMENT 00	-8	NONE	NONE		
P O BOX 185 PITTSBURGH PA 15230-0185	REIMBURSEMENT 00 00	-8 0 0	NONE (NONE	one)	
P O BOX 185 PITTSBURGH PA 15230-0185 2 Compensation of five highest-paid emplo	REIMBURSEMENT 00 00	-8 0 0	NONE (NONE	ons).	
P O BOX 185 PITTSBURGH PA 15230-0185	REIMBURSEMENT 00 00 yees (other than the	-8 0 ose included on li	NONE ((ne 1—see page 23 of th	NONE	ons).	
P O BOX 185 PITTSBURGH PA 15230-0185 2 Compensation of five highest-paid employing the none, enter "NONE."	REIMBURSEMENT 00 00 yees (other than the	-8 0 Opse included on li	ne 1—see page 23 of the	NONE	ons).	
P O BOX 185 PITTSBURGH PA 15230-0185 Compensation of five highest-paid emplo	REIMBURSEMENT 00 vees (other than the hours per week hours per week	-8 0 0 ose included on li	ne 1—see page 23 of the	NONE e instruction (e) Expen		
P O BOX 185 PITTSBURGH PA 15230-0185 2 Compensation of five highest-paid employing in none, enter "NONE." (a) Name and address of each employee paid more than \$50	REIMBURSEMENT 00 00 yees (other than the	-8 0 0 ose included on li	ne 1—see page 23 of the	NONE e instruction (e) Expen	se accoun	
P O BOX 185 PITTSBURGH PA 15230-0185 2 Compensation of five highest-paid employing in none, enter "NONE." (a) Name and address of each employee paid more than \$50	REIMBURSEMENT 00 vees (other than the hours per week hours per week	-8 0 0 ose included on li	ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	NONE e instruction (e) Expen	se accoun	
P O BOX 185 PITTSBURGH PA 15230-0185 2 Compensation of five highest-paid employing in none, enter "NONE." (a) Name and address of each employee paid more than \$50	REIMBURSEMENT 00 vees (other than the hours per week hours per week	-8 0 0 ose included on li	ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	NONE e instruction (e) Expen	se accoun	
P O BOX 185 PITTSBURGH PA 15230-0185 2 Compensation of five highest-paid employing in none, enter "NONE." (a) Name and address of each employee paid more than \$50	REIMBURSEMENT 00 vees (other than the hours per week hours per week	-8 0 0 ose included on li	ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	NONE e instruction (e) Expen	se accoun	
P O BOX 185 PITTSBURGH PA 15230-0185 2 Compensation of five highest-paid employing in none, enter "NONE." (a) Name and address of each employee paid more than \$50	REIMBURSEMENT 00 vees (other than the hours per week hours per week	-8 0 0 ose included on li	ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	NONE e instruction (e) Expen	se accoun	
P O BOX 185 PITTSBURGH PA 15230-0185 2 Compensation of five highest-paid employing in none, enter "NONE." (a) Name and address of each employee paid more than \$50	REIMBURSEMENT 00 vees (other than the hours per week hours per week	-8 0 0 ose included on li	ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	NONE e instruction (e) Expen	se accoun	
P O BOX 185 PITTSBURGH PA 15230-0185 2 Compensation of five highest-paid employing in none, enter "NONE." (a) Name and address of each employee paid more than \$50	REIMBURSEMENT 00 vees (other than the hours per week hours per week	-8 0 0 ose included on li	ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	NONE e instruction (e) Expen	se accoun	
P O BOX 185 PITTSBURGH PA 15230-0185 2 Compensation of five highest-paid employing in the property of the pro	REIMBURSEMENT 00 vees (other than the hours per week hours per week	-8 0 0 ose included on li	ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	NONE e instruction (e) Expen	se accoun	C
P O BOX 185 PITTSBURGH PA 15230-0185 2 Compensation of five highest-paid employing in none, enter "NONE." (a) Name and address of each employee paid more than \$50	REIMBURSEMENT 00 vees (other than the hours per week hours per week	-8 0 0 ose included on li	ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	NONE e instruction (e) Expen	se accoun	0 0
P O BOX 185 PITTSBURGH PA 15230-0185 2 Compensation of five highest-paid employing in none, enter "NONE." (a) Name and address of each employee paid more than \$50	REIMBURSEMENT 00 vees (other than the hours per week hours per week	-8 0 0 ose included on li	ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	NONE e instruction (e) Expen	se accoun	0
P O BOX 185 PITTSBURGH PA 15230-0185 2 Compensation of five highest-paid employing in none, enter "NONE." (a) Name and address of each employee paid more than \$50	REIMBURSEMENT 00 vees (other than the hours per week hours per week	-8 0 0 ose included on li	ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	NONE e instruction (e) Expen	se accoun	0
P O BOX 185 PITTSBURGH PA 15230-0185 2 Compensation of five highest-paid employing the none, enter "NONE."	REIMBURSEMENT 00 00 yees (other than the hours per week devoted to position the hours per week devoted the hours per	-8 0 0 ose included on li	ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	NONE e instruction (e) Expen	se accoun	0

Form 990-PF (2010)	BERTHA SHERWOOD HOPPER MEM		16-6188192 Page 7
	nformation About Officers, Directors, Trustees, I	Foundation Managers, Highly Pai	d Employees,
	ind Contractors (continued)		
	paid independent contractors for professional services (see		
	ne and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			0
	 		0
			0
			lo
			<u> </u>
			0
Total number of o	thers receiving over \$50,000 for professional services		NONE
Part IX-A	Summary of Direct Charitable Activities		
List the foundation's fo	our largest direct charitable activities during the tax year. Include relevant	statistical information such as	Expenses
the number of organiz	ations and other beneficiaries served, conferences convened, research p	apers produced, etc	Expenses
1 NONE			
2			
			}
	· · · · · · · · · · · · · · · · · · ·		
3	•••••		
<u> </u>			<u> </u>
4			
Part IX-B S	summary of Program-Related Investments (see p	age 24 of the instructions)	L
	st program-related investments made by the foundation during the tax year		Amount
1 NONE			
2			
All other program-relat	ed investments. See page 24 of the instructions		
3 NONE			
			0
Total. Add lines 1	through 3	<u></u>	NONE

Form **990-PF** (2010)

Form 9	990-PF (2010) BERTHA SHERWOOD HOPPER MEM		<u>-6188192</u>	Page 8
Par	Minimum Investment Return (All domestic foundations must complete this part. Foreign	found	dations,	_
	see page 24 of the instructions)		=u	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,			
	purposes			
а	Average monthly fair market value of securities	1a		1,067
b	Average of monthly cash balances	1b		222
С	Fair market value of all other assets (see page 25 of the instructions)		NONE	
d	Total (add lines 1a, b, and c)	1d		1,289
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)			
2	Acquisition indebtedness applicable to line 1 assets	2		
3	Subtract line 2 from line 1d	3_		1,289
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25			
	of the instructions)	4		19
5	Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and on Part V, line 4	5		1,270
6	Minimum investment return. Enter 5% of line 5	6	<u> </u>	64
Par	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	perat	ing	
	foundations and certain foreign organizations check here L and do not complete this part)		1	
1	Minimum investment return from Part X, line 6	1	ļ	64
2a	Tax on investment income for 2010 from Part VI, line 5		1	
b	Income tax for 2010 (This does not include the tax from Part VI)			_
С	Add lines 2a and 2b	2c		0
3	Distributable amount before adjustments Subtract line 2c from line 1	3		64
4	Recoveries of amounts treated as qualifying distributions	4_		
5	Add lines 3 and 4	5		64
6	Deduction from distributable amount (see page 25 of the instructions)	6		
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,	_		0.4
	line 1	7	<u> </u>	64
Pari	Qualifying Distributions (see page 25 of the instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes			
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a		42
b	Program-related investments—total from Part IX-B	1b	NONE	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.			
	purposes	2	NONE	
3	Amounts set aside for specific charitable projects that satisfy the			
а	Suitability test (prior IRS approval required)		NONE	
b	Cash distribution test (attach the required schedule)	3b	NONE	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4		42
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment			
	income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5		0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6		42
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found qualifies for the section 4940(e) reduction of tax in those years	lation		

Form 990-PF (2010)

16-6188192

Page 9

Forn	n 990-PF (2010) BERTHA SHERWOOD HOI	PPER MEM			16-6188	3192 Page 10
Pa	t XIV Private Operating Foundations (s	see page 27 of t	he instructions a	ind Part VII-A, qu	iestion 9)	N/A
1 a	If the foundation has received a ruling or determin foundation, and the ruling is effective for 2010, en			•		
b	Check box to indicate whether the foundation is a	private operating fo	undation described i	in section	4942(j)(3) or	4942(J)(5)
2 a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum investment return from Part X for each	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	year listed	0	 	<u> </u>	,	0
h	85% of line 2a	0	 	0	0	0
	Qualifying distributions from Part XII, line 4 for each year listed				_	
d	Amounts included in line 2c not used directly for active conduct of exempt activities	0				0
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	0	0	0	0.	0
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test—enter					
_	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative testenter 2/3				-	U
-	of minimum investment return shown in Part X, line 6 for each year listed	0				0
С	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
Pa	t XV Supplementary Information (Co	mplete this par	t only if the fou	ndation had \$5.	000 or more in	
	assets at any time during the ye					
1	Information Regarding Foundation Manag			,		
а	List any managers of the foundation who have corbefore the close of any tax year (but only if they have	tributed more than			the foundation	
<u>NO</u>						
b	List any managers of the foundation who own 10% ownership of a partnership or other entity) of which				ortion of the	
NO						
2	Information Regarding Contribution, Grant Check here ► X if the foundation only makes unsolicited requests for funds. If the foundation may under other conditions, complete items 2a, b, c, and	contributions to pre akes gifts, grants, et	selected charitable	organizations and do		ons
а	The name, address, and telephone number of the	person to whom ap	plications should be	addressed		
	T APPLICABLE The form in which applications should be submitte	d and information as	nd materials they sho	ould include	<u>-</u>	
_	T APPLICABLE	a and morniador di				
	Any submission deadlines			······································	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
NO.	T APPLICABLE			h a da a fina da d		
d	Any restrictions or limitations on awards, such as t factors	oy geographical area	as, charitable fields,	kinds of institutions,	or other	
NO:	TADDUCARIE					

Form 990-PF (2010)

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual Foundation Recipient show any relationship to Purpose of grant or Amount status of any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year See Attached Statement ► 3a 40 Total Approved for future payment NONE ► 3b NONE Total

16-6188192

Page 11

and gross ansams and a second second	(a) ness code	(b) Amount 0 0 0 0 0		(d) Amount 0 0 0 0 0	(e) Related or exempt function income (See page 28 of the instructions) 0 0 0 0 0
a b c d e f g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property 6 Net rental income or (loss) from personal property 7 Other investment income		0 0 0		0 0 0	0 0 0 0
c d e f g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property 6 Net rental income or (loss) from personal property 7 Other investment income		0 0 0		0 0 0	0 0 0
f g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property 6 Net rental income or (loss) from personal property 7 Other investment income		0		0	0
f g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property 6 Net rental income or (loss) from personal property 7 Other investment income		0		0	0
2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property 6 Net rental income or (loss) from personal property 7 Other investment income					
2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property 6 Net rental income or (loss) from personal property 7 Other investment income		0		. 0	0
2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property 6 Net rental income or (loss) from personal property 7 Other investment income					
2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property 6 Net rental income or (loss) from personal property 7 Other investment income					
3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property 6 Net rental income or (loss) from personal property 7 Other investment income					
4 Dividends and interest from securities 5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property 6 Net rental income or (loss) from personal property 7 Other investment income					
a Debt-financed property b Not debt-financed property 6 Net rental income or (loss) from personal property 7 Other investment income			14	18	
a Debt-financed property b Not debt-financed property 6 Net rental income or (loss) from personal property 7 Other investment income					
b Not debt-financed property 6 Net rental income or (loss) from personal property 7 Other investment income					
6 Net rental income or (loss) from personal property 7 Other investment income					
7 Other investment income					
			·		
			18	0	
9 Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
1 Other revenue a		0		0	0
b		0		0	0
С		0		0	0
d		0		0	0
e		0		0	0
2 Subtotal Add columns (b), (d), and (e)		0	.,,,	18	0
3 Total. Add line 12, columns (b), (d), and (e)				13	18
See worksheet in line 13 instructions on page 29 to verify calculations	;)				
the accomplishment of the foundation's exempt purpose page 29 of the instructions) NOT APPLICABLE	es (other than	n by providing fu	nds for such purpo	ses) (See	

Form 990-PF (2010)

Form 990)-PF (20	10) BERTHA SI	HERWOOD H	IOPPER MEM				16-6188	3192	Paç	ge 13
Part X	VII	Information Reg	arding Tran	sfers To and Tra	nsactions a	nd Re	lationships W	ith Nonchari	table		
_		Exempt Organiz	ations				-				
ın s		501(c) of the Code		engage in any of the section 501(c)(3) org						Yes	No
a Tra	ınsfers	from the reporting	foundation to	a noncharitable exe	empt organiza	ition of					ł
	Cash								1a(1)		X
		r assets							1a(2)	L	X
		nsactions									
		of assets to a non-		. •					1b(1)	<u> </u>	L X
				able exempt organız	ation				1b(2)		X.
		al of facilities, equip bursement arrange		er assets					1b(3) 1b(4)	H	X
		s or loan guarantee							1b(4)		x
		_		nip or fundraising sol	licitations				1b(6)		X
				its, other assets, or p		es			1c		X
	_	• •	•	complete the follow			n (b) should alv	avs show the f	air marl	 cet	
val	ue of t	he goods, other ass	sets, or service	es given by the repo ement, show in colu	rting foundat	ion If th	ne foundation re-	ceived less than	n fair ma	arket	<u></u>
(a) Line	no	(b) Amount involved	(c) Name	of noncharitable exempt o	rganization	(d) De	scription of transfers	transactions, and s	haring arr	angem	nents
	_	0	NOT APPLIC	CABLE							
		0	· · · · · · · · · · · · · · · · · · ·								
		0									
		0		····		 					
		<u>0</u>					· · · · · · · · · · · · · · · · · · ·				
	_					 					
	\top	0									
		0							_		
		0									
		0									
	<u> </u>	0	<u> </u>								
		0									
		0				-					
			l ———								
	cribed		of the Code (o	ated with, or related ther than section 50				tions	Yes X	No	
		(a) Name of organization		(b) Type of	organization		(c)	Description of relation	onship		
							 				
											
Sign				xamined this return, includ n of preparer (other than t		ary) is bas	ed on all information	of which preparer h	nas any kr		
Here	_	<u> </u>				10/23/		CE PRESIDEN	<u>IT </u>		
	Sign	nature of officer or trustee		Depararia signatura	Da	te	Tit	le	PTIN		
Paid		Print/Type preparer's na	ame	Preparer's signature	_		Date	Check X if	F 1 (IN		
Prepa	rer	Shawn P Hanlon		7 C34 K	2 _ CPA		10/23/2012	self-employed	P0096	5923	<u>;</u>
Use C			CEWATER	IOUSECOOPERS L	LP			Firm's EIN 🕨 1	3-4008		
Jac U	, i i y	Firm's address ► 60	O GRANT ST	REET PITTSBURG	H. PA 15219			Phone no (41)	2) 355-6	3000	

10/23/2012 2 40 37 PM - 10586719700 - 468 - 151 - BERTHA SHERWOOD HOPPER MEM

Part II, Line 10a (990-PF) - Investments - U.S. and State Government Obligations

ļ	e/	ے										
	Check "X" if Stat	Local Obligation										
	Book Value Book Value FMV FMV Check "X" if Federal Check "X" if State/	Obligation										
424	FMV	End of Year	424									
425	FMV	Beg of Year	425									
406	Book Value	End of Year	406									
406	Book Value	Beg of Year	406									
		Description										
			1	2	3	4	5	9	7	8	6	10

Part II, Line 10b (990-PF) - Investments - Corporate Stock

			813	813	524	611
		Num Shares/	Num Shares/ Book Value	Book Value	Book Value FMV	FMV
	Description	Face Value	Beg of Year	End of Year	Beg of Year	End of Year
1	SEE ATTACHED		813	813	524	611
2						
3						
4						
2						
9						
7						
8						
6						
10						

10/23/2012 2 40 37 PM - 10586719700 - 468 - 151 - BERTHA SHERWOOD HOPPER MEM

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

										5	
		Check "X"					Foreign				
	Name	if Business	Street		State	Zıp Code		Title		Compensation	
1	BNY MELLON, N A	×	P O BOX 185	PITTSBURGH	PA	PA 15230-0185		TRUSTEE SEE ATTA	SEE ATTA	13	
2	BNY MELLON, N A	×	P O BOX 185		PA	15230-0185		RUSTEE FE	REIMBUR	8-	
3											
4											
2											
9											
7											
8											
6											
10											

Part

		Explanation						:				
0	Expense	Account	NONE	NONE								
0		nefits	NONE									
			1	2	3	4	2	9	7	8	6	10

Part XIII, Line 2a, Column C (990-PF) - Prior Year Undistributed Income		
1 Distributable amounts for 2009 that remained undistributed at the beginning of the 2010 tax year	1	59
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	
10 Total	10	59

Part XIII, Line 2b, Column B (990-PF) - Undistributed Income for Prior Years

1 Undistributed income for the 3rd year 2008	1	22
2 Undistributed income for the 4th year 2007	2	
3 Undistributed income for the 5th year 2006	3	
4 Total	4	22

BERTHA SHERWOOD HOPPE			1 10 1	16-618		
Continuation of Part XV, I Recipient(s) paid during the year	_ine 3a (990-PF)	- Gran	its and Conti	ributions Paid	d During the	<u> Year</u>
Name EAST RAMPO CSD Street						
105 S MADISON AVENUE						
City		State	Zıp Code	Foreign Count	гу	
SPRING VALLEY	Te o	NY	10977-5479			
Relationship NONE	Foundation Status PUBLIC					
Purpose of grant/contribution OPERATIONAL	II OBEIO			****	Amount	40
Name					<u> </u>	
Street	·				.	
City	···-	State	Zıp Code	Foreign Count	ry	
Relationship	Foundation Status	1.	<u> </u>		· · · · · · · · · · · · · · · · · · ·	- · · · ·
Purpose of grant/contribution					Amount	0
Name						
Street						
City		State	Zıp Code	Foreign Count	гу	
Relationship	Foundation Status		•			
Purpose of grant/contribution					Amount	0
Name						
Street						
City		State	Zıp Code	Foreign Count	ТУ	
Relationship	Foundation Status					
Purpose of grant/contribution	·····				Amount	0
Name						
Street						
City		State	Zıp Code	Foreign Count	ГУ	
Relationship	Foundation Status				Ţ	
Purpose of grant/contribution			· 		Amount	0
Name						
Street						
City		State	Zıp Code	Foreign Counti	у	
Relationship	Foundation Status					
Purpose of grant/contribution					Amount	0

AMENDED

4720 Form

Department of the Treasury

Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4965, 4966, and 4967)

► See separate Instructions.

2010

OMB No 1545-0052

Interna	I Revenue Service		See separate In	structions.						
For ca	alendar year 2010 or oth	er tax year beginning	September 1	2010, and ending	August 31	1	, 20	11		
Name	of organization or entity						ployer ider	itificatio	n numbe	r
RERI	THA SHERWOOD	HODDED MEM					16	-61881	102	
			mail is not delivered to street address)			C	heck box for			lurn
		•	· · · · · · · · · · · · · · · · · · ·			Г	Form 990		_	990-EZ
	Mellon, N.A P.O. town, state, and ZIP cod					는	=	_		30-EZ
						H	≒			
Pittsb	urgh, PA 15230-01	185					Form 522	27		
									Yes	No
Α	_		e foundation within the meaning							X
В	Has corrective act	tion been taken o	on any taxable event that result	ed in Chapter 42 tax	es being re	port	ed on this	;		
	form? (Enter "N/A"	" if not applicable	e)	•					N/A	<u></u>
	If "Yes," attach a	detailed descripti	on and documentation of the co	orrective action taker	and, if app	olica	ıble, ente	r the fa	air	
	market value of ar	ny property recov	ered as a result of the correction	on ▶\$		_	lf "No," (ı	e , any	/	
	uncorrected acts,	or transactions),	attach an explanation (see pag	ge 4 of the instruction	ıs)					
Dor	Taxes on O	rganization (Se	ections 170(f)(10), 664(c)(2)	, 4911(a), 4912(a),	4942(a),	494	3(a), 494	44(a)(1),	
Par	4945(a)(1),	4955(a)(1), 496	65(a)(1), and 4966(a)(1))				. ,			
1	Tax on undistribut					1				12
2			-Schedule C, line 7			2				
3		_	charitable purpose—Schedule	e D. Part I. column (e	<u>,</u>	3				
4			edule E, Part I, column (g)		´´	4	1			
5		•	edule F, Part I, column (e)		-	5				
6	•	•	es—Schedule G, line 4		-	6	—			
7			nditures—Schedule H, Part I, o	column (e)		7	—			
8	Tax on premiums				<u> </u>	8	This is	an am	ended r	eturn
9	•	•	tax shelter transactions—Schee	dule J. Part I. column	(h)	9	which I	nas alre	eady pa	ııd \$5
10			dule K, Part I, column (f)		```'	10	of the S	612 ow	red .	1
11			t's unrelated business taxable i	ncome Attach sched	iule	11	†'			
	Total (add lines 1-					12				\$7
	Tayes on		lf-Dealers, Disqualified Pe	rsons Donors D	onor Advi	SOI	rs and F	₹elate	d Pers	
Par	415* T	_	a), 4944(a)(2), 4945(a)(2), 4							
	(Occions		e and address of person subject to tax	1000(a)(Z), 4000(a)	, 4000(a)(- /, ·	(b) Taxpay			
		(a) Nam	e and address of person subject to tax			+	(b) Taxpay	ar identifi	- Cation nu	ilibei
a b						╁				
						┰				
c d						╫				
<u>u</u>		· · · · · · · · · · · · · · · · · · ·	(d) Tax on investments that jeopardize	1		┰				
	(c) Tax on self-deal		charitable purpose—Schedule D.	(e) Tax on taxable ex			(f) Tax on p		•	
	Part II, col (d), and	Part III, col (d)	Part II, col (d)	Schedule E, Part I	n, cor (a)		Scriedu	ier Par	rt II, col (d	1)
a				ļ						
b					. —					
С										
<u>d</u>				 						
Total		0	0	 		의				0
	(g) Tax on disqua	lifying lobbying	(h) Tax on excess benefit	(i) Tax on being a party			(j) Tax on t	axable d	distribution	ıs—
	expenditures—Schedu	ule H, Part II, col (d)	transactions—Schedule I, Part II, col (d), and Part III, col (d)	tax shelter transactions Part II, col			Schedu	le K, Par	rt II, col (c	1)
a			(-),			1				
b					·-·-·-	1				
C						1				
d						十				
Total		0	0			σĖ				0
· Ului	(k) Tax on prohibited					\top				
	Part II, col (d), and						(I) Total—A	dd cols	(c) throug	jh (k)
a	·									0
b						\vdash				0
c						Г				0
d						\vdash				0
Total		0				\vdash				

Form 4720 (2 010)	ВЕ	ERTHA SHERWO	OD HOPPER	MEM	16-618819	92		Page 2
Part II-B	Summary o	f Tax	es (See Tax Pa	yments on p	age	3 of the instructions)			
						jers, self-dealers, disqualifie	d		
	sons, donors, dono total amount from			persons who	sign t	his form If all sign, enter		1	
			• • • • • • • • • • • • • • • • • • • •	na 1 (Maka ch	neck/e	s) or money order(s) payable	<u> </u>		
						8868, see the instructions	, I	2	12
						Self-Dealing (Section 494	ļ1)		<u> </u>
Part I	Acts of Self		ling and Tax Co						
(a) Act	(b) Date					(c) Description of act			
number 1	of act								
2									
3									
4									
5									
	on number from Form 99 B, or Form 5227, Part Vi		(a) Amount invest	shood in ont		(f) Initial tax on self-dealing			on foundation managers (if) (lesser of \$20 000 or 5% of
	applicable to the act		(e) Amount invo	nveu in act		(10% of col (e))			col (e))
					ļ .	0			0
						0			0
						<u>.</u> 0			0
		-		• • • • • • • • • • • • • • • • • • • •	} -	0			0
Part II	Summary of	f Tax	Liability of Self	f-Dealers an	id Pr	oration of Payments			
	(-) Names of solf do-			(b) Act no fro	m	(c) Tax from Part I, col (f),			(d) Self-dealer's total tax
	(a) Names of self-dea	ilers liat	ole for tax	Part I, col (a	1)	or prorated amount			ability (add amounts in col. (c)) see page 6 of the instructions)
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								1	0
Part III	Summary of	f Tax	Liability of Fou	Indation Ma	nage	ers and Proration of Pay	ment	ts	
				(b) Act no fro		(c) Tax from Part I, col (g),		$\overline{}$	d) Manager's total tax liability
(a)	Names of foundation m	anager	s liable for tax	Part I, col (a		or prorated amount		l (s	(add amounts in col. (c)) see page 7 of the instructions)
									1, 22
					[]	
				 	-			-	0
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				ļ				<u> </u>	0
								1	
								┨	^
		SCHE	DUI F B—Initia	I Tax on Lin	dist	ributed Income (Section	4942	<u> </u>	0
1 Und						or 2010, Part XIII, line 6d)	1	\top	22
	listributed income f	-	,				2		17
				x year beginn	ıng ın	2010 and subject to tax		1	_
	er section 4942 (ac			D-411			3	ـ	39
4 Tax	-Enter 30% of line	<u>e 3 he</u>	re and on page 1,	Part I, line 1			4	<u>L</u>	12

Form 2	4720 (2010		BERTHA SHERWOOD				16-618		Page 3
Rue	iness H		HEDULE C—Initial Tax or omputation of Tax	n Exc	cess bu	siness noia	ings (Section 4943)
			Idings in more than one busir	iess ei	nterprise	attach a sena	rate so	hedule for eac	h enternrise Refer
			or each line item before maki			attaon a copa		module for our	an emerphose residi
		ress of business er						-	
		<u></u>							
								_	
Empi	oyer ide	ntification numbe	<u> </u>				'	<u> </u>	
Form	of enter	prise (corporation	n, partnership, trust, joint ven	ture, s	ole propr) !	<u> </u>	
					(profit	(a) ung stock s interest or cial interest)		(b) Value	(c) Nonvoting stock (capital interest)
1	Founda	ition holdings in t	business enterprise	1		%		%	
			·						1
2	Permitt	ed holdings in bu	isiness enterprise	2		%		%	
3	Value o	of excess holding	s in business enterprise	3]				
4		_	s disposed of within 90					· · · · · · ·	
•			excess holdings not						
	subject	to section 4943	tax (attach explanation)	4			_		
5		e excess holdings							
	enterpr	ise—line 3 minus	s line 4 .	5				0	0
6	TaxF	inter 10% of line	5	6]	0		0	0
7			s on line 6, columns (a), (b),	۲					
			and on page 1, Part I, line 2	7		0			
SCH	EDULE	D—Initial Tax	es on Investments That	Jeopa	ardize C	haritable Pu	ırpose	(Section 49	44)
Par	t I	nvestments an	nd Tax Computation						T
٠,	restment mber	(b) Date of investment	(c) Description of inves	stment		(d) Amount investment		(e) Initial tax on foundation (10% of col. (d))	(f) Initial tax on foundation managers (if applicable)— (lesser of \$10,000 or 10% of col. (d))
	1							0	0
	2		<u> </u>				. 	0	0
	3 -						- :	0	0
	5								0
		n (e) Enter here	and on page 1, Part I, line 3			l,		0	0
			or prorated amount) here and	d in Pa	art II, colu	mn (c), below			0
Part		summary of Ta	x Liability of Foundation	Man	agers ar	nd Proration	of Pa	yments	
	(a)	Names of foundation	managers liable for tax	no fr	nvestment rom Part I, sol (a)		from Part rorated ar		(d) Manager's total tax liability (add amounts in col. (c)) (see page 10 of the instructions)
									0
				ļ					0
				} -					•
				L		<u> </u>		<u> </u>	Form 4720 (2010)
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16-6188192

Page 4

Form 4720 (2010)

		SCHEDULE E-		es on Taxable	Exp	enditure:	s (Section 4945)	· · · · · · · · · · · · · · · · · · ·
Part I	Expenditures	and Computati	on of Tax					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d)	Name and address of	recipier	nt		of expenditure and purposes for which made
1								
2			{					
3	 	 						
4								
5	l	L						
	stion number from Form 9 5227, Part VI-B, applicabl		(g) In	nitial tax imposed on f (20% of col. (b))		on	managers	ax imposed on foundation (if applicable)—(lesser of 00 or 5% of col. (b))
						0		0
]			.0		0
]			0		0
]			0		0
]			0		0
	olumn (g) Enter he Part I, line 4	re and on				0		
	olumn (h) Enter tot	al (or prorated amo	ount) here an	nd in Part II, colu	mn (c)			0
Part II	Summary of	Tax Liability of I	oundation	Managers an	d Pro	ration o	f Payments	
		on managers liable for to		(b) Item no from Part I, col (a)		(c) Tax from	Part I, col. (h), or ed amount	(d) Manager's total tax liability (add amounts in col. (c)) (see page 10 of the instructions)
	<u> </u>							(
				ļ ,				
								0
						·		
				-				,
		SCHEDULE F	Initial Tay	os on Political	Evne	anditura	(Section 4955)	10
Part I	Expenditures	and Computati		es on rondical	LAP	- inditale:	(Oecilon 4999)	
(a) Item number	(b) Amount	(c) Date paid or incurred		on of political expend	iture	organız	ial tax imposed on ation or foundation 0% of col. (b))	(f) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2½% of col (b))
1]		0	0
2]		0	0
3							0	
4]		0	0
5							0	0
Total—co	olumn (e) Enter he	re and on page 1, I	Part I, line 5				0	
_								
	olumn (f) Enter tota							0
Part II	Summary of	Tax Liability of C	<u>Organizatio</u>	n Managers o	r Fou	<u>indation</u>	Managers and	Proration of Payments
		inization managers or lagers liable for tax		(b) Item no from Part I, col (a)			n Part I, col. (f), ted amount	(d) Manager's total tax liability (add amounts in col. (c)) (see page 11 of the instructions)
		— — — — — — — — — — — — — — — — — — —						
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	<u></u>							0
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Form 4720	0 (2010)		SHERWOOD			16-6188192		Page 5
		SCHEDULE G-					1)	
	•	s expenditures over	_		•	•		
	·	t II-A, column (b),	line 1h) (See pa	age 11 of the ins	tructions befo	ore making	1	
	try).	expenditures over	lobbying nontay	rable amount (fro	m Schedule	C (Form 990	 -'-	
		A, column (b), line					2	
	•		, ,					
3 Ta	xable lobbying ex	penditures—enter	the larger of lin	e 1 or line 2 .			3	0
4 7.	E-4 250/ -4	l 2 hd	nama 1 Danii I	luna C			١,	
41a		line 3 here and on HEDULE H—Ta:			ing Expend	ditures (Section	4912	0
Part I		res and Comput		amying Locoy	mg Expent	andres (Cooker	, ,0,12	
(a) Item		(c) Date paid			(e) T	ax imposed on	1	ax imposed on organization
number	(b) Amount	or incurred	(d) Description of	flobbying expenditure		tion (5% of col (b))	m:	anagers (if applicable)— (5% of col. (b))
1				· · · · · · · · · · · · · · · · · · ·		0		0
2]			0		0
3]			0		0
4						0	ļ	0
5			L			0	-	0
Total	column (a) Enta	r here and on page	a 1 Part I line 7	•		0		
TOTAL-	column (e) Ente	i fiele allo oli page	e i, raiti, iiie i	•			_	
Total—	column (f) Enter	total (or prorated	amount) here ar	nd in Part II, colu	mn (c), belov	v		0
Part II	Summary	of Tax Liability	of Organization	on Managers a	nd Proration	on of Payments	5	
	(-) 11		f1	(b) Item no from	(c) Tax fron	n Part 1 col (f), or		Manager's total tax liability
	(a) Names or orga	nization managers liable	FIOREAX	Part I, col (a)	prora	ted amount		add amounts in col. (c)) page 11 of the instructions)
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								0
				}			1	
				}			1	0
							ļ	
				<u></u>			250	0
D		CHEDULE I—In			rit Fransaci	tions (Section 4	958)	
Part I		nefit Transactio	ons and Tax C	omputation	··			
Transac	transaction			(c) Des	cription of transa	action		
numbe 1	er	 						
2	· 							
3								
4]							
5_			г		·····			
	(d) Amount of exce	ess benefit	(e) Initial	tax on disqualified pe	rsons			zation managers e) (lesser of
				(25% of col (d))		\$20 0	00 or 10	% of col (d))
					0			<u>0</u> 0
					0			0
					0			0
					_0			0
	······································							Form 4720 (2010)

Form 4720 (BERTHA SHERWO			Page 6
				t Transactions (Section 4958	B) Continued
Part II	Summary of Tax	<u>k Liability of Disquali</u>	fied Persons	and Proration of Payments	
	(a) Names of disqualified pe	rsons liable for tax	(b) Trans no from Part I col (a)	n (c) Tax from Part I col (e), or prorated amount	(d) Disqualified person's total tax liability (add amounts in col. (c)) (see page 13 of the instructions)
			 		
			 		0
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			ļ		
			-		0
					0
Part III	Summary of Tax	Liability of 501(c)(3)	, (c)(4) & (29)	Organization Managers and	Proration of Payments
(a) Names	of 501(c)(3), (c)(4) & (29) orga	inization managers liable for tax	(b) Trans no from Part I, col (a)	(c) Tax from Part I, col (f) or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see page 13 of the instructions)
				· · · · · · · · · · · · · · · · · · ·	0
					·
					<u> </u>
					0
			}		
					0
	SCHEDULE J.	Taxes on Being a Pa	rty to Prohibi	ted Tax Shelter Transaction	
Part		elter Transactions (P		Imposed on the Tax-Exemp	
(a) Transaction number	(h) Transaction	(c) Type of transaction 1—Listed 2—Subsequently listed 3—Confidential 4—Contractual protection		(d) Description of transa	iction
1					
2					
3					
4					
5					
have reas was a PTS	le tax-exempt entity know or on to know this transaction. T when it became a party to ns? Answer Yes or No	(f) Net income attribute the PTST	able to	(g) 75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see page 14 of the instructions)
					0
					0
					0
	·				0
Total as	lump (h) Estas basa an	d on page 1 Part Line	0		

Form 4720 (2010)

Form 4720 (201	<u>0)</u> BI	ERTHA SHERWOOD HOPPER M	EM				16-6188192	Page 7
Part II		osed on Entity Managers (Sec		ntınued				
		me of entity manager	(b) Transaction number from Part I, col. (a)	(c) Tax	(c) Tax—enter \$20,000 for each transaction listed in col. (b) for each manager in col. (a)		(d) Manager's total tax liability (add amounts in col. (c))	
								0
	<u>, </u>							0
								0
								0
								0
Part I		E K—Taxes on Taxable Distri	on 4966) See				ntaining Donor	
	I axable l	Distributions and Tax Compu		Т			· ·· - · · · · · ·	
(a) Item number	(b) Name of sponsoring organization and donor advised fund (c) Description of distribution				of distribution			
1								
3								
4						•		·
(d) Date of distribution		(e) Amount of distribut	(e) Amount of distribution) Tax imposed on ganization (20% of col (e))		(g) Tax on fund managers (lesser of 5% of col (e) or \$10,000)	
		<u> </u>			0	<u> </u>		0
					0			0
-					0		· — — · · · · · · · · · · · · · · · · ·	0
Cotal colum	on (f) Entor	here and on page 1, Part I, line 10	n		0			0
		r total (or prorated amount) here a		ımn (c)		ļ	·	0
Part II		of Tax Liability of Fund Man				l		
	(a) Name of fund managers liable for tax			(c) Tax from Part I, col (g) or prorated amount			(d) Manager's total tax II (add amounts in col (see instructions)	(c))
							0	
								0
								0
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			<u> </u>					0

Form 4720 (2010) BERTHA SHERWOOD HOPPER MEM 16-6188192 Page 8 SCHEDULE L—Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967) See page 14 of the instructions Part I **Prohibited Benefits and Tax Computation** (a) Item (b) Date of (c) Description of benefit prohibited benefit number 1 2 3 5 (e) Tax on prohibited benefit (125% of col (d)) (f) Tax on fund managers (if applicable) (lesser of 10% of (d) Amount of prohibited benefit col (d) or \$10,000) (see instructions) (see instructions) 0 0 0 0 0 0 0 0 0 Summary of Tax Liability of Donors, Donor Advisors, Related Persons and Proration of Payments (a) Names of donors, donor advisor, or (b) Item no from (c) Tax from Part I, col (e) (d) Donor, donor advisor, or related persons total tax related persons liable for tax Part I col (a) or prorated amount liability (add amounts in col. (c)) (see instructions) 0 0 0 Tax Liability of Fund Managers and Proration of Payments (c) Tax from Part I, col (f) (d) Fund managers total tax liability (add (b) Item no from (a) Names of fund managers liable for tax or prorated amount Part I, col (a) amounts in col (c)) (see instructions) 0

0

Form 4720 (201	0)	BERTHA SHERWOOD HO	PPER MEM		16-61	88192 Page S
	kn	ider penalties of perjury, I declare that owledge and belief it is true, correct, y knowledge				
	•	Signature of officer or trustee	VIC	E PRESIDENT Title		12/9/2011 Date
	•	Signature (and organization or enti advisor, or related person	ty name if applicable) of manager, self-deal	er, disqualified person, donc	or, donor	Date
Sign Here	•	Signature (and organization or enti advisor, or related person	ty name if applicable) of manager, self-deal	er, disqualified person, dono	n donor	Date
	•	Signature (and organization or enti advisor, or related person	ty name if applicable) of manager, self-deal	er, disqualified person, dono	r, donor	Date
	•	Signature (and organization or enti advisor or related person	ty name if applicable) of manager, self-deal	er, disqualified person dono	ır, donor	Date
Paid Preparer	Sha	t/Type preparer's name wn P Hanlon i's name ▶ PRICEWATER	Preparer's signature	Date 10/23/2012	Check X if self-employed	PTIN P00965923 13-4008324
Use Only	-	r's address ► 600 Grant Stre	Phone no 412-355-6000			
		- GGG Grant Otte	4720			

Form **4720** (2010)