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Form 990-PF

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

For t	aleni	dar year 2012 or tax year beginning		, and ending		
Nan	ne of	foundation			A Employer identification	number
т	HE	KOPELMAN FOUNDATION			23-3096766	
Nun		nd street (or P O box number if mail is not delivered to street	address)	Room/suite	8 Telephone number	
		LOCUST STREET			(610) 680-	4200
		wn, state, and ZIP code			C If exemption application is po	ending, check here
		LADELPHIA, PA 19104			, ,,	J.
		all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	, check here
		Final return	Amended return			
		X Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test, mputation
H C	heck	type of organization X Section 501(c)(3) ex	empt private foundation		E If private foundation stat	
	Sec		Other taxable private founds		under section 507(b)(1)	
I Fa		rket value of all assets at end of year J Accounting	ng method X Cash	Accrual	F If the foundation is in a 6	30-month termination
			her (specify)		under section 507(b)(1)	
•		237,918. (Part I, colu	mn (d) must be on cash i	basis.)		
Pa	ırt İ	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received	6,954.		N/A G v A	V
		Check If the foundation is not required to attach Sch B	#V(x1 /V())V		4 7 7 7	
	3	Interest on savings and temporary cash investments		and the second second		
	4	Dividends and interest from securities	47.	47.	-	STATEMENT 1
	1 '	Gross rents				
	Ι.	Net rental Income or (loss)	, i.	1 1 2 2 1 2 1 2 1 2 1		
_		Net gain or (loss) from sale of assets not on line 10	248,298.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	runina mija miraniy a
Ę	Ь	Gross sales price for all 255, 252.	22 12 9 2 32 3		1375 2378	. 24 27 4
Revenue	7	Capital gain not income (from Part IV,"line 2)		248,298.	2000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
ď	8	Net short-term-capital gain	8 921 Ka 0414			1 4 3 8 7 2 5
	9	Income modifications		8 8000 6		
	10a	Gross sales less fetuma and allowances AU/3 I o	7, 31,37 1 2 12,17			
	1	Less Cost-of-goods sold	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		7.27,7.2	
	C	Gross profit py(loss)				
	11 Other income	9,894.	9,894.		STATEMENT 2	
	12	Total. Add lines 1 through:14	265,193.	258,239.		
	13	Compensation of officers, directors, trustees, etc.	0.	0.	ļ	0.
	14	Other employee salaries and wages				
ທ	15	Pension plans, employee benefits				
penses		Legal fees .	2 060	0.		2,960.
ē		Accounting fees STMT 3	2,960.	V •		2,960.
ű		Other professional fees			 	
, ≩	17	Interest Taxes STMT 4	125.	0.		0.
Administrative	18		123.	0.		
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	19	Depreciation and depletion				1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 .
· 5	20	Occupancy			 	
Þ	1	Travel, conferences, and meetings			 	
and g	22	Printing and publications Other expenses STMT 5	8.	8.	 	0.
ting	23	Other expenses STMT 5 Total operating and administrative	<u></u>	<u></u>	 	† · · · · · · · · · · · · · · · · · · ·
Operating	24	expenses. Add lines 13 through 23	3,093.	8.		2,960.
ô	25	Contributions, gifts, grants paid	114,500.		2.4 (A.) (2.4) (3.4)	114,500.
	26	· •		2 2 3 3 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3	**************************************	
	20	Add lines 24 and 25	117,593.	8.		117,460.
_	27				K848-723-63	
		Excess of revenue over expenses and disbursements	147,600.		kg/%-39/%3	
	1	Net investment income (if negative, enter -0-)		258,231.		
	1	Adjusted net income (if negative, enter -0-)				The second section will
2235	501 5-12	LHA For Paperwork Reduction Act Notice, see				Form 990-PF (2012)

23-30961

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b.		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	of year
ra	TT.	Balance Sites Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	90,318.		
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
1		disqualified persons			
	7	Other notes and loans receivable	13 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	883. 4. 00. 2042 18	7676747367367
	•	Less: allowance for doubtful accounts	0.75 (20. 20. 50.74. \$105.555.475.7.64	2 851 1 1 87W 20 17577 2 1 88	1
ام	8	Inventories for sale or use			
5 I	9	Prepaid expenses and deferred charges			
ויצי	-	Investments - U.S. and state government obligations			
'		Investments - corporate stock			
	_				
۔ ا		Investments - corporate bonds			
י	T	Investments - land, buildings, and equipment basis			
١.	_	Less. accumulated depredation			
		Investments - mortgage loans			
1	3	Investments - other .	1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 		, , , , , , , , , , , , , , , , , , ,
1	4	Land, buildings, and equipment basis	F 20, 75	2 2	
		Less: accumulated depreciation			
1	5	Other assets (describe			
1	6	Total assets (to be completed by all filers)	90,318.	237,918.	237,918.
1	7	Accounts payable and accrued expenses			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1	8	Grants payable			P. 63 (24) (11)
ខ្ល 1	9	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			医三角线 湯
ē 2	1	Mortgages and other notes payable			
⊒ ₂	22	Other liabilities (describe			杨红 人名埃特
-		· · · · · · · · · · · · · · · · · · ·			
2	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			! :
		and complete lines 24 through 26 and lines 30 and 31.			
8 2	4	Unrestricted			Brit will force
ہ ا ≧		Temporarily restricted		<u></u>	
. I	26	•			it ga Yadi
ב ב		Foundations that do not follow SFAS 117, check here			
5		and complete lines 27 through 31.			
ັດ ຸ	7		0.	0.	Breezeway mil
ונ	?7 ?8	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
اذن			90,318.		
∺	29	Retained earnings, accumulated income, endowment, or other funds	90,318.	237,918.	
ž 3	10	Total net assets or fund balances	90,318.	237,918.	
١.			00 010	000 010	
3	<u> </u>	Total liabilities and net assets/fund balances	90,318.	237,918.	
Pa	ŕÍ	Analysis of Changes in Net Assets or Fund B	alances		
					
		I net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		. 1	90,318.
		r amount from Part I, line 27a	••	2	147,600.
01	the	r increases not included in line 2 (itemize)	··	3	0.
A A	dd I	lines 1, 2, and 3	•	4	237,918.
, De	ecr	eases not included in line 2 (itemize)		5	0.
To	otal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	237,918.
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(a) List and descr 2-story brick wa	ibe the kind(s) of property so rehouse, or common stock, 2	old (e.g., real estate, 200 shs MLC Co.)		I P-	ow acquired Purchase Donation	(c) Date a (mo., da		(d) Date sold (mo., day, yr)
18 PUBLICLY TRADE								
b				ļ			-	
C				╄				
<u>d</u>			<u> </u>	1				-2
(e) Gross sales price	(f) Depreciation allowed (or allowable)	d (g) Cos plus e	t or other basis xpense of sale				iln or (loss) (f) minus (
a 255,252.			6,95	54.				248,298.
b								
<u>C</u>			· , · - · - · - · · ·		· · · · · · · · · · · · · · · · · · ·			
<u>d</u>				\dashv				
Complete only for assets showin	g gain in column (h) and owi	ned by the foundation	on 12/31/69			(I) Gains (C	oi (h) gain	minus
(I) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (i) col (j), if any			ol. (k), but n		n -0-) or
a								248,298.
b								
C								
<u>d</u>					· · · · · · · · · · · · · · · · · · ·			
0					l			
2 Capital gain net income or (net ca	pital loss) { If (loss), e	so enter in Part I, line enter -0- in Part I, line	7 7	}	2			248,298.
3 Net short-term capital gain or (los		?2(5) and (6)		١١				
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8	column (c).			•	3		N/A	
	nder Section 4940(e) for Reduced	Tax on Ne	t Inve	estment Ir	come		
f section 4940(d)(2) applies, leave the Was the foundation liable for the section f "Yes," the foundation does not qual Enter the appropriate amount in	tion 4942 tax on the distribut	not complete this pa	ırt					Yes X No
(a) Base period years		b)		(c)			Distrib	(d) pution ratio
Calendar year (or tax year beginni	ng in) Adjusted qualify	ying distributions		onchar	itable-use asse		(col. (b) div	rided by col. (c))
2011		14,580.			90,03			.161946
2010		4,218. 328,985.			92,25 254,77	7	·-··	1.291266
2009 2008		168,383.			613,64	9.		.274396
2007		216,396.			464,65			.465710
2 Total of line 1, column (d)						2		2.239037
3 Average distribution ratio for the the foundation has been in existe		ie total on line 2 by 5, 	or by the numbe	er of yea	ars	3		.447807
4 Enter the net value of noncharitat	ole-use assets for 2012 from	Part X, line 5				4		171,554
5 Multiply line 4 by line 3						5_		76,823.
6 Enter 1% of net investment incor	ne (1% of Part I, line 27b)					6		2,582
7 Add lines 5 and 6						7		79,405
8 Enter qualifying distributions from						8	L	117,460.
If line 8 is equal to or greater thai	. Ilaa 9 abaat Aba baaris 🖎 🤼 1	WI has the sed see-			V tou			

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223551 12-05-12

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Part VIII Information About Officers, Directors, Trustees, Founda Pald Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
	_	
		· · · · · · · · · · · · · · · · · · ·
Total number of others receiving over \$50,000 for professional services	·	<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers produced.	ical information such as the luced, etc.	Expenses
1 N/A		
2		
3		
4		

		<u> </u>
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2	Amount
1 N/A	illes i and 2.	Ariloulit
		
2		
All other program-related investments. See instructions.	- · · · · · · · · · · · · · · · · · · ·	
3		
Total, Add lines 1 through 3	>	0 -

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	202	
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	16	174,167.
¢	Fair market value of all other assets	10	0.
đ	Total (add lines 1a, b, and c)	1d	174,167.
e	Reduction claimed for blockage or other factors reported on lines 1a and	133	
	1c (attach detailed explanation)	134	
?	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	174,167.
ı	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,613.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	171,554.
3	Minimum investment return. Enter 5% of line 5	6	8,578.
P	pistributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	8,578.
2 a	Tax on investment income for 2012 from Part VI, line 5		· · · · · · · · · · · · · · · · · · ·
b	Income tax for 2012 (This does not include the tax from Part VI.) 2b 2, 102		
C	Add lines 2a and 2b	2c	4,684.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	3,894.
4	Recoveries of amounts treated as qualifying distributions .	4	0.
5	Add lines 3 and 4	5	3,894.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	3,894.
P	art XII Qualifying Distributions (see Instructions)	1 21	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	120	117 460
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	117,460.
b	Program-related investments - total from Part IX-B	1b	U •
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	12.4	
8	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	117 460
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	117,460.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		2 502
_	income. Enter 1% of Part I, line 27b	5	2,582. 114,878.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years	qualifies for th	e section

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,				2 904
line 7				3,894.
2 Undistributed income, if any, as of the end of 2012.				
a Enter amount for 2011 only				
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2012.				8 X X X X X X X X X X X X X X X X X X X
a From 2007 199, 788.				
b From 2008 140,508.	[8] 420 20 X X X X			
t From 2009 319,251.				
d From 2010 2,909.				
e From 2011 12,578.				
f Total of lines 3a through e	675,034.		1 3 4 5 2 5 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
4 Qualifying distributions for 2012 from				
Part XII, line 4. \triangleright \$ 117, 460.			3 8/1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
a Applied to 2011, but not more than line 2a		Line Summer of the second second	0.	
b Applied to undistributed income of prior		0.	13/16/15	Pit No Si avi
years (Election required - see instructions)	3	V •	<u> </u>	
c Treated as distributions out of corpus	0.		37 38 50	the section is a section of the sect
(Election required - see instructions)				3,894.
d Applied to 2012 distributable amount e Remaining amount distributed out of corpus	113,566.		3	3,034.
5 Excess distributions carryover applied to 2012	0.		mention distribution in manima	0
(If an amount appears in column (d), the same amount must be shown in column (a).)				3 . 7,
6 Enter the net total of each column as		Jan St. Oak	30 36 10 39	, , , , , ,
Indicated below:	1 6			
2 Corpus Add lines 3f, 4c, and 4e. Subtract line 5	788,600.			
b Prior years' undistributed income. Subtract	图 28 图 14			17 19 12 1 1/2/20
line 4b from line 2b	21 . 2 . 2	0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed	5 8 6 . 4	0.		
d Subtract line 6c from line 6b Taxable		_	· 李、红 · 黄金	1 3 m
amount - see instructions	* * * * * * * * * * * * * * * * * * *	0.	2.8 . 3. 3. 4. 3.	
e Undistributed income for 2011 Subtract line			0.	
4a from line 2a. Taxable amount - see instr. f Undistributed income for 2012 Subtract		33 37 7 7		1 7
lines 4d and 5 from line 1. This amount must				
be distributed in 2013	履行 多水 红石			0.
7 Amounts treated as distributions out of	1			4.77 1976 17 77 7
corpus to satisfy requirements imposed by	ĺ			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7	199,788.	Maj (# 114 K)		
9 Excess distributions carryover to 2013.				
Subtract lines 7 and 8 from line 6a	588,812.	<u> </u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10 Analysis of line 9				
a Excess from 2008 140,508.		Maria air		12 12 % C:
b Excess from 2009 319,251.	Profession States			
t Excess from 2010 2,909.				
d Excess from 2011 12,578. e Excess from 2012 113,566.				
e Excess from 2012. 113,566.	<u> 10 - 2005 (3722) </u>	ps + 1000 + 11 (32 (11 (11 A.2) + 11 (13 (11))	<u> </u>	Form 990-PF (2012)

	ELMAN FOUND		11 A		096766 Page 10
Part XIV Private Operating F				N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo			in anatura	4942(j)(3) or	4942(j)(5)
b Check box to indicate whether the found	Tax year	ig ioungation described	Prior 3 years	4942())(3) 01	4942())(3)
2 a Enter the lesser of the adjusted net	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
income from Part I or the minimum	(0,20,2	(2, 23	(0, 20 10	(47,443	(4) (4)
investment return from Part X for					
each year listed			. 		
b 85% of line 2a	· ·			· · · · · · · · · · · · · · · · · · ·	
c Qualifying distributions from Part XII,					
line 4 for each year listed d Amounts included in line 2c not	<u> </u>				
used directly for active conduct of					
exempt activities		İ			
e Qualifying distributions made directly				<u> </u>	
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" afternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" atternative test - enter					
(1) Total support other than gross					
investment Income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(lil)					
(3) Largest amount of support from					
an exempt organization		,			
(4) Gross investment income		A. Al-la	- if Al f		
Part XV Supplementary Info			it the foundation	on nad \$5,000 or r	nore in assets
	-	i uctions./			
 Information Regarding Foundation List any managers of the foundation with 		than 29/ of the total on	atributions recovered by	the foundation before the c	Jana of any toy
year (but only if they have contributed i			ittibutions received by	נוום וטטווטבנוטוו טפוטופ נוופ נ	auso ui aliy tax
SEE STATEMENT 6					
b List any managers of the foundation wi	o own 10% or more of th	ne stock of a corporation	or an equally large po	rtion of the ownership of a	partnership or
other entity) of which the foundation ha				·	
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan	, Scholarship, etc., l	Programs:		
Check here 🕨 🔙 if the foundation					
the foundation makes gifts, grants, etc	(see instructions) to indi	viduals or organizations	under other conditions	, complete items 2a, b, c, a	and d
a The name, address, and telephone num		on to whom applications	should be addressed		
SEE EXPLANATION ATT	CHED				
b The form in which applications should	he submitted and informa	ition and materials they	should include.		
SEE EXPLANATION ATTA		and materials they			
c Any submission deadlines:					
SEE EXPLANATION ATT				 	
d Any restrictions or limitations on award		al areas, charitable field	s, kinds of institutions,	or other factors:	
SEE EXPLANATION ATTA	CUED				

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Purpose of grant or contribution Foundation Amount any foundation manager or substantial contributor status of Name and address (home or business) recipient a Paid during the year THE FRIENDSHIP CIRCLE NONE 501(C)(3) TO FUND THE RECIPIENTS OPERATING BUDGET 66 WEST MOUNT PLEASANT AVE #205 LIVINGSTON, NJ 07039 1,000. OROT KIDS NONE 501(C)(3) TO FUND THE RECIPIENTS 604 HARPER AVE OPERATING BUDGET JENKINTOWN, PA 19046 1,000. DREUDING CENTER PROJECT RAINBOW NONE 501(C)(3) TO FUND THE RECIPIENTS 413 WEST MASTER ST OPERATING BUDGET PHILADELPHIA, PA 19122 2,500. TRUSTEES OF UNIVERSITY OF NONE 501(C)(3) TO FUND THE RECIPIENTS OPERATING BUDGET PENNSYLVANIA 3401 WALNUT ST STE 527A PHILADELPHIA, PA 19104 10,000. PHILLY STARTUP LEADERS 501(C)(3) NONE TO FUND THE RECIPIENTS 259 S. 21ST STREET OPERATING BUDGET PHILADELPHIA, PA 19103 25,000. SEE CONTINUATION SHEET(S) ➤ 3a 114,500. Total b Approved for future payment NONE Total

Part XVI-A	Analysis of Incor	ne-Producing Activities
LESSEE AND MARKET	Allalysis of illour	He-Lingachia wename:

oss amounts unless otherwise indicated	Unrelate	d business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
ram service revenue	code		code	Attour	
		-			
					
ees and contracts from government agencies					
nbership dues and assessments .					
rest on savings and temporary cash stments					
dends and interest from securities			14	47.	
rental income or (loss) from real estate	, , ,		\$7	3 C 73 C 7	
Debt-financed property					
lot debt-financed property					
rental income or (loss) from personal perty					
or investment income	519100	9,894.			
or (loss) from sales of assets other inventory			18	248,298.	
income or (loss) from special events					
ss profit or (loss) from sales of inventory					
er revenue					
total Add columns (b), (d), and (e)		9,894.		248,345.	
				13	258,239
total Add columns (b), (d), and (e) 11. Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calculations)		9,894.	<u>L</u>		

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

▼	the foundation's exempt purposes (other than by providing funds for such purposes)

Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of

223621 12-05-12

Line No.

P00738401

215-246-2300

Firm's EIN ▶ 86-1065772

Paid

Preparer

Use Only

Preparer's signature

Firm's address ► 1700 MARKET STREET, 25TH FLOOR

PHILADELPHIA, PA 19103-3984

rint/Type preparer's name

DAVID F. DOTSON

Firm's name DELOITTE TAX LLA

Date

Check if self- employed

Phone no.

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

OF 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2012

Employer Identification number Name of the organization 23-3096766 THE KOPELMAN FOUNDATION Organization type (check one) Filers of: Section: Form 990 or 990-EZ ___ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part II, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

the prevention of cruelty to children or animals. Complete Parts I, II, and III.

religious, charitable, etc., contributions of \$5,000 or more during the year

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Employer identification number

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THE	KUPEL	MAN	TOUN.	DATIO	N

23-3096766

Part I	Contributors (see instructions). Use duplicate copies of Part 1 if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOSHUA M. & RENA M. KOPELMAN 775 MILL CREEK ROAD GLADWYNE, PA 19035	\$6,954.	Person Payroll Noncash X (Complete Part II if there Is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.
223452 12-2	1-12	Schedule R /Form	1990, 990-EZ or 990-PF) (2012)

Employer identification number

THE KOPELMAN FOUNDATION

23-3096766

Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	19,711 SHS BAZAARVOICE INC		
			09/04/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	0.000 FV 000 BF (0040)

Relationship of transferor to transferee

Part XV Supplementary Information 3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
DYSAUTONOMIA FOUNDATION INC. 315 W 39TH ST #701	NONE	501(C)(3)	TO FUND THE RECIPIENTS	
NEW YORK, NY 10018				7,50
JEWISH NATIONAL FUND 42 EAST 69TH ST NEW YORK, NY 10021	NONE	501(C)(3)	TO FUND THE RECIPIENTS	5,00
				······································
LANKENAU MEDICAL CENTER FOUNDATION 130 SOUTH BRYN MAWR AVE BRYN MAWR, PA 19010	NONE	501(C)(3)	TO FUND THE RECIPIENTS	62,50
74.14 Marin, 121 23020				
		<u> </u>		
				
				_
Total from continuation sheets	·			75,00

FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECU	RITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT		PITAL GAINS	COLUMN (A AMOUNT)
MORGAN STANLEY INTEREST	_		47.		0.		47.
TOTAL TO FM 990-PF, PART I, I	JN 4 =		47.		0.		47.
FORM 990-PF	0'	THER I	NCOME			STATEMENT	2
DESCRIPTION		:	(A) REVENUE PER BOOKS		(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
GOOGLE		- ` .	9,8	94.	9,894	•	
TOTAL TO FORM 990-PF, PART I,	LINE	11	9,8	94.	9,894		
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM	(D) CHARITA E PURPOS	
ACCOUNTING FEES		2,960.		0.		2,9	ЦО
TO FORM 990-PF, PG 1, LN 16B		2,960.		0.		2,9	60.
TO FORM 990-PF, PG 1, LN 16B		2,960. TAX	ES	0.		2,9	60.
=	(Z EXPE		(B) NET INVE	ST-	(C) ADJUSTED	STATEMENT (D) CHARITA	60. 60.
FORM 990-PF	(Z EXPE	TAX	(B) NET INVE	ST-	(C) ADJUSTED NET INCOM	STATEMENT (D) CHARITA	60. 60.

FORM 990-PF	OTHER E	XPENSES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
MORGAN STANLEY EXPENSES	8.	8.		0.	
TO FORM 990-PF, PG 1, LN 23	8.	8.		0.	
FORM 990-PF	PART XV - L OF FOUNDATI		S'	TATEMENT 6	

NAME OF MANAGER

JOSHUA KOPELMAN RENA KOPELMAN

Home. Mission

Criteria

Grant List

Contact Us

The Kopelman Foundation

Established by Rena and Joshua Köpelman

How to Contact Us

We only accept inquiries and proposals via email at info@kopelman.org

Because of the large volume of grant inquiries received, The Kopelman Foundation is able to provide funding for only a small percentage of qualified projects.

We will consider unsolicited one-page proposals from qualified 501(c)(3) organizations whose requests fall within the mission and criteria summarized on this site. All other proposals will not be considered for funding.

To submit a proposal for consideration, send via e-mail a one-page program synopsis. The synopsis should include a brief description of the project for which funding is being sought, features of the organization that will contribute to the likelihood of a successful undertaking; reasons why a grant from the Foundation will make a difference to the success of the project; and the outcomes that will result upon successful conclusion of the project.

Synopsis that are longer than one page – or that are accompanied by a telephone call – will NOT be considered.

Organizations should allow several weeks for evaluation of their synopses. The Foundation will notify applicants if it needs information beyond that provided in the one-page summary. Send supplemental materials only if requested.

E-mail address: info@kopelman.org

NO TELEPHONE CALLS PLEASE!!!

Form **8868**

(Rev. January 2013) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a correquired to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an			
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a co			
required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an	poration		
of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With 0	ertain		
Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this	form,		
visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.			
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).			
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete			
Part I only	▶		
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns			
Type or Name of exempt organization or other filer, see instructions. Employer identification number of exempt organization or other filer, see instructions.	Employer identification number (EIN) or		
THE KOPELMAN FOUNDATION 23-30967	66		
File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions. Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SS filling your 4040 LOCUST STREET	iN)		
City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHILADELPHIA, PA 19104			
Enter the Return code for the return that this application is for (file a separate application for each return)	0 4		
Application Return Application	Return		
Is For Code Is For	Code		
Form 990 or Form 990-EZ 01 Form 990-T (corporation)	07		
Form 990-BL 02 Form 1041-A	08		
Form 4720 (Individual) 03 Form 4720	09		
Form 990-PF 04 Form 5227	10		
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069	11		
Form 990-T (trust other than above) 06 Form 8870	12		
JOSHUA KOPELMAN			
• The books are in the care of ▶ 4040 LOCUST STREET - PHILADELPHIA, PA 19104 Telephone No. ▶ (610) 680-4200 FAX No. ▶			
Telephone No. ► (610) 680-4200 FAX No. ► If the organization does not have an office or place of business in the United States, check this box			
 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group 	shook this		
box . If it is for part of the group, check this box and attach a list with the names and ElNs of all members the extension			
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until	15 101.		
AUGUST 15, 2013 , to file the exempt organization return for the organization named above. The extension			
is for the organization's return for:			
► X calendar year 2012 or			
tax year beginning , and ending .			
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period			
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
nonrefundable credits. See instructions. 13a \$ 15 this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
, i i	0.		
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$	<u>_</u>		
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,			
	4,500.		