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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

| | | f the Treasury | The organization | | enefit trust or private founda o use a copy of this return to s | • | renorting requirements | Open to Public | | | | | |
|--|---|-------------------|----------------------------|------------------------------------|--|--------------------|-------------------------------|-----------------------------|--|--|--|--|--|
| | | | ar year, or tax year be | | | d ending | reporting requirements. | Inspection | | | | | |
| | Check if | | f organization | giiiiig | | a criding | D Employer identific | ation number | | | | | |
| à | pplicable | 9 | organizano. | | | | Employer identifie | auon number | | | | | |
| | Addres | THE | GROFF FAMIL | Y MEMOR | IAL TRUST | | | | | | | | |
| | Name change | | Doing Business As 23-68 | | | | | | | | | | |
| | Initial | Number | and street (or P.O. box | ıf mail is not de | livered to street address) | Room/suite | E Telephone number | | | | | | |
| | Termin | | STOCTON RO | | , | | • | 5-886-7551 | | | | | |
| | Ameno | 104 | vn, or post office, state | | le | • | G Gross receipts \$ | 543,939. | | | | | |
| | Application | LIEAD | OWBROOK, PA | 19046 | ·) | | H(a) Is this a group ret | | | | | | |
| | F Name and address of principal officer: ROBERT V. DESILVERIO, MD for affiliates? | | | | | | | | | | | | |
| | | SAME | AS C ABOVE | | | | H(b) Are all affiliates incli | uded? Yes No | | | | | |
| 1 7 | ax-exe | empt status: | X 501(c)(3) 50 | 1(c) () | (insert no.) 4947(a)(1) | or 527 or | If "No," attach a l | ist. (see instructions) | | | | | |
| <u>J \</u> | Vebsit | e: ► N/A | | | | | H(c) Group exemption | number > | | | | | |
| | | organization: | Corporation X | TrustAs | ssociation Other > | ∟ Year | of formation: 1985 M | State of legal domicile: PA | | | | | |
| Pa | art I | Summary | | | | | | | | | | | |
| ě | 1 | | | | t significant activities. PROV | | | LEGE OF | | | | | |
| Governance | 1 | | | | A (SUPPORTING C | | | | | | | | |
| ern | 1 | | | | ntinued its operations or dispo | osed of more | e than 25% of its net as: | sets. | | | | | |
| ્ટ્રે | | | ting members of the go | | • | • | 3 | 5 | | | | | |
| <u>«</u> | 1 | | | = | overning body (Part VI, line 1b) | | 4 | | | | | | |
| Activities & | 1 | | · · | | year 2012 (Part V, line 2a) | $H = \overline{H}$ | OCOPIO 6 | 0 | | | | | |
| ₹ | 1 | | of volunteers (estimate | • • | • | | VECEIVE! | 0 | | | | | |
| Ac | 1 | | d business revenue fro | | | 8 | 70 | 0. | | | | | |
| | b | Net unrelated | business taxable inco | ne from Form | i 990-T, line 34 | . 9 | 3EP 20 201576 | <u>o.</u> | | | | | |
| ine | | 0 | | 413 | | | Prior Year | Current Year | | | | | |
| | 1 | | and grants (Part VIII, II | | | | | 0. | | | | | |
| Revenue | 1 | _ | ce revenue (Part VIII, li | ٠, . | | | 72 003 | 0. | | | | | |
| æ | | | come (Part VIII, column | • • • | | - | 72,093. | 142,420. | | | | | |
| | | | (Part VIII, column (A), | | | · | 72,093. | $\frac{0.}{142,420.}$ | | | | | |
| | 1 | | milar amounts paid (Pa | | Part VIII, column (A), line 12) | • | 104,182. | 0. | | | | | |
| | | | to or for members (Par | | • • • | <u> </u> | 0. | 0. | | | | | |
| w | l | • | • | • | (Part IX, column (A), lines 5-10 | , - | 0. | 0. | | | | | |
| Expenses | 16a | | undraising fees (Part I) | • | · · · · · · · · · · · · · · · · · · · | ' · | 0. | 0. | | | | | |
| per | ь. | | ing expenses (Part IX, | | | 0. | <u> </u> | | | | | | |
| Ш | 17 | | es (Part IX, column (A), | | | | 10,559. | 10,101. | | | | | |
| 2 | 1 | | s. Add lines 13-17 (mu | | | • | 114,741. | 10,101. | | | | | |
| D) | 19 | | expenses. Subtract lin | | | | <42,648. | | | | | | |
| Net Assets or Fund Balances | | | | | | Ве | ginning of Current Year | End of Year | | | | | |
| ages of | 20 | Total assets (I | Part X, line 16) | | | | 837,540. | 969,859. | | | | | |
| . \$\text{S} \text{S} | 21 | | (Part X, line 26) | _ | | | 0. | 0. | | | | | |
| <u> ~</u> 5 | 22 | Net assets or | fund balances. Subtra | ct line 21 from | n line 20 | | 837,540. | 969,859. | | | | | |
| Pa | art II | Signature | e Block | | | | - | | | | | | |
| Und | er pena | lties of perjury, | I declare that I have exam | ined this return | , including accompanying schedu | les and statem | ents, and to the best of my | knowledge and belief, it is | | | | | |
| true | , correc | t, and complete | Declaration of preparer (| $oldsymbol{arrho}$ ther than offic | er) is based on all information of v | which prepare | r has any knowledge. | | | | | | |
| | | | sout I De 1 | Mis | md | =. | | | | | | | |
| Sig | n | • | of officer | | | | - Date | 1.110 | | | | | |
| Here ROBERT V. DESILVERIO, MD, SEC'Y-TREASURER 9/15/18 | | | | | | | 15/18 | | | | | | |
| Type or print name and title | | | | | | | | | | | | | |
| | | Print/Type pre | parer's name | | Preparen's signature | | Date Check | PTIN | | | | | |
| | | | | | | | | | | | | | |
| - | parer | Firm's name | | | INC. | | Firm's EIN | 23-2940333 | | | | | |
| Use | Only | Firm's address | P.O. BOX | | | | | | | | | | |
| | | | EDGEWATER | | | | Phone no. 38 | 36-402-7950 | | | | | |
| May | the IF | | s return with the prepa | | | | .• | X Yes No | | | | | |
| 2320 | 01 12-1 | 0-12 LHA F | or Paperwork Reduc | tion Act Notic | ce, see the separate instruct | tions. | | Form 990 (2012) | | | | | |

| | t III Statement of Program Service Accomplishments | | | | | | | | | | |
|----|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
| _ | Check if Schedule O contains a response to any question in this Part III | | | | | | | | | | |
| 1 | Briefly describe the organization's mission: | | | | | | | | | | |
| | ORGANIZATION IS A SUPPORTING ORGANIZATION TO THE COLLEGE OF | | | | | | | | | | |
| | PHYSICIANS, PHILADELPHIA. THE SOLE PURPOSE IS TO PROVIDE FUNDS TO | | | | | | | | | | |
| | THIS SUPPORTED ORGANIZATION. | | | | | | | | | | |
| | | | | | | | | | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | | | | | | | | | | |
| | the prior Form 990 or 990-EZ? | | | | | | | | | | |
| | If "Yes," describe these new services on Schedule O. | | | | | | | | | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | | | | | | | | | | |
| | If "Yes," describe these changes on Schedule O. | | | | | | | | | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. | | | | | | | | | | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and | | | | | | | | | | |
| | revenue, if any, for each program service reported. | | | | | | | | | | |
| 40 | | | | | | | | | | | |
| 4a | (Code) (Expenses \$ | | | | | | | | | | |
| | PROVIDED CASH GRANTS TO COLLEGE OF PHYSICIANS, PHILADELPHIA, PA | | | | | | | | | | |
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| 4b | (Code) (Expenses \$ including grants of \$) (Revenue \$) | | | | | | | | | | |
| | (Code) (Expenses 3) (Revenue 5) | | | | | | | | | | |
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| 4c | (Code) (Expenses \$ | | | | | | | | | | |
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| | Other program sequess (Describe in Schedule O.) | | | | | | | | | | |
| 4d | Other program services (Describe in Schedule O.) | | | | | | | | | | |
| 40 | (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses | | | | | | | | | | |

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

| Pai | rt IV Checklist of Required Schedules | | | |
|-----|--|-----|-----|----------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| • | public office? If "Yes," complete Schedule C, Part I | 3 | | x |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| 7 | during the tax year? If "Yes," complete Schedule C, Part II | | | х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | 4 | | |
| J | | _ | | v |
| _ | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | 3,7 |
| _ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | l |
| _ | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | , | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | | <u>X</u> |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | X | |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | | | |
| | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | | | |
| | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | - |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | L | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | x |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G. Part III | 40 | l | v |

20a

X

| | 990 (2012) THE GROFF FAMILY MEMORIAL TRUST 23-6807 | <u> 121</u> | <u> </u> | age 4 |
|----------|--|-------------|--|--------------|
| Par | t IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the | | | |
| | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Х |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, | | | |
| | column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | 1 | |
| | Schedule K. If "No", go to line 25 | 24a | | x |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | <u> </u> | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 245 | | |
| Ū | any tax-exempt bonds? | 24c | | |
| А | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | <u> </u> |
| | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | 24u | | |
| 200 | disqualified person during the year? If "Yes," complete Schedule L, Part I | 05- | | x |
| . | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 25a | | |
| D | | | | İ |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | OFL | | x |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified | 25b | | <u> </u> |
| 26 | | I | | |
| 07 | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | |] |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | . |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | ├ | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | 1 | |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | - | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | l |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | - | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | - | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | ŀ | | l |
| | contributions? If "Yes," complete Schedule M | 30 | - | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | l |
| | If "Yes," complete Schedule N, Part I | 31 | 1 | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | l |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | l |
| | sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | l |
| | Part V, line 1 | 34 | ļ | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | - | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | - | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? | 1 | | l . |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X_ |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization |] | 1 | |

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2012) THE GROFF FAMILY MEMORIAL TRUST
Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response to any question in this Part V | | _ | |
|----|---|------------------|-----|---------|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0 if not applicable 1a 0 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | ĺ |
| | (gambling) winnings to prize winners? | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 0 | | | ĺ |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country: | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | _5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | _X_ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| _ | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | l |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | _ | | 37 |
| d | 16.00 | 7c | | X |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7. | | х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7e 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7 <u>9</u> 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting | 711 | | |
| | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | ļ |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | i | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | ļ |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| _ | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | 222 | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| | Check if Schedule O contains a response to any question in this Part VI | | | X |
|------------|---|----------|------------|----------|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | ĺ | |
| b | Enter the number of voting members included in line 1a, above, who are independent . 1b . | | 1 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | ł | | |
| | officer, director, trustee, or key employee? | 2 | | <u> </u> |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | - | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | <u>X</u> |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | <u>X</u> |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | <u>X</u> |
| 6 | Did the organization have members or stockholders? | 6 | | <u>X</u> |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | <u>X</u> |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | _X_ |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X |
| <u>Sec</u> | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | <u>X</u> |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 1 | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | _X_ |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | ın Schedule O how this was done | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | <u>X</u> |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | ł | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | <u>X</u> |
| b | Other officers or key employees of the organization | 15b | ļ <u>.</u> | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | İ | | |
| | taxable entity during the year? | 16a | | <u>X</u> |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | L |
| Sec | tion C. Disclosure | | _ | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | - | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | avaılat | le | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a | nd finai | ncial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organiz | ation: | | |
| | DR. ROBERT V. DESILVERIO - 215-886-7551 | | | |
| | 1409 STOCTON ROAD, MEADOWBROOK, PA 19046 | | | |

| Eorm : | മമവ | (2012) | |
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THE GROFF FAMILY MEMORIAL TRUST

23-6807121

Page **7**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

| X Check this box if neither the organization n | or any related | orga | เกเรล | ition | cor | npei | nsat | ated any current officer, director, or trustee. | | | | |
|--|--|--|-----------------------|---------|--------------|------------------------------|-------------|---|--|--|--|--|
| (A) Name and Title | (B) Average hours per week | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | than | one h an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other | | |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations | | |
| (1) EDWARD GOSFIELD, JR. MD TRUSTEE | 1.00 | x | | | | | | 0. | 0. | 0. | | |
| (2) ROBERT V. DESILVERIO, MD TRUSTEE | 1.00 | x | | | | | | 0. | 0. | 0. | | |
| (3) HARRIS R. CLEARFIELD, M.D. TRUSTEE | 1.00 | x | | | | | | 0. | 0. | 0. | | |
| (4) LUCIANO LIZZI, M.D. TRUSTEE | 1.00 | x | | | | | | 0. | 0. | 0. | | |
| (5) ROBERT E. CAMPBELL, M.D. TRUSTEE | 1.00 | x | | | | | | 0. | 0. | 0. | | |
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| Part VII Secti | on A. Officers, Directors, Trus | tees, Key Em | ploy | ees | , and | d Hi | ghe | st C | ompensated Employe | es (continued) | | | | |
|----------------|---|---------------------|--------------------------------|-----------------------|---------------------------|----------|------------------------------|----------|---|--------------------------------|-----------|--|---------------|----|
| | (A) | (B) | (C) | | (D) | (E) | | | (F) | | | | | |
| | Name and title | Average | l (do | not c | Pos | | | One | Reportable Reportable | | Estimated | | ed . | |
| • | | hours per week | box | , unie | ss pe | rson | ıs bot | h an | compensation | · · | | n amount o | | of |
| | | | | Cor all | er and a director/trustee | | | (66) | from | from related | | | other | |
| | | (list any hours for | Individual trustee or director | | | | L | | the organization | organizations (W-2/1099-MIS | | | pensa | |
| | | related | 900 | tee | | | sated | | (W-2/1099-MISC) | (44-2/1099-14115) | ا (' | | om the | |
| | | organizations | truste | Institutional trustee | | 8 | mpen | | (***271055*********************************** | | | _ | d relati | |
| | | below | lg ug | ntion | , . | 튙 | stco | ᡖ | | | . | 1 | anızatı | |
| | | line) | 횰 | Instit | Officer | Key | Highest compensated employee | F. | | | | | | |
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| 1b Sub-total | | | | | | | | | 0. | | 0. | | | 0. |
| c Total from | continuation sheets to Part V | II, Section A | | | | | | | 0. | | 0. | | | 0. |
| | | | | | | | <u> </u> | | 0. | | 0. | Ĺ <u>. </u> | | 0. |
| | er of individuals (including but r | not limited to th | ose | liste | ed a | bove | e) wl | no r | eceived more than \$100 | ,000 of reportable |) | | | |
| compensat | ion from the organization | | | | | | | | | | | | | |
| | | | | | | | | | | | , | | Yes | No |
| | anization list any former officer, | | | e, ke | ey er | nplo | yee | , or | highest compensated e | mployee on | | | | |
| | Yes," complete Schedule J for s | | | | | | • | | | | | 3_ | | X |
| | ividual listed on line 1a, is the si | - | | - | | | | | • | the organization | | | | i |
| | organizations greater than \$15 | | | - | | | | | | | | 4 | | X |
| | son listed on line 1a receive or | | | | | | | elat | ted organization or indiv | dual for services | | | | l |
| | the organization? If "Yes," com | iplete Schedul | e J 1 | or s | uch | pers | son | | | | | 5 | <u> </u> | X |
| | pendent Contractors | | | | | | | | | | | | | |
| | his table for your five highest co | | | | | | | | | | pens | ation | rom | |
| the organiz | ation. Report compensation for | the calendar y | ear | enai | ng v | vitn | or w | ittnir | | year. | | | | |
| | (A) Name and business | address | NT/ | INC | | | | | (B) Description of s | ervices | С | | C) Insatio | n |
| | | | TA |)INI | <u>ت</u> | | | \dashv | | | | - | | |
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| | | | | | | | | | | | | | | |
| 2 Total numb | er of independent contractors (| including but r | ot li | mite | d to | tho | se li | stec | d above) who received n | nore than | | | | _ |
| \$100,000 o | f compensation from the organ | zation > | | | | (| 0 | | | | | | | |

| | | Check if Schedule O contains | a response to | any question i | n this Part VIII | | | |
|--|------|--|-----------------|----------------|----------------------|--|---|---|
| | | , | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| ts s | 1 a | Federated campaigns | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues | 1b | | | | | |
| Ğ,ğ | С | | 1c | | | | | |
| # ja | d | Related organizations | 1d | | | | | |
| S, E | | 0 | s) 1e | | | | | |
| igi | f | All other contributions, gifts, grants, a | nd | | | | | |
| | | similar amounts not included above | 1f | | | | | |
| 음 | g | Noncash contributions included in lines 1a-1 | r \$ | | | | | |
| <u>යි වි</u> | h | Total. Add lines 1a-1f | | > | | | | |
| | | | E | Business Code | | | | |
| စ္ပ | 2 a | | | | | | | |
| Program Service Revenue | b | | | | | | | |
| | С | | | | | | | |
| e a | d | | | | | | | |
| <u>6</u> | е | | L | | | | | |
| ₫ | f | All other program service revenue | | | | | | |
| \rightarrow | g | Total. Add lines 2a-2f | | . ▶ | · | | | |
| | 3 | Investment income (including div | idends, interes | t, and | | | | |
| | | other sımilar amounts) | • | ▶ | 54,380. | 54,380. | | |
| | 4 | Income from investment of tax-ex | empt bond pro | oceeds 🕨 | | | | |
| | 5 | Royalties | | > | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents | | | | | | |
| | b | Less: rental expenses | | | | | | |
| | С | Rental income or (loss) | | | | | | |
| | d | Net rental income or (loss) | | | | | | |
| | 7 a | Gross amount from sales of (|) Securities | (ıi) Other | | | | |
| ĺ | | assets other than inventory 48 | 39,559. | | | | | |
| i | b | Less: cost or other basis | | | | | | |
| | | | 01,519. | | | | | |
| 1 | С | Gain or (loss) | 38,040. | | | | | |
| | d | Net gain or (loss) | | . ▶ | 88,040. | 88,040. | | |
| <u>o</u> | 8 a | Gross income from fundraising ev | vents (not | | | 1 | | |
| enne | | ıncludıng \$ | of | | | | | |
| ě | | contributions reported on line 1c) | . See | | | | | |
| Other Reve | | Part IV, line 18 | . а | | | | | |
| ξ | b | Less: direct expenses . | b | | | | | |
| ١ | С | Net income or (loss) from fundrais | sing events | > | | | | |
| | 9 a | Gross income from gaming activi | ties. See | | | | | |
| 1 | | Part IV, line 19 | a | | | | | |
| 1 | b | Less direct expenses | b | | | | | |
| | С | Net income or (loss) from gaming | activities | . ▶ | | | | |
| ļ | 10 a | Gross sales of inventory, less reti | urns | | | | | |
| 1 | | and allowances | . a | | | | | |
| i | b | Less: cost of goods sold | . b | | | | | |
| ļ | С | Net income or (loss) from sales or | finventory | > | | | | |
| ļ | | Miscellaneous Revenue | E | Business Code | | | | |
| | 11 a | | | | | | | |
| | b | | | | | | | |
| ĺ | С | | | | | | | |
| | d | All other revenue | <u>L</u> | | | | | |
| | е | Total. Add lines 11a-11d | | 🕨 | | | | |
| | 12 | Total revenue. See instructions. | | > | 142,420. | 142,420. | 0 | . 0. |

Form 990 (2012) THE GROFF FAM

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete

| Secu | Chock of School lo Control of | | | ompiete column (A) | |
|------|---|-----------------------|------------------------------------|---|--------------------------------|
| Do. | Check if Schedule O contains a responsing include amounts reported on lines 6b, | | s Part IX (B) | (C) | (D) |
| | 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the United States. See Part IV, line 21 | | | | _ |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | United States. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | <u></u> |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | - | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| C | Accounting . | 1,420. | | 1,420. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 7,797. | | 7,797. | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A) amount, list line 11g expenses on Sch O.) | 784. | | 784. | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy . | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | _ | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest , | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization . | | | | |
| 23 | Insurance | | | | · |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) | | | | |
| | amount, list line 24e expenses on Schedule O.) | | | | |
| а | DEPOSITORY FEE | 100. | | 100. | |
| b | | | | | |
| C | | | | | |
| d | | | | | |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 10,101. | 0. | 10,101. | 0. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here If following SOP 98-2 (ASC 958-720) | | | | |

| | LA | Dulance Oneet | | | |
|-----------------------------|-----|---|--------------------------|------------|--------------------|
| | | Check if Schedule O contains a response to any question in this Part X | | | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 1 | |
| | 2 | Savings and temporary cash investments | 14,483. | 2 | <u>66,655.</u> |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. Complete | | | |
| | | Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under | er | | |
| | | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribution | ng | | |
| | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| | | employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| Ass | 8 | Inventories for sale or use | | 8 | |
| • | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a | | | |
| | b | Less: accumulated depreciation . 10b | | 10c | |
| | 11 | Investments - publicly traded securities | 25,129. | 11 | 86,266. |
| | 12 | Investments - other securities. See Part IV, line 11 | 797,928. | 12 | 816,938. |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 837,540. | 16 | 969,859. |
| | 17 | Accounts payable and accrued expenses | • | 17 | |
| | 18 | Grants payable . | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| S | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Loans and other payables to current and former officers, directors, trustees, | | | |
| api | | key employees, highest compensated employees, and disqualified persons. | | | |
| _ | | Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | ļ | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X of | | | |
| | | Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 0. | 26 | 0. |
| | 1 | Organizations that follow SFAS 117 (ASC 958), check here ▶ | d | 1 | |
| es | | complete lines 27 through 29, and lines 33 and 34. | | | |
| auc | 27 | Unrestricted net assets | | 27 | |
| Bal | 28 | Temporarily restricted net assets | | 28 | |
| 5 | 29 | Permanently restricted net assets | , | 29 | |
| Ē | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗶 | J | 1 | |
| Net Assets or Fund Balances | | and complete lines 30 through 34. | 0.40 404 | | 040 404 |
| Sets | 30 | Capital stock or trust principal, or current funds | 948,431. | | 948,431. |
| As | 31 | Paid-in or capital surplus, or land, building, or equipment fund | 0. | | 0. |
| ét | 32 | Retained earnings, endowment, accumulated income, or other funds | <110,891. | | 21,428. |
| ~ | 33 | Total net assets or fund balances | 837,540. | | 969,859. |
| | 34 | Total liabilities and net assets/fund balances | 837,540. | <u> 34</u> | 969,859. |

| | 990 (2012) THE GROFF FAMILY MEMORIAL TRUST | 23-680712 | 1 Pa | ge 12 |
|----|---|-----------|--|--------------|
| Pa | t XI Reconciliation of Net Assets | | | |
| | Check if Schedule O contains a response to any question in this Part XI | • | | |
| | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 1 | 42,4 | 20. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 10,1 | 01. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 1 | 32,3 | 19. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | | 37,5 | |
| 5 | Net unrealized gains (losses) on investments | 5 | | |
| 6 | Donated services and use of facilities | 6 | | |
| 7 | Investment expenses | 7 | | |
| 8 | Prior period adjustments | 8 | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | |
| | column (B)) | 10 9 | 69,8 | 59. |
| Pa | t XII Financial Statements and Reporting | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | |
| | <u> </u> | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 X Cash Accrual Other | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C |). | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2: | a . | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of | on a | | |
| | separate basis, consolidated basis, or both: | | | ļ |
| | Separate basis Consolidated basis Both consolidated and separate basis | | İ | 1 |
| b | Were the organization's financial statements audited by an independent accountant? | 21 | <u>. </u> | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | |
| | consolidated basis, or both: | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | Ì | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | . 20 | <u>-</u> | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sched | lule O. | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing | le Audit | | |
| | Act and OMB Circular A-133? | 3 | a | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 31 | | <u> </u> |
| | | Foi | m 990 | (2012) |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2012

Open to Public Inspection

Name of the organization

Employer identification number

| | | THE GRO | FF FAMILY ME | MORIA | L TRU | ST | | | 2: | 3-6807 | 121 | |
|----------|---|---------------------------------------|-----------------------------|----------------|----------------|---|--------------|----------------------------|---------------|---------------------------------------|---|--------|
| Part I | Reason | for Public Char | ity Status (All organiz | ations mus | st complet | e this part | .) See inst | ructions. | | | | |
| he organ | zation is not a | private foundation | because it is. (For lines 1 | through 1 | 1, check o | only one b | ox.) | | | | | |
| 1 🔲 | A church, cor | nvention of churches | s, or association of chur | ches descr | nbed in se | ction 170 | (b)(1)(A)(i) | | | | | |
| 2 🗀 | A school des | cribed in section 17 | 'O(b)(1)(A)(ii). (Attach Sc | hedule E.) | | | | | | | | |
| з 🔲 | A hospital or | a cooperative hospi | tal service organization of | described i | n section | 170(b)(1)(| A)(iii). | | | | | |
| 4 | | | operated in conjunction | | | | | (b)(1)(A)(iii | i). Enter t | the hospital | 's name | Э, |
| | city, and stat | | | | | | | | • | • | | |
| 5 🗌 | | | benefit of a college or ur | niversity ov | vned or op | erated by | a governr | nental unit | describe | ed in | | |
| | | (b)(1)(A)(iv). (Comple | • | | | | | | | | | |
| 6 | | | ent or governmental unit | | | | | | | | | |
| 7 🗀 | | | erves a substantial part | of its supp | ort from a | governme | ntal unit o | r from the | general i | public desc | ribed in | 1 |
| в 🗀 | section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | | | | |
| 9 🗔 | A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from | | | | | | | | | | | |
| • | | | nctions - subject to certa | | | | | | | - | | |
| | | | axable income (less sect | | | | | | | | | |
| | | 509(a)(2). (Complete | • | non on tal | A) 11 U111 UU: | an 169569 8 | oquirea D | y u i o orga | mzadon a | aitei Julie 3 | o, 1975 | J. |
| 10 🖂 | | | perated exclusively to te | et for publi | o cafoty. S | oo sostia | - E00/aV/ | 11 | | | | |
| 11 🕱 | | | perated exclusively for the | | | | | | , out the | DUFDOGG 6 | of one o | |
| • • | | | ations described in section | | | | | | | | | " |
| | | | organization and comple | | | | , coo sec | 111011 309(1 | ajjoj. One | SCK IIIO DUX | lilat | |
| | a Type I | · · · · · · · · · · · · · · · · · · · | · — · | ype III - Fur | • | | | X Type | e III - Nor | n-functional | ly inten | rated |
| e 🗌 | | | it the organization is not | | | | | • • | | | - | |
| - | | | han one or more publicly | | | | | | | | | • |
| f | | | ten determination from t | | | | | | /(α)(1) Οι | 0001.011 000 | , (u) (<u>u</u>) . | |
| • | | rganization, check th | | | | po ., . , po | , 0. 1, pc | , | | | | |
| g | | - | organization accepted ar | ov aift or co | ontribution | from any | of the follo | Owing pers | ons? | | • | |
| 3 | | | irectly controls, either al | | | | | | | | Yes | No |
| | | | upported organization? | c. 10 9 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | () == (. | , 20.0, | 11g(i) | 1.00 | X |
| | _ | - · | n described in (i) above? | , | • | •• | • • | • • | • | 11g(ii) | | X |
| | | • | person described in (i) | | · •? | | • | • | • | 11g(iii) | | X |
| h | | • | about the supported or | | | | | | | · · · · · · · · · · · · · · · · · · · | | |
| | | g | | 3 | | | | | | | | |
| (i) Name | of supported | (ii) EIN | (iii) Type of organization | (iv) Is the o | rganization | (v) Did voi | notify the | (vi) Is | the | (vii) Amoun | t of mon | oton |
| | inization | (11) E114 | (described on lines 1-9 | | sted in your | organizat | on in col. | organizátio (i) organiz | /// III COL [| | port | Clai y |
| | | • | above or IRC section | governing | document? | (i) of your | support? | Ü.S. | .? " " | oup | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | | | (see instructions)) | Yes | No | Yes | No | Yes | No | | | |
| THE C | OLLEGE | | | | | | | | | | | |
| OF PH | YSICIAN | 23-1352670 | 10 | X | | X | | x | | | | 0. |
| | | | | | | | | | | | | |
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| | | | | : | | | | | | | | |
| | | | | | | | <u>.</u> | | | | _ | |
| | | | | | | | | | | | | |
| | 4 | | | | | | | | | | | |

| Part II Support Schedule for (Complete only if you checke fails to qualify under the test | ed the box on line 5 | 5, 7, or 8 of Part I o | or if the organization | | | |
|---|-----------------------|---|----------------------------|---------------------|---------------------------|-----------|
| Section A. Public Support | | and dompleto . alt | , | | | |
| Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | (a) 2000 | (5) 2000 | (6) 2010 | (4) 2011 | (6) 2012 | (I) Total |
| 2 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | |
| Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) ► 7 Amounts from line 4 8 Gross income from interest, | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 1012 Gross receipts from related activities | | lone) | | | 12 | |
| 13 First five years. If the Form 990 is for | | | rd, fourth, or fifth t | ax year as a sect | | |
| organization, check this box and sto | - | | | | \-/\-/ | |
| Section C. Computation of Pub | | ercentage | | • | , | |
| 14 Public support percentage for 2012 | (line 6, column (f) c | livided by line 11, | column (f)) | | 14 | 9 |
| 15 Public support percentage from 201 | 1 Schedule A, Part | II, line 14 | | | 15 | 9 |
| 16a 33 1/3% support test - 2012. If the | | | | 14 is 33 1/3% or | more, check this be | ox and |
| stop here. The organization qualifies | | _ | | | | ▶∟. |
| b 33 1/3% support test - 2011. If the | | | | d line 15 is 33 1/3 | % or more, check t | nis box |
| and stop here. The organization qua- 17a 10% -facts-and-circumstances test and if the organization meets the "fa meets the "facts-and-circumstances | st - 2012. If the org | ganization did not nces" test, check t | check a box on lin | here. Explain in P | | |
| b 10% -facts-and-circumstances te | = | | · · | = | r 17a, and line 15 is | 10% or |

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support | | | | | | |
|--|----------------------------|--|------------------------|-----------------------|--|--------------|
| Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do not | | | | | | |
| ınclude any "unusual grants.") | | | | | 1 | |
| 2 Gross receipts from admissions, | | | | | | |
| merchandise sold or services per- | | | | | | |
| formed, or facilities furnished in any activity that is related to the | | | | | | |
| organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | - | | | |
| furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | |
| | | | <u> </u> | | + | - |
| 6 Total. Add lines 1 through 5 | | | | + | | |
| 7a Amounts included on lines 1, 2, and | | | | | 1 | 1 |
| 3 received from disqualified persons | | | | | + | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that | | | | | | |
| exceed the greater of \$5,000 or 1% of the | | | | | | |
| amount on line 13 for the year . | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6) | | <u> </u> | <u> </u> | | | <u> L</u> |
| Section B. Total Support | | | | , | | |
| Calendar year (or fiscal year beginning in) 🗩 📙 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 9 Amounts from line 6 | | _ | | <u> </u> | | |
| 10a Gross income from interest, dividends, payments received on | | | | | i | |
| securities loans, rents, royalties | | | | | | |
| and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses | | | | | | |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | · | |
| 11 Net income from unrelated business | | | | | _ | |
| activities not included in line 10b, whether or not the business is | | | | | | |
| regularly carned on | | <u> </u> | <u>L</u> | | | |
| 12 Other income. Do not include gain | | | | | | |
| or loss from the sale of capital assets (Explain in Part IV.) | | 1 | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| 14 First five years. If the Form 990 is for | the organization' | s first, second, thu | rd, fourth, or fifth t | ax year as a secti | on 501(c)(3) organiz | zation, |
| check this box and stop here | 3 === 2 == . | ,, , , , , , , , , , , , , , , , , | | , | | ▶ |
| Section C. Computation of Public | c Support Pe | rcentage | - | | | |
| 15 Public support percentage for 2012 (lii | ne 8, column (f) d | livided by line 13, o | column (f)) | "- | 15 | 9 |
| 16 Public support percentage from 2011 | | - | .,, | ••••• | 16 | 9 |
| Section D. Computation of Inves | | | | | | |
| 17 Investment income percentage for 20 | | | | | 17 | |
| 18 Investment income percentage from 2 | • | • | , | | 18 | |
| 19a 33 1/3% support tests - 2012. If the | | | on line 14, and lin | e 15 is more than | | |
| more than 33 1/3%, check this box an | - | | | | | |
| b 33 1/3% support tests - 2011. If the | - | - | • • | | | . 🚩 📖 |
| line 18 is not more than 33 1/3%, chec | - | | | | • | |
| 20 Private foundation. If the organization | | - | | | - | |
| ev - Firvate ivunivation, ii tile vivatiizatioi | ruiu noi check a | DUA UII III II 14. 15 | ra. UL ISD. CHUCK L | ina uux aiiu see ii | BULLIOUS | |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

2012
Open to Public Inspection

Name of the organization

THE GROFF FAMILY MEMORIAL TRUST

Employer identification number 23-6807121

| Par | t I Organizations Maintaining Donor Advise | ed Funds or Other Similar Fund | s or Accounts. Complete if the |
|--------|--|---|--|
| | organization answered "Yes" to Form 990, Part IV, lin | e 6 | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advi | sed funds |
| | are the organization's property, subject to the organization's | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | | · · · — · · · · · · · · · · · · · · · · |
| • | for charitable purposes and not for the benefit of the donor | | - |
| | impermissible private benefit? | | Yes No |
| Par | | ganization answered "Yes" to Form 990. | |
| 1 | Purpose(s) of conservation easements held by the organizat | | |
| • | Preservation of land for public use (e.g., recreation or | | storically important land area |
| | Protection of natural habitat | | rtified historic structure |
| | Preservation of open space | Freservation of a cer | tined Historic Structure |
| 2 | Complete lines 2a through 2d if the organization held a qual | ified consequation contribution in the form | of a consequence consequent on the last |
| ~ | day of the tax year. | med conservation contribution in the form | TOTA CONSERVATION CASCINETT ON THE IAST |
| | day of the tax year. | | Held at the End of the Tax Year |
| _ | Total number of conservation easements | | 2a |
| a h | Total acreage restricted by conservation easements | • • • | 2b |
| 0 | Number of conservation easements on a certified historic st | rusture included in (a) | 2c |
| ن | | | |
| d | Number of conservation easements included in (c) acquired | alter 6/17/06, and not on a historic struc | 1 1 |
| _ | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, re | eleased, extinguished, or terminated by tr | ne organization during the tax |
| | year Number of states where preparity subject to consequence of | reament to leasted . | |
| 4 | Number of states where property subject to conservation ea | | |
| 5 | Does the organization have a written policy regarding the pe | - · · · · · · · · · · · · · · · · · · · | |
| _ | violations, and enforcement of the conservation easements | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | | |
| 8 | Does each conservation easement reported on line 2(d) about and contain 1700-VAVEVAN | ove satisfy the requirements of section 17 | |
| _ | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | • | |
| | include, if applicable, the text of the footnote to the organiza | ation's financial statements that describes | s the organization s accounting for |
| Da | conservation easements t III Organizations Maintaining Collections of | of Art Historical Transuras or (| Other Similar Assets |
| rai | Complete if the organization answered "Yes" to Form | | ottler offilial Assets. |
| | If the organization elected, as permitted under SFAS 116 (A | | ment and holonous sheet works of ort |
| ıa | • | • | |
| | historical treasures, or other similar assets held for public ex | | ance of public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that desc | | |
| D | If the organization elected, as permitted under SFAS 116 (A | • | |
| | treasures, or other similar assets held for public exhibition, e | education, or research in turtherance of p | ublic service, provide the following amounts |
| | relating to these items: | | . . |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | \$ |
| | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of art, historical tr | | ial gain, provide |
| | the following amounts required to be reported under SFAS | 116 (ASC 958) relating to these items: | |
| а | Revenues included in Form 990, Part VIII, line 1 | • • | . • \$ |
| b | Assets included in Form 990, Part X | | S |

| $\overline{}$ | | FF FAMILY | | | | | | | <u>07121</u> | |
|---------------|---|------------------------|------------|---------------|----------------|-------------|-------------|--------------|---------------|-------------|
| Par | t III Organizations Maintaining C | | | | | | _ | | | |
| 3 | Using the organization's acquisition, accessi | on, and other record | is, checl | cany of the | following tha | t are a sig | gnificant i | use of its | collection i | tems |
| | (check all that apply): | | _ | | | | | | | |
| а | Public exhibition | c | : | Loan or exc | change progra | ams | | | | |
| b | Scholarly research | € | • | Other | | | | | | |
| C | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | | | | | | | se in Par | t XIII. | |
| 5 | During the year, did the organization solicit of | | | | | er sımılar | assets | _ | _ | |
| _ | to be sold to raise funds rather than to be ma | | | | | | <u> </u> | | Yes | <u> No</u> |
| Par | t IV Escrow and Custodial Arran | | ete if the | organizatio | on answered ' | "Yes" to F | orm 990, | , Part IV, I | ine 9, or | |
| | reported an amount on Form 990, Pa | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | an or other intermed | diary for | contribution | ns or other as | sets not | ncluded | | ٦ | |
| _ | | | | | • | | | L. | 」 Yes | ∟ No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | ollowing t | able: | | | | | | <u>-</u> |
| | _ | | | | | | | | Amount | |
| | Beginning balance | | • | • | • | | . 1c | | | |
| | Additions during the year | • | • | | | | 1d | | | |
| e | Distributions during the year | | - | | | • | 1e | | | |
| 1 | Ending balance | | | | • | | 1f | | 1 | |
| | Did the organization include an amount on F | | | | : . | | | | 」 Yes | ⊢ No |
| Par | If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in | | | | | | | | **** | |
| I ai | Lindowinient i diids. Complete i | | | | 1 | | | anna bank | () 5 | bl- |
| 4- | Paginning of year balance | (a) Current year | (D) P | rior year | (c) Two year | S Dack | a) Three y | ears back | (e) Four y | ears back |
| 1a _ | Beginning of year balance | | | | + - | - | | | | |
| b | Contributions | | | | + | | | | l | |
| C | Net investment earnings, gains, and losses Grants or scholarships | | | | | | | | | |
| d | Other expenditures for facilities | | | | | + | | | | |
| е | and programs | | ĺ | | | 1 | | | | |
| | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | - | - | | | |
| 2 | Provide the estimated percentage of the cur | rent year end halan | re /line 1 | a column (| a)) held as: | | | | 1 | |
| | Board designated or quasi-endowment | rent year end balant | % | g, coluinin (| ajj Heid as. | | | | | |
| b | Permanent endowment | % | _′° | | | | | | | |
| _ | Temporarily restricted endowment | % % | | | | | | | | |
| Ŭ | The percentages in lines 2a, 2b, and 2c shou | | | | | | | | | |
| За | Are there endowment funds not in the posse | · · · · · · | ation tha | at are held a | and administe | red for th | e organiz | ration | | |
| - | by. | oolon or the organiz | | 2. 4.0 11010 | and dammioto | | io organiz | ation | [v | es No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | |
| | (ii) related organizations | • | | | | | | • | 3a(ii) | _ |
| ь | If "Yes" to 3a(ii), are the related organization: | s listed as required o | on Sched | dule R? | • | | • | • | 3b | |
| 4 | Describe in Part XIII the intended uses of the | | | | • | | | • | <u> </u> | |
| Par | t VI Land, Buildings, and Equipm | | | | | | | | ···· | ···· |
| | Description of property | (a) Cost or o | | | t or other | (c) Ac | cumulate | ed | (d) Book | value |
| | | basis (investi | | | (other) | | reciation | | ,., | = |
| 1a | Land | | | | | | | | | |
| | Buildings | | | | | | | | | - |
| c | Leasehold improvements | | | | | | | | | |
| d | Equipment | | | | | | | | | |
| | Other | | | | | | | | | |
| Total | , Add lines 1a through 1e. (Column (d) must e | qual Form 990, Part | X, colur | nn (B), line | 10(c).) | | | ightharpoons | | 0. |

THE GROFF FAMILY MEMORIAL TRUST

23-6807121 Page 3

Schedule D (Form 990) 2012

| | dule D (Form 990) 2012 THE GROFF FAMILY MEMORIAL | | 23-6807121 Page 4 |
|-----|---|-------------------|-------------------|
| Par | t XI Reconciliation of Revenue per Audited Financial Statem | ents With Revenue | per Return |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains on investments | . 2a | |
| b | Donated services and use of facilities | 2b | |
| С | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| С | Add lines 4a and 4b | | 4c |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Stater | ments With Expens | es per Return |
| 1 | Total expenses and losses per audited financial statements | | . 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| C | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 1 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | |
| С | Add lines 4a and 4b | | . 4c |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 |
| Pa | rt XIII Supplemental Information | | |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | | |
| | | | |
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| | | | |

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE GROFF FAMILY MEMORIAL TRUST

Employer identification number 23-6807121

| THE GROFF FAMILI MEMORIAL TRUST 23-680/121 |
|--|
| FORM 990, PART VI, SECTION B, LINE 11: TRUSTEES REVIEW FORM 990 PRIOR TO |
| FILING. |
| |
| FORM 990, PART VI, SECTION C, LINE 19: ORGANIZATION PROVIDES COPIES OF ITS |
| ANNUAL REPORTS UPON REQUEST. |
| FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC: |
| EDWARD GOSFIELD, JR. MD - 2113 SPRUCE ST., PHILADELPHIA, PA 19103 |
| ROBERT V. DESILVERIO, MD - 1409 STOCTON ROAD, MEADOWBROOK, PA 19046 |
| HARRIS R. CLEARFIELD, M.D 219 N. BROAD ST, 5TH FL |
| PHILADELPHIA, PA 19107 |
| LUCIANO LIZZI, M.D 530 S. 2ND. ST., UNIT 638, PHILADELPHIA, PA 19147 |
| ROBERT E. CAMPBELL, M.D 100 GRAYS LANE, HAVERFORD, PA 19041 |
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THE GROFF FAMILY MEMORIAL TRUST Balance Sheet Assets 2012

Investments Less Than 5% of Assets

| | investments Less Than 570 of Assets | BOOK VALUE |
|---|--|---|
| SHARES | SECURITY | 01/01/12 |
| 25,000 | Columbus Southern Pwr 6 05% 05/01/2018 | \$25,128 84 |
| | Investments Greater Than 5% of Assets | |
| | Corporate Stocks | |
| 700 1,500 3,000 2,000 1,000 1,500 2,000 | Altria Group Inc Chevron Corp Johnson and Johnson Kayne Anderson MLP Kraft Foods Inc. Royal Dutch Shel PLC Tortoise Energy Infrastructure Verizon Communications Com Vodafone Group PLC SP ADR To Part X, Line 12, Col B | \$52,755.10 \$43,450.08 \$97,061.04 \$79,859.11 \$53,780.00 \$54,051.00 \$45,997.61 \$61,659.71 \$67,387 99 \$556,001 64 |
| | Corporate Bonds | |
| 50,000 50,000 50,000 | PP&L Energy Supply 6.2% 05/15/2016 Goldman Sachs Group 6.25% 09/01/2017 Marathon Oil Corp 6% 10/01/2017 American Express 7% 03/19/2018 Kinder Morgn Eng. Prt. 6.85% 02/15/2020 To Part X, Line 12, Col B | \$44,264.00 \$48,713.00 \$49,460.50 \$50,341.11 \$49,147.50 \$241,926.11 |
| | Grand Total | \$797,927.75 |

GROFF FAMILY MEMORIAL TRUST Balance Sheet Assets 2012

Investments Less Than 5% of Assets:

| SHARES | SEC | URITY | BOOK VALUE |
|--------------|------------------------------|---------------|--------------|
| SHARES | | OKITY | 12/31/12 |
| 2000.000 | Altria Group Inc. | | \$42,815.75 |
| | Chevron Corp. | | \$43,450.08 |
| | To Part X, Line 11, Col. B | | \$86,265.83 |
| | Investments Greater Than | 5% of Assets: | |
| Corporate Bo | onds | | |
| 50000.000 | American Express | | \$50,295.40 |
| 50000.000 | Kinder Morgan Ener Part | | \$49,147.50 |
| 60000.000 | Goldman Sachs Group Inc. | | \$58,417.20 |
| | To Part X, Line 12, Col. B | | \$157,860.10 |
| Equities | | | |
| | | | |
| 1500.000 | Du Pont E De Nemours | | \$74,122.80 |
| 2500.000 | Intel Corp | | \$68,594.10 |
| 800.000 | Kimberly Clark | | \$65,581.25 |
| 900.000 | Nestle S A Rep Rg Sh Adr | | \$56,925.00 |
| 1000.000 | Royal Dutch Shel Pic | | \$54,051.00 |
| 800.000 | United Techs Corp | | \$63,844.74 |
| 2000.000 | Verizon Communicatns Co | m | \$61,659.71 |
| 2500.000 | Vodafone Group Plc Sp Ad | r | \$67,387.99 |
| | To Part X, Line 12, Col. B | | \$512,166.59 |
| Mutual Fund | is/Closed End Funds/UIT | | |
| 3000.000 | Fiduciary/Clay Mlp Opp | | \$67,052.00 |
| 3000.000 | Kayne Anderson Mlp | | \$79,859.11 |
| | To Part X, Line 12, Col. B | | \$146,911.11 |
| | Total to Part X, Line 12, Co | I.B | \$816,937.80 |

| SHARES | DESCRIPTION | ACQUIRED | SOLD | SALES PRICE | COST | GAIN/LOSS |
|-------------------------------|--------------------------|----------|----------|--------------|--------------|--------------|
| Short Term 1,000.00 | PPL Corporation | 4/10/12 | 5/29/12 | \$27,552.68 | \$27,197.50 | \$355.18 |
| Long Term | | | | | | |
| 1,000.00 | Tortoise Energy | 8/22/06 | 2/13/12 | \$40,452.22 | \$30,109.61 | \$10,342.61 |
| 500.00 | Tortoise Energy | 6/11/08 | 2/13/12 | \$20,226.11 | \$15,888.00 | \$4,338.11 |
| 25,000.00 | Columbus Southern 6.05% | 6/5/09 | 4/10/12 | \$29,332.50 | \$25,124.06 | \$4,208.44 |
| 50,000.00 | Marathon Oil Corp. 6.00% | 5/4/09 | 4/10/12 | \$58,588.00 | \$49,460.50 | \$9,127.50 |
| 900.00 | Johnson and Johnson Com | 9/11/07 | 4/10/12 | \$58,062.19 | \$56,423.96 | \$1,638.23 |
| 100.00 | Johnson and Johnson Com | 9/17/07 | 4/10/12 | \$6,451.35 | \$6,396.29 | \$55.06 |
| 200.00 | Johnson and Johnson Com | 11/19/07 | 4/10/12 | \$32,256.79 | \$34,240.79 | (\$1,984.00) |
| 200.00 | Altria Group Inc. | 6/16/10 | 8/7/12 | \$17,559.61 | \$9,939.35 | \$7,620.26 |
| 999 | Kraft Foods Group Inc | 11/11/09 | 10/5/12 | \$31,708.62 | \$18,852.55 | \$12,856.07 |
| 2,000.00 | Mondelez International | 11/11/09 | 11/9/12 | \$52,225.03 | \$34,908.59 | \$17,316.44 |
| 50,000.00 | Goldman Sachs Gro 6.25% | 5/4/09 | 12/18/12 | \$58,383.65 | \$48,713.00 | \$9,670.65 |
| 50,000.00 | PPL Energy Supply 6.20% | 1/20/09 | 12/18/12 | \$56,760.15 | \$44,264.00 | \$12,496.15 |
| Total Long Term | Ę | | | \$462,006.22 | \$374,320.70 | \$87,685.52 |
| Total Short & Long Term | ong Term | | | | | \$88,040.70 |

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 | i are filing for an Automatic 3-Month Extension, i are filing for an Additional (Not Automatic) 3-N t complete Part II unless you have already been | fonth Exten | sion, complete onl | y Part II (on page 2 of | this form). | _ |
|--|--|---|--|---|---|---|
| Electro a corpo 8868 to Return | onic filing (e-file). You can electronically file Formoration required to file Form 990-T), or an addition request an extension of time to file any of the for Transfers Associated With Certain Personations). For more details on the electronic filing of | m 8868 if yo nal (not auto forms listed al Benefit (| u need a 3-month a omatic) 3-month ext d in Part I or Part II Contracts, which me | utomatic extension of ension of time. You ca with the exception of ust be sent to the IR | time to file (6 in electronical Form 8870, RS in paper 1 | months for lly file Form Information format (see |
| Part A corp Part I c | Automatic 3-Month Extension of Timporation required to file Form 990-T and Form 990-T and Form 990-T and Form 990-T and 99 | esting an a | utomatic 6-month | extension-check this | s box and co | omplete |
| All other | er corporations (including 1120-C filers), partners ncome tax returns. | | | | iest an extens | sion of time |
| | Name of exempt organization or other filer, see | instructions | | Employer identification | | |
| Type or | | | | | | |
| print | The Groff Family Memorial Trust Number, street, and room or suite no. If a P.O. I | hov see instr | uctions | Social security number | 807121 (SSN) | |
| File by th | 16 | DOX, See ITISH | uctions. | Social Security number | (3314) | |
| due date filing you | | or a foreign a | ddroon, oog ingtruction | | | |
| return S instruction | ee Only, town or post office, state, and zir code. F | or a foreign a | doress, see instruction | S | | |
| | he Return code for the return that this application | | | n for each return) . | | 0 1 |
| Application Return Splication Return Is For Code Is For Code | | | | | | |
| Form | 990 or Form 990-EZ | 01 | Form 990-T (corpo | oration) | | 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 |
| Telep • If the • If this for the | books are in the care of Gary N. Smith, EA, CFF chone No. 610-275-1774 corganization does not have an office or place of sis for a Group Return, enter the organization's for whole group, check this box | business in bur digit Gro if it is for par sion is for. | up Exemption Number of the group, chec required to file Form | per (GEN) k this box 990-T) extension of til | . If th ▶ □ and at | tach |
| 2 | ► ☑ calendar year 20 12 or Lax year beginning If the tax year entered in line 1 is for less than 12 | , 20 ! months, ch | , and ending eck reason: ☐ Initi | al return | , , 20 urn | ··· |
| | ☐ Change in accounting period | | | | | |
| За | If this application is for Form 990-BL, 990-PF, 9 nonrefundable credits. See instructions. | 90-T, 4720, | or 6069, enter the t | entative tax, less any | 3a \$ | |
| b | If this application is for Form 990-PF, 990-T. | | | | | |
| _ | estimated tax payments made. Include any prior | • | • | ì | 3ь \$ | |
| С | Balance due. Subtract line 3b from line 3a. Inclu EFTPS (Electronic Federal Tax Payment System) | | | , it required, by using | 3c \$ | |
| Caution | n. If you are going to make an electronic fund withdraw | | | 53-EO and Form 8879-E0 | | nstructions. |

| Form 8866 | B (Rev 1-2013) | | | | | | Page 2 |
|---|---|--|-----------------------|------------------------------|----------|------------------|--------------|
| • If you | are filing for an Additional (Not Automatic) 3-Mo | onth Exten | sion, complete only | Part II and check this | s box | | . ▶ 🗆 |
| Note. O | only complete Part II if you have already been gran are filing for an Automatic 3-Month Extension, o | nted an auto | omatic 3-month exte | ension on a previously | | | |
| Part II | | | | | s ne | eded). | |
| | | | <u> </u> | Enter filer's identifying | | | nstructions |
| Tymo or | Name of exempt organization or other filer, see in | | | | | | |
| Type or print | | The Groff Family Memorial Trust | | | 80712 | • | |
| • | Number street and room or suite no. If a P.O. | | uctions. | Social security number (SSN) | | | |
| File by the due date f | y the | | | | | | |
| filling your Crty, town or post office, state, and ZIP code. For a foreign address, see instructions. | | | | | | | |
| return Se instruction | e ' | | | | | | |
| | e Return code for the return that this application | is for (file a | separate application | for each return) . | | | 0 1 |
| Applic | ation | Return | Application | | | Return | |
| is For | | Code | Is For | | | | Code |
| | 990 or Form 990-EZ | 01 | | , | | | 3 |
| Form 9 | | 02 | Form 1041-A | | | | 08 |
| | 4720 (individual) | 03 | Form 4720 | | | | 09 |
| Form 9 | | 03 | Form 5227 | | | | 10 |
| | 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | | 11 |
| | 990-T (sec. 401(a) or 400(a) trust) | 06 | Form 8870 | | | | 12 |
| | | | | | | | |
| | Do not complete Part II if you were not already gr | anted an au | ntomatic 3-month ex | tension on a previous | ly file | d Form 8 | .868. |
| | ooks are in the care of ► Gary N. Smth, EA | | | | | | |
| • | hone No. ► 386-402-7950 | - | No. ► | 386-402-4279 | | | _ |
| | organization does not have an office or place of b | | | | | | |
| | is for a Group Return, enter the organization's for | | | | | | |
| | whole group, check this box ▶ □ . If | | t of the group, checl | k this box | ▶ [|] and att | ach a |
| list with | the names and EINs of all members the extension | n is for. | | | <u>-</u> | | |
| | | | | | | | |
| 4 | request an additional 3-month extension of time | until | November 15 , 2U 13 . | | | | |
| 5 | For calendar year X, or other tax year beginni | x year beginning, 20, 20, 20 less than 12 months, check reason: | | | | | |
| _ | | | | | | | |
| Change in accounting period | | | | | | | |
| 7 : | 7 State in detail why you need the extension Certain information required to assure a complete report is not available at the | | | | | | |
| - | | | | | | | |
| - | | | | | | | |
| | If this application is for Form 990-BL, 990-PF, 99 | O T 4720 | or 6060, anter the te | entativa tay loog any | | | |
| | nonrefundable credits. See instructions. | 0-1, 4720, | or 6069, enter the te | silialive lax, less arry |] | œ | |
| | | | | | 8a | <u> </u> | |
| | f this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and | | | | | | |
| | estimated tax payments made. Include any prior year overpayment allowed as a credit and any | | | | | | |
| | mount paid previously with Form 8868. | | | | 8b | \$ | |
| c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | | | | | 8c | \$ | |
| | Signature and Verifica | ation mus | t be completed for | or Part II only. | | | |
| | penalties of perjury, I declare that I have examined the dge and belief, it is true, correct, and complete, and that | | | | nts, a | nd to the | best of my |
| Signatur- | , . | Title ▶ | | 0. | uto F | | |
| Signature | · · · · · · · · · · · · · · · · · · · | 1100 | · | | ite ▶ | 0000 | |
| | | | | | Fe | orm 000 0 | (Rev 1-2013) |

Form 8868 (Rev 1-2013)