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Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter Social Security numbers on this form as it may be made public.

OMB No 1545-0052

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf

For calendar year 2013 or tax yea	ır beginning		, and ending	-	
Name of foundation		<del></del>	<u>-</u>	A Employer identificatio	n number
BENCO FAMILY F	_				
FKA COHEN FAMI				13-7483658	3
Number and street (or P O box number		address)	Room/suite	B Telephone number	
295 CENTER POI				(570)825-	7781
City or town, state or province, co		ostal code		C if exemption application is	pending, check here
PITTSTON, PA	18640	· · · · · · · · · · · · · · · · · · ·		_	
G Check all that apply:	Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	s, check here
<u></u>	Final return	Amended return		2. Foreign organizations m	eeting the 85% test
	Address change	X Name change		Foreign organizations m check here and attach c	omputation
H Check type of organization:	X Section 501(c)(3) ex			E If private foundation sta	
Section 4947(a)(1) nonexer		Other taxable private founda		under section 507(b)(1	)(A), check here
I Fair market value of all assets at	· I —	-	Accrual	F If the foundation is in a	
(from Part II, col (c), line 16)		her (specify)		under section 507(b)(1	)(B), check here
<b>▶</b> \$ 3,86	2 , 4 0 7 . (Part I, colui	mn (d) must be on cash l	basis)		1 (0
Part I Analysis of Revenue a	nd Expenses umns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(0) Disbursements for charitable purposes
necessarily equal the amou	nts in column (a) )	expenses per books	ıncome	income	(cash basis only)
1 Contributions, gifts, grai	nts, etc., received	738,182.	·	N/A	
2 Check If the foundate Interest on savings and temp	on is not required to attach Sch. 8		2.5		
3 cash investments		35.	35		STATEMENT 1
4 Dividends and interest fr	rom securities	23,452.	23,452	<u> </u>	STATEMENT 2
<b>5a</b> Gross rents					
<b>b</b> Net rental income or (loss)	_ <del>.</del>	25 502		ļ	
6a Net gain or (loss) from sale o		35,583.		<u> </u>	
assets on line 6a	193,054.		25 502	<u> </u>	
7 Capital gain net income (fron	· · · · ·		35,583	<u> </u>	
8 Net Snort-term capital ga	ain			<del> </del>	
9 Income modifications Gross sales less returns	1				
10a and allowances					<del> </del>
D Less Cost of goods sold				-	+
c Gross profit or (loss)					
11 Other income 12 Total, Add lines 1 throu	ah 11	797,252.	59,070		<del> </del>
	<del></del>	7 0.	0		0
13 Compensation of officers, pt 14 Other employee salaries	ECEIVED	<del> </del>		<u> </u>	<del> </del>
15 Pension plans employe		?			
w c	1 2	5		~ <del> </del>	-
b Accounting fees	101 2 7 4017	1			
c Other professional fees		5	-	·   · · · · · · · · · · · · · · · · · ·	
§ 17 Interest	GDEN, UT				
18 Taxes	STMT 3	753.	738	•	15
c Other professional fees 17 Interest 18 Taxes 19 Depreciation and deplete 20 Occupancy 21 Travel, conferences, and 22 Printing and publication 23 Other expenses 24 Total operating and add expenses. Add lines 13	on				
20 Occupancy					
21 Travel, conferences, and	l meetings				
22 Printing and publication	-				
23 Other expenses					
1 24 Total operating and add	ministrative				
expenses. Add lines 13		753.	738	•	15
25 Contributions, gifts, grai	· ·	203,954.			203,954
26 Total expenses and dis					
Add lines 24 and 25		204,707.	738	•	203,969
27 Subtract line 26 from lin	e 12:				
a Excess of revenue over expe	enses and disbursements	592,545.			
b Net investment income	(if negative, enter -0-)		58,332		
C Adjusted net income (#	negative, enter -0-)			N/A	
323501 10-10-13 LHA For Paperwork	Reduction Act Notice, see	instructions.			Form <b>990-PF</b> (20

Г	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	
Ŀ	ar ı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	218,933.	534,165.	534,165.
	2	Savings and temporary cash investments			
	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			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
s)	8	Inventories for sale or use		-	
Assets	1	Prepaid expenses and deferred charges			
As		Investments - U.S. and state government obligations			
	1	Investments - corporate stock STMT 4	2,115,398.	2,964,460.	2,964,460.
	ı	Investments - corporate bonds	,,	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Investments - land, buildings, and equipment basis			
	`	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 5	421,012.	363,782.	363,782.
	ı	Land, buildings, and equipment basis	,	* * * * * * * * * * * * * * * * * * *	*******
	` `	Less accumulated depreciation			
	15	Other assets (describe >			
		Total assets (to be completed by all filers - see the			
	"	instructions. Also, see page 1, item 1)	2,755,343.	3,862,407.	3,862,407.
_	17	Accounts payable and accrued expenses		0,000,000	0,000,000
	18	Grants payable			
ø	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ē	21	Mortgages and other notes payable			
Ë		Other liabilities (describe )			
	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.			
nces	24	Unrestricted			
		Temporarily restricted			
Bali		Permanently restricted			
힏	-"	Foundations that do not follow SFAS 117, check here			
Ţ		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	0.	0.	
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets or Fund Bala	29	Retained earnings, accumulated income, endowment, or other funds	2,755,343.	3,862,407.	
<u>e</u>	30	Total net assets or fund balances	2,755,343.	3,862,407.	
Z				0,002,000	
	31	Total liabilities and net assets/fund balances	2,755,343.	3,862,407.	
Ξ					<del></del> ,
Щ	art	Alialysis of Changes in Net Assets of Fund B	alalices		
1	Tota	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	2,755,343.
		r amount from Part I, line 27a		2	592,545.
3	Othe	r increases not included in line 2 (itemize)   UNREALIZED	GAIN/LOSS ON	INVESTMENT 3	514,519.
		lines 1, 2, and 3		4	3,862,407.
		eases not included in line 2 (itemize)		5	0.
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	3,862,407.
					Form <b>990-PF</b> (2013)

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Part IV   Capital Gains	and Losses for Tax on Ir	vestment	Income					
	ribe the kind(s) of property sold (e.g arehouse; or common stock, 200 sh			( <b>b)</b> H	ow acquired Purchase Donation		acquired lay, yr.)	(d) Date sold (mo., day, yr.)
1a 133.727 SHS HU	SSMAN STRATEGIC	TOTAL 1	RETURN	<u> </u>	P	12/3	1/12	11/21/13
ь 307.004 SHS HU	SSMAN STRATEGIC	TOTAL 1	RETURN		P	03/3	0/12	11/21/13
c 11,977.634 SHS	HUSSMAN STRATEG	IC TOT	AL	<u> </u>				
d RETURN		·		•	P	09/0	7/10	11/21/13
e CAPITAL GAINS	DIVIDENDS							,
<del></del>	(f) Depreciation allowed	(a) Cos	t or other basis	┶┰		/h) G	aın or (loss	\
(e) Gross sales price	(or allowable)		xpense of sale				s (f) minus	
a 1,488.			1,53	3.				-45.
			3,73					-317.
· · · ·		<del> </del>	3,73					-317.
d 133,295.			152,20	- H				-18,909.
		<b>.</b>	152,20	4.				
e 54,854.			10/01/00					54,854.
Complete only for assets showi	ng gain in column (h) and owned by	·				(I) Gains (C col. (k), but	Col. (h) gain	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis		cess of col. (ı)			COI. (K), DUI LOSSES	from col. (	11 -U-) <b>0</b> 1 'h\\
(1)1 .W.V. as 01 125 1/05	as of 12/31/69	over	col. (j), if any			200000	(110111 0011)	
8								-45.
b								-317.
C				T				
d								-18,909.
e								54,854.
	C. W		<del>-</del>	<del>\</del>				3 - 7 - 3 - 3 - 3
2 Capital gain net income or (net ca	apital loss) { If gain, also ente			<u>}</u>	2			35,583.
2. Not about term conital cars or (le				<b>1</b>				·
If gain, also enter in Part I, line 8,	ss) as defined in sections 1222(5) ai	iu (0).		٦١				
If (loss), enter -0- in Part I, line 8				Pl	3		N/A	
	Inder Section 4940(e) for	Reduced	Tax on Net	Inv		ncome		<u> </u>
(For optional use by domestic privat	e foundations subject to the section	4940(a) tax on	net investment ir	icome	-)			
If section 4940(d)(2) applies, leave t	his part blank.							
.,,,,,,	•							
	tion 4942 tax on the distributable an			riod?		-		Yes X No
	lify under section 4940(e). Do not co							
	each column for each year; see the i	nstructions bel	ore making any e	ntries.	•			,,,
(a) Base period years	(b)			(c)			Distril	(d) oution ratio
Calendar year (or tax year beginn	ing in) Adjusted qualifying dis	stributions	Net value of no	onchar	itable-use ass	ets	(col. (b) div	rided by col. (c))
2012	13	6,798.			,420,0			.056528
2011	10	3,095.		2	,047,93	34.		.050341
2010	9	0,325.			,877,60			.048105
2009		7,138.			, 547, 7			.062762
2008		0,925.			,515,69			.046794
		0,5250			, 5 ± 5 , 0.	<del>-                                    </del>	ŀ	*010731
9. Total of loss 1. saluma (d)								.264530
2 Total of line 1, column (d)						2		. 404530
•	5-year base period - divide the total	on line 2 by 5,	or by the number	ot yea	ars			050006
the foundation has been in existe	ence if less than 5 years					3		.052906
							1	
4 Enter the net value of noncharita	ble-use assets for 2013 from Part X,	line 5				4		3,081,076.
5 Multiply line 4 by line 3						5	1	163,007.
							1	
6 Enter 1% of net investment income	me (1% of Part Liline 27h)					6		583.
C Email 170 of Not invocation in the	(1,0 01 1 01 1, 1110 21 0,					-	<del>                                     </del>	
7 Add lines 5 and 6						7		163,590.
7 Add lines 5 and 6							<del> </del> -	103,330•
8 Enter qualifying distributions fro	m Part XII line 4					8		203,969.
							1	,
If line X is an in or or areaster tha	n line 7, check the box in Part VI, line	e 1h, and comp	lete that nart usin	nn a 10	% tax rate			

BENCO FAMILY FOUNDATION

		-748.			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- see	instru	ction	าร)
1a	Exempt operating foundations described in section 4940(d)(2), check here \( \bigs \) and enter "N/A" on line 1.	ì			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🛣 and enter 1%			5	83.
	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			_	0.
3	Add lines 1 and 2	1		5	83.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			_ 5	83.
6	Credits/Payments:				
a	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 1,312.				
b	Exempt foreign organizations - tax withheld at source	l			
C	Tax paid with application for extension of time to file (Form 8868)	1			
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments. Add lines 6a through 6d			1,3	12.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached 8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			7	29.
	Enter the amount of line 10 to be: Credited to 2014 estimated tax ▶ 729 • Refunded ▶ 11				0.
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	
	any political campaign?		1a		X
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		1b		X
	If the answer is "Yes" to $_{1a}$ or $_{1b}$ , attach a detailed description of the activities and copies of any materials published or		i l		ļ
	distributed by the foundation in connection with the activities.		İ		
C	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$ 0.				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		ļ		ŀ
	managers. ▶ \$ 0 .				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		Х
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		Х
	·	N/A	4b		<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Х
	If "Yes," attach the statement required by General Instruction T		İ		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or		ļ		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law		ı		l
	remain in the governing instrument?		6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	PA				
t	o If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			,.	
	of each state as required by General Instruction G? If "No," attach explanation		8b	X	
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar				
	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		l 10	l	Х

Form 4720, to determine if the foundation had excess business holdings in 2013.)

had not been removed from jeopardy before the first day of the tax year beginning in 2013?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

	• 000 BE (00	BENCO FAMILY FOUNDATION  13) FKA COHEN FAMILY CHARITABLE TRUST	12 7/02	6 6 6 0		
	n 990-PF (20	<u>-1 </u>	13-7483	000		Page 5
_		Statements Regarding Activities (continued)		T	Г	
11	-	during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of		1		.,
		P(b)(13)? If "Yes," attach schedule (see instructions)		11		X
12		ndation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory p	rivileges?			
		ach statement (see instructions)		12	<del>                                     </del>	Х
13		ndation comply with the public inspection requirements for its annual returns and exemption application?		13	Х	<u></u>
		dress N/A	O C		701	
14		are in care of RICHARD COHEN, TRUSTEE  Telephone no.				
		▶ 295 CENTER POINTE BLVD., PITTSTON, PA	ZIP+4 ▶ <u>18</u>	640		
15		47(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			▶	•
		ne amount of tax-exempt interest received or accrued during the year	15	N	/A	
16		during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank,			Yes	
	-	or other financial account in a foreign country?		16	<u> </u>	X
	See the ins	tructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign				
_	country					L
Pa	art VII-B	Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form	4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
18	a During the	year did the foundation (either directly or indirectly):				
			es 🗶 No			
	(2) Borro	v money from, lend money to, or otherwise extend credit to (or accept it from)				
	a dısq	· · · · · · · · · · · · · · · · · · ·	es 🔀 No			
	(3) Furnis	<u> </u>	es 🗓 No		ļ	
	(4) Pay co	mpensation to, or pay or reimburse the expenses of, a disqualified person?	es X No		ľ	
	(5) Transi	er any income or assets to a disqualified person (or make any of either available				
	for the	benefit or use of a disqualified person)?	es 🗶 No		1	
	(6) Agree	to pay money or property to a government official? (Exception. Check "No"				
	if the f	oundation agreed to make a grant to or to employ the official for a period after			}	
	termir	ation of government service, if terminating within 90 days.)	es 🗶 No		}	İ
- (	<b>b</b> If any ansv	er is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				
	section 53	4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A	1b		L
	Organizatio	ns relying on a current notice regarding disaster assistance check here				
(	c Did the fou	ndation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			ĺ	
	before the	irst day of the tax year beginning in 2013?		10		Х
2	Taxes on fa	ilure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation				
	defined in	ection 4942(j)(3) or 4942(j)(5)):				
i	a At the end	of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginnin				
	before 201	□ Ye	es 🗶 No			ŀ
		the years $\blacktriangleright$		1	1	
ı	b Are there a	ny years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect				l
	valuation o	f assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach				1
	statement	see instructions.)	N/A	2b		L
(	c If the provi	sions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			'	
	<b>•</b>	, , ,			ł	
3	a Did the fou	ndation hold more than a 2% direct or indirect interest in any business enterprise at any time				
	during the	year?	es X No			
ı	b If "Yes," did	it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons aft	er			
	May 26, 19	69; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to d	ispose			
	of holdings	acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C	),		1	

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N/A

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Total number of other employees paid over \$50,000

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Five highest-paid independent contractors for professional services. If none, enter "NONI	E."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
otal number of others receiving over \$50,000 for professional services		- (
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical infor number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	mation such as the	Expenses
N/A		
<del></del>		
<del></del>		
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 a	-40	
N/A	110 2.	Amount
M/A		
All other program-related investments. See instructions.		
S S S S S S S S S S S S S S S S S S S		
otal. Add lines 1 through 3	<b>▶</b>	0 o m <b>990-PF</b> (2013

Form 990-PF (2013) 13-7483658 FKA COHEN FAMILY CHARITABLE TRUST Page 8 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: a Average monthly fair market value of securities 2,911,492. 1a 216,504. b Average of monthly cash balances 1b c Fair market value of all other assets 1c 3,127,996. d Total (add lines 1a, b, and c) 1d Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e 2 Acquisition indebtedness applicable to line 1 assets 3,127,996. 3 3 Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 46,920. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 ,081,076. 5 154,054. Minimum investment return. Enter 5% of line 5 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here 
and do not complete this part.) 154,054. Minimum investment return from Part X, line 6 583 Tax on investment income for 2013 from Part VI, line 5 2a þ Income tax for 2013. (This does not include the tax from Part VI.) 2b c Add lines 2a and 2b 2c 583. 153, Distributable amount before adjustments. Subtract line 2c from line 1 3 3 Recoveries of amounts treated as qualifying distributions 4 4 5 5 Add lines 3 and 4 6 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 153,471. 7 Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 203,969. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 1b b Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 Amounts set aside for specific charitable projects that satisfy the: 3 a Suitability test (prior IRS approval required) За **b** Cash distribution test (attach the required schedule) 3ь 203,969. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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5

6

583.

203,386.

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions, Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Form 990-PF (2013)

# Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,	<u>.</u>			
line 7				153,471.
2 Undistributed income, if any, as of the end of 2013			-	
a Enter amount for 2012 only			0.	
b Total for prior years:				
2011, 2010, 2009		0.		
3 Excess distributions carryover, if any, to 2013:	-			
a From 2008				
b From 2009 20,026.				
c From 2010				
dFrom 2011 1,032.				
e From 2012 6,401.				
f Total of lines 3a through e	27,459.			
4 Qualifying distributions for 2013 from				
Part XII, line 4: ►\$ 203,969.				
a Applied to 2012, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2013 distributable amount				153,471.
e Remaining amount distributed out of corpus	50,498.			
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a) )	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	77,957.			
b Prior years' undistributed income. Subtract	•	· · · · · · · · · · · · · · · · · · ·		
line 4b from line 2b		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		0.	_	
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2012. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2014				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008	_			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014.	BB 05-	İ		
Subtract lines 7 and 8 from line 6a	77,957.			·
10 Analysis of line 9:				
a Excess from 2009 20,026.	ļ			
b Excess from 2010				
c Excess from 2011 1,032.				
dExcess from 2012 6, 401.				
e Excess from 2013 50,498.				5 000 DE (0040)

BENCO FAMILY FOUNDATION
Form 990-PF (2013) FKA COHEN FAMILY CHARITABLE TRUST

13-7483658 Page 10

Part XIV   Private Operating F	oundations (see in:	structions and Part VII	I-A, question 9)	N/A	
1 a If the foundation has received a ruling of			<del></del>		
foundation, and the ruling is effective for		· · · · · ·			
<b>b</b> Check box to indicate whether the found			in section	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	<u> </u>	.=()/(=/
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
investment return from Part X for	<del>-</del>	· ,	· · · · · · · · · · · · · · · · · · ·	<del> </del>	
each year listed				]	
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,			<del>-</del>	-	
line 4 for each year listed					
d Amounts included in line 2c not				<del>  -</del> -	
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly				<del>                                     </del>	<del></del> -
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" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross			1		
investment income (interest, dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization			_		
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	n had \$5,000 or mo	ore in assets
at any time during t		uctions.)		<u> </u>	
1 Information Regarding Foundation	-				
a List any managers of the foundation wh			ributions received by the	e foundation before the clos	se of any tax
year (but only if they have contributed n	tore than \$5,000). (See S	ection 507(a)(2).)			
NONE	<del></del>	<del></del>			<u></u>
b List any managers of the foundation wh other entity) of which the foundation has			(or an equally large porti	on of the ownership of a pa	irtnership or
• /	sa 1076 or greater interes	ot.			
NONE			<del></del>		
2 Information Regarding Contributi					
Check here <b>X</b> if the foundation of the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	<u> </u>		·	<del></del>	<u>.                                    </u>
a The hame, address, and telephone hum	Dei di e-inali addiess di t	ile person to whom appr	ications should be addre	55CU.	
b The form in which applications should b	e submitted and informat	tion and materials they sl	hould include:		<del></del>
The form in which applications should be	re guernitieu anu illioi Ma	aon ana materiais mey si	nousu moluus,		
c Any submission deadlines:					
The state of the s					
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields.	kinds of institutions, or	other factors:	
			-,		

13-7483658 Page 11

Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or contribution show any relationship to Foundation **Amount** any foundation manager status of Name and address (home or business) or substantial contributor recipient a Paid during the year UNITED WAY-ALEXIS DE TOCQUEVILLE NONE EXEMPT CHARITABLE SOCIETY 909 GREEN STREET HARRISBURG, PA 17102 50,000. AMERICAN CANCER SOCIETY NONE EXEMPT CHARITABLE 101 W. FRACK STREET FRACKVILLE, PA 17931 50. AMERICAN RED CROSS NONE EXEMPT CHARITABLE 2025 E STREET NW WASHINGTON , DC 20006 100. BIG BROTHERS/BIG SISTERS NONE EXEMPT CHARITABLE 33 E. NORTHAMPTON STREET WILKES-BARRE, PA 18701 300. CENTER FOR HOSPICE CARE NONE EXEMPT CHARITABLE 165 AMBER LANE, PO BOX 1127 WILKES-BARRE, PA 18703 250. CONTINUATION SHEET(S) SEE ➤ 3a 203,954. **b** Approved for future payment NONE Total **▶** 3b 0.

Form 990-PF (2013) Part XVI-A

# **Analysis of Income-Producing Activities**

	(2)	(1)	(C)		(e)
4.0	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	711100111	code	Amount	Tanction fileding
a	_		-	-	<u> </u>
b	_				
<u> </u>	_				
d	_				
e	_				
	_		-		
g Fees and contracts from government agencies		· · · · · · · · · · · · · · · · · · ·	-		
2 Membership dues and assessments					
3 Interest on savings and temporary cash			14	25	
investments		<del></del>	14	35. 23,452.	
4 Dividends and interest from securities			14	43,434.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property	<u> </u>		-		
b Not debt-financed property			+		
6 Net rental income or (loss) from personal					
property		<del></del>	<del> </del>		
7 Other investment income			<u> </u>		
8 Gain or (loss) from sales of assets other			1 4	35 503	
than inventory			18	35,583.	
9 Net income or (loss) from special events		<del></del>	1		
10 Gross profit or (loss) from sales of inventory			-		
11 Other revenue:					
<u>a</u>	<del> </del>	<del>-</del>	<del>                                     </del>		
b	_				
<u> </u>			<del> </del>		<del></del>
d	_   _		-		
e de Cubbatal Add columns (b) (d) and (c)	_	0.	-	59,070.	0.
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>	<u> </u>	<u> </u>		59,070.
13 Total. Add line 12, columns (b), (d), and (e)				13	33,070.
	. \				
(See worksheet in line 13 instructions to verify calculations			_		
		mplishment of E	xemp	t Purposes	
(See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activitie	es to the Acco			<u>-</u>	polichment of
(See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which	es to the Acco	column (e) of Part XVI-A		<u>-</u>	plishment of
(See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activitie	es to the Acco	column (e) of Part XVI-A		<u>-</u>	plishment of
(See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which	es to the Acco	column (e) of Part XVI-A		<u>-</u>	plishment of
(See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which	es to the Acco	column (e) of Part XVI-A		<u>-</u>	plishment of
(See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which	es to the Acco	column (e) of Part XVI-A		<u>-</u>	plishment of
(See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which	es to the Acco	column (e) of Part XVI-A		<u>-</u>	plishment of
(See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which	es to the Acco	column (e) of Part XVI-A		<u>-</u>	nplishment of
(See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which	es to the Acco	column (e) of Part XVI-A		<u>-</u>	iplishment of
(See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which	es to the Acco	column (e) of Part XVI-A		<u>-</u>	iplishment of
(See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which	es to the Acco	column (e) of Part XVI-A		<u>-</u>	iplishment of
(See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which	es to the Acco	column (e) of Part XVI-A		<u>-</u>	iplishment of
(See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which	es to the Acco	column (e) of Part XVI-A		<u>-</u>	iplishment of
(See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which	es to the Acco	column (e) of Part XVI-A		<u>-</u>	iplishment of
(See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which	es to the Acco	column (e) of Part XVI-A		<u>-</u>	nplishment of
(See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which	es to the Acco	column (e) of Part XVI-A		<u>-</u>	nplishment of
(See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which	es to the Acco	column (e) of Part XVI-A		<u>-</u>	iplishment of
(See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which	es to the Acco	column (e) of Part XVI-A		<u>-</u>	iplishment of
(See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which	es to the Acco	column (e) of Part XVI-A		<u>-</u>	iplishment of
(See worksheet in line 13 instructions to verify calculations  Part XVI-B Relationship of Activitie  Line No. Explain below how each activity for which	es to the Acco	column (e) of Part XVI-A		<u>-</u>	iplishment of

# 3) FKA COHEN FAMILY CHARITABLE TRUST 13-7483658 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Form 990-PF (2013) Part XVII Ir

1 Did the o	organization directly or indir	rectly engage in any of the following	g with any other organization	n described in section	n 501(c) of		Yes	No
		)(3) organizations) or in section 52		zations?				
<b>a</b> Transfers	s from the reporting founda	ation to a noncharitable exempt org	ganization of:					
(1) Casl	h					1a(1)		_X_
(2) Othe	er assets					1a(2)		X
<b>b</b> Other tra	insactions:							
(1) Sale	s of assets to a noncharital	ble exempt organization				1b(1)		<u>X</u>
(2) Puro	chases of assets from a noi	ncharitable exempt organization				1b(2)		X
(3) Ren	tal of facilities, equipment, (	or other assets				1b(3)		X
(4) Rein	nbursement arrangements					1b(4)		X
(5) Loai	ns or loan guarantees					1b(5)		Х
(6) Perf	formance of services or me	embership or fundraising solicitatio	ins			1b(6)		X
		uling lists, other assets, or paid em				1c		X
		"Yes," complete the following sche	• •	-	<del>-</del>		ets,	
		oundation. If the foundation receive	ed less than fair market value	e in any transaction	or sharing arrangement, sh	ow in		
		other assets, or services received.						
(a)Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description	of transfers, transactions, and sh	aring am	angeme	nts
		N/A						
						_		
				1				
	<u>.</u>							
				_				
				1				
				İ				
	-	tly affiliated with, or related to, one	· -	ations described	_	_		_
		r than section 501(c)(3)) or in sect	tion 527?			_ Yes	X	] No
b If "Yes," (	complete the following sch		r					
	(a) Name of org	janization	(b) Type of organization	(1	c) Description of relationshi	p		
	N/A							
	<u> </u>							
<u> </u>								
l and i		that I have examined this return, including mplate. Declaration of preparer (other that			May May	the IRS d	ISCUSS 1	nis
Sign	X			<b>L</b>	show	n with the	see ins	er er)?
Here		<del>\( \) \( \)</del>		TRUSTE	E <u>X</u>	Yes	L	No
Sig	nature of officer or trustee	)	Date	Title	<u> </u>			
	Print/Type preparer's na	ame Preparer's si	ignature		Check if PTIN			
		<i>(</i> ).	11/11/10 10	/	self- employed			
Paid	DONNA M. W		affleave	11/11/14		943		
Preparer		IEN & COMPANY, L	TD. CDH		Firm's EIN ▶ 34-19	129	61	
Use Only								
	•	FICES LISTED AT						
	<u></u> WW	W.COHENCPA.COM,	OH 44115		Phone no. 800-22			
					For	m <b>990</b>	-PF	(2013)

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

**Employer identification number** 

2013

BENCO FAMILY FOUNDATION FKA COHEN FAMILY CHARITABLE TRUST 13-7483658 Organization type (check one): Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt chantable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt chantable 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 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** 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 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 the prevention of cruelty to children or animals. Complete Parts I, II, and III. ☐ 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 religious, chantable, etc., contributions of \$5,000 or more during the year 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 its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization BENCO FAMILY FOUNDATION FKA COHEN FAMILY CHARITABLE TRUST

Employer identification number

13-7483658

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

		· — · · · · · · · · · · · · · · · · · ·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHARLES F. COHEN  1495 SHELBOURNE COURT  ALLENTOWN, PA 18104	\$300,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	RICHARD S. COHEN  39 BRIAN'S PLACE  PLAINS TOWNSHIP, PA 18640	\$362,039.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LAWRENCE COHEN  774 MILFORD DRIVE  KINGSTON, PA 18704	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$Schedule B (Form	Person Payroli Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)
323452 10-2	4-13	ocueanie R (Form	990, 990-EZ, OF 990-PF) (2013

BENCO FAMILY FOUNDATION FKA COHEN FAMILY CHARITABLE TRUST Employer identification number

13-7483658

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(0)	Tronousir Froperty (see instructions). Ose duplicate copies of Fartiful a		
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	250 SHS VISA-V; 2194.55 SHS FAIRX; 2129 SHS OAKIX; 670 SHS BRK.B; 250 SHS BUD; 1238 SHS OAKMX	\$362,039.	12/19/13
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<del></del>		\$	
(a) No. rom 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. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 4 Name of organization Employer identification number BENCO FAMILY FOUNDATION FKA COHEN FAMILY CHARITABLE TRUST 13-7483658 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Part XV Supplementary Information **Grants and Contributions Paid During the Year (Continuation)** If recipient is an individual, Foundation status of Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) recipient or substantial contributor CEO NONE EXEMPT CHARITABLE 295 CENTER POINTE BLVD. PITTSTON, PA 18640 500. NONE CHESTER COUNTY COMMUNITY DENTAL EXEMPT CHARITABLE 744 LINCOLN HIGHWAY COATESVILLE, PA 19320 500. DENTAL TRADE ALLIANCE FOUNDATION NONE EXEMPT CHARITABLE 4350 N. FAIRFAX DRIVE, SUITE 220 ARLINGTON, VA 22203 1,000. DYSTONIA MEDICAL RESOURCE FOUNDATION NONE EXEMPT CHARITABLE ONE EAST WACKER DRIVE, SUITE 2810 CHICAGO, IL 60601 250. FINE ARTS FIESTA NONE EXEMPT CHARITABLE P.O. BOX 2053 WILKES-BARRE, PA 18703 250. CHARITABLE GARY PAPA RUN FOUNDATION NONE EXEMPT 1845 WALNUT STREET, 15TH FLOOR PHILADELPHIA, PA 19103 100. GRIFFIN POND ANIMAL SHELTER NONE EXEMPT CHARITABLE 967 GRIFFIN POND ROAD SOUTH ABINGTON TOWNSHIP, PA 18411 25. JEWISH COMMUNITY CENTER NONE EXEMPT CHARITABLE 5738 FORBES AVENUE PITTSBURGH, PA 15217 37,900. KAGENO NONE EXEMPT CHARITABLE 291 BROADWAY, 10D NEW YORK, NY 10007 1,000. KEEP A BREAST FOUNDATION NONE EXEMPT CHARITABLE 811 TRACTION AVE LOS ANGELES, CA 90013 26,938. 153,254. Total from continuation sheets

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor KIRBY CENTER NONE EXEMPT CHARITABLE 71 PUBLIC SQUARE WILKES-BARRE, PA 18701 10,000. LCCC FOUNDATION EXEMPT CHARITABLE NONE 1005 N ABBE ROAD ELYRIA, OH 44035 15,000. LEUKEMIA AND LYMPHOMA SOCIETY NONE EXEMPT CHARITABLE 1311 MAMARONECK AVENUE SUITE 310 WHITE PLAINS, NY 10605 500. CHARITABLE LUZERNE COUNTY HEAD START NONE EXEMPT 23 BEEKMAN STREET, PO BOX 540 2,000. WILKES-BARRE, PA 18703 CHARITABLE MARION COUNTY SENIOR SERVICES NONE EXEMPT 1101 SW 20TH COURT 50. OCALA, FL 34471 NONE CHARITABLE MATERNAL & FAMILY HEALTH SERVICES EXEMPT 15 PUBLIC SQUARE WILKES-BARRE, PA 18701 1,000. MEDICAL ONCOLOGY ASSOCIATES NONE EXEMPT CHARITABLE 382 PIERCE STREET 1,060. KINGSTON, PA 18704 NONE CHARITABLE MISSION RESTORE EXEMPT 120 E. 87TH STREET, SUITE P4B 1,000. NEW YORK, NY 10128 EXEMPT CHARITABLE NATIONAL BRAIN TUMOR SOCIETY NONE 601 WALNUT STREET, SUITE 955W 100. PHILADELPHIA, PA 19106 NETWORK FOR SOCIAL RESPONSIBILITY NONE EXEMPT CHARITABLE 3042 GOUGH STREET 500. SAN FRANCISCO, CA 94123 Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation status of Purpose of grant or show any relationship to contribution Amount any foundation manager Name and address (home or business) recipient or substantial contributor NORTH POCONO PUBLIC LIBRARY NONE EXEMPT CHARITABLE 113 VAN BRUNT STREET MOSCOW, PA 18444 1,500. NORTHEAST REGIONAL CANCER INSTITUTE NONE EXEMPT CHARITABLE 63 N. FRANKLIN STREET WILKES-BARRE PA 18701 1,000. OHIO STATE UNIVERSITY NONE EXEMPT CHARITABLE 1480 W. LANE AVENUE COLUMBUS, OH 43221 250. OSTERHOUT FREE LIBRARY NONE EXEMPT CHARITABLE 71 S. FRANKLIN STREET 500. WILKES-BARRE, PA 18701 OUR LADY OF PEACE HOME NONE EXEMPT CHARTTABLE 2300 ADAMS AVENUE SCRANTON, PA 18509 100. PELOTONIA NONE EXEMPT CHARITABLE 351 W. NATIONWIDE BLVD. COLUMBUS, OH 43215 100. SAVE THE CHILDREN NONE EXEMPT CHARITABLE 501 KINGS HIGHWAY EAST FAIRFIELD, CT 06825 9,031. SHADOWBOX LIVE NONE EXEMPT CHARITABLE 503 FRONT STREET #260 COLUMBUS, OH 43215 500. SMILES FOR SUCCESS CHARITABLE NONE EXEMPT 216 W. JACKSON BLVD., SUITE 625 CHICAGO, IL 60606 10,000. ST. JUDE'S CHILDREN'S HOSPITAL NONE EXEMPT CHARITABLE 262 DANNY THOMAS PLACE MEMPHIS, TN 38105 250. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient TEAM FOR KIDS NONE EXEMPT CHARITABLE 9 E. 89TH STREET NEW YORK, NY 10128 500. NONE CHARITABLE TEMPLE ISRAEL EXEMPT 236 SOUTH RIVER STREET WILKES-BARRE, PA 18702 250. THE CHILDREN'S ORAL HEALTH INSTITUTE EXEMPT CHARITABLE NONE 9199 REISTERSTOWN ROAD, SUITE 203A OWINGS MILLS, MD 21117 5,000. THE SPECIAL FORCES CHARITABLE TRUST NONE EXEMPT CHARITABLE P.O. BOX 53 ESSEX, CT 06426 300. UNIVERSITY OF WASHINGTON SCHOOL OF NONE EXEMPT CHARITABLE ORTHODONTICS 1959 NE PACIFIC STREET B307 SEATTLE, WA 98195 250. WAYNE MEMORIAL HEALTH FOUNDATION NONE EXEMPT CHARITABLE 601 PARK STREET HONESDALE PA, PA 18431 300. EXEMPT CHARITABLE WEST PITTSTON PARKS & RECREATION NONE 200 ADAMS AVENUE SCRANTON, PA 18503 1,500. WILKES UNIVERSITY NONE EXEMPT CHARITABLE 84 W. SOUTH STREET 6,250. WILKES-BARRE, PA 18701 WILKES-BARRE YMCA CAPITAL CAMPAIGN NONE EXEMPT CHARITABLE 40 W NORTHAMPTON ST 5,000. WILKES-BARRE, PA 18701 CHARITABLE WYOMING SEMINARY PREP SCHOOL NONE EXEMPT 1560 WYOMING AVENUE 10,000. FORTY FORT, PA 18704 **Total from continuation sheets** 

# BENCO FAMILY FOUNDATION FKA COHEN FAMILY CHARITABLE TRUST Part XV | Supplementary Information

13-7483658

Part XV Supplementary Information			<del></del>	<del></del>
3 Grants and Contributions Paid During the Y	ear (Continuation)	1		-
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		<del>-</del>
WYOMING VALLEY CHILDREN'S ASSOCIATION	NONE	EXEMPT	CHARITABLE	
1133 WYOMING AVENUE				
FORTY FORT, PA 18704				1,000
		<del> </del>	<del>                                     </del>	
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				}
			<u></u>	
Total from continuation sheets				1

FORM 990-PF INTERE	ST ON SAVIN	GS AND TEM	PORARY	CASH II	NVESTMENTS	STATEMENT	1	
SOURCE	REVE	(A) REVENUE PER BOOKS		(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOME			
SCOTTRADE INVESTMENT		35.		35.		_		
TOTAL TO PART I, LINE 3					35.			
FORM 990-PF	DIVIDENDS	AND INTER	EST FRO	OM SECUE	RITIES	STATEMENT	2	
SOURCE	GROSS AMOUNT	GAINS	CAPITAL (A) GAINS REVENUE DIVIDENDS PER BOOKS		(B) NET INVES MENT INCO		ADJUSTED	
SCOTTRADE INVESTMENT ACCOUNT SEQUOIA FUND, INC.	73,567. 4,739.			23,452	-	52.		
TO PART I, LINE 4	78,306.	54,85	4.	23,452	23,45	52.	_	
FORM 990-PF		TAX	ES			STATEMENT	3	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(C) ADJUSTEI NET INCOM			
FOREIGN TAXES PA REGISTRATION		738. 15.				0. 15.		
TO FORM 990-PF, PG	1, LN 18	753.	-	738.		1	.5.	
FORM 990-PF		CORPORAT	E STOCE	ζ		STATEMENT	4	
DESCRIPTION				вос	OK VALUE	FAIR MARKET VALUE		
SCOTTRADE INVESTMENT ACCOUNT SEQUOIA FUND				2,648,964. 315,496.			2,648,964. 315,496.	
TOTAL TO FORM 990-PF, PART II, LINE 10B					2,964,460. 2,964,			

FORM 990-PF	OTHER INVESTMENTS	STATEMENT 5
DESCRIPTION	VALUATION METHOD BOOK VALUE	FAIR MARKET VALUE
AMBIT BRIDGE LOAN FUND INTERNATIONAL INVESTMENT	FMV 363,782.	363,782.
TOTAL TO FORM 990-PF, PART II,	LINE 13 363,782.	363,782.

# Form **8868**

(Rev. January 2014)

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.

▶ Information about Form 8868 and its instructions is at www.irs gov/form8868 ·

OMB No. 1545-1709

If you a	re filing for an Automatic 3-Month Extension, complete	te only Pa	art I and check this box		<b></b>	X
	re filing for an Additional (Not Automatic) 3-Month Ex			this form).	•	
Do not co	mplete Part II unless you have already been granted a	an automa	atic 3-month extension on a previous	sly filed Fo	rm 8868.	
Electroni	filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tir	ne to file (6	months for a corpo	oration
required t	o file Form 990-T), or an additional (not automatic) 3-moi	nth extens	sion of time. You can electronically f	ile Form 88	368 to request an ex	rtension
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers A	Associated With Cei	rtain
Personal I	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the elec	tronic filing of this f	orm,
visit www.	irs.gov/efile and click on e-file for Charities & Nonprofits				_	
Part I	Automatic 3-Month Extension of Time	Only s	submit original (no copies ne	eded)		
A corpora	tion required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete		
Part I only	,		<u>-</u>		<b>•</b>	
	orporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	st an exten	sion of time	
to file inco	ome tax returns.			Enter file	r's identifying num	ıber
Type or Name of exempt organization or other filer, see instructions.				Employer identification number (EIN) or		
print	COHEN FAMILY CHARITABLE TRU	JST				
File by the	C/O RICHARD COHEN, TRUSTEE			13-7483658		<sub>′</sub> 8
due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social security number (SSN)		
filing your return See	295 CENTER POINTE BLVD.					
instructions	City, town or post office, state, and ZIP code. For a fo	oreign add	lress, see instructions.			
	PITTSTON, PA 18640					
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 4
Application	on	Return	Application			Return
Is For		Code	Is For			Code
	or Form 990-EZ	01	Form 990-T (corporation)	on)		
Form 990	BL	02	Form 1041-A			08
Form 472	0 (Individual)	03	Form 4720 (other than individual)			09
Form 990		04	Form 5227	<u> </u>		
-	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	T (trust other than above)	06	Form 8870 12			
	RICHARD COHEN,			. 106	4.0	
	oks are in the care of $\triangleright$ 295 CENTER POINTS 17701	NTE B.		A 186	40	
•	one No. ► 570-825-7781		Fax No.			
	rganization does not have an office or place of business				•	
_	s for a Group Return, enter the organization's four digit	1				
box ▶ L	. If it is for part of the group, check this box				ers the extension is	for.
	quest an automatic 3-month (6 months for a corporation				_	
		t organiza	tion return for the organization nam	ed above.	The extension	
_	rr the organization's return for:					
	$\frac{\mathbf{X}}{\mathbf{X}}$ calendar year $\frac{2013}{\mathbf{X}}$ or					
	tax year beginning	, an	id ending		<b>_</b> ·	
0 16.45		<b>11</b>		E		
2 If th	e tax year entered in line 1 is for less than 12 months, c	neck reas	on: Initial return L	Final return	n	
20 16 44	☐ Change in accounting period	COCC	antantha tantature tan Isaa a			
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				536.		
				230.		
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				1	,312.	
				, , , , , , ,		
	•	•	•		*	0.
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$ 9970 FO fo	
vauuon.	If you are going to make an electronic funds withdrawal	(unect de	:DIG WILL II IIS FOITH 6008, SEE FORM (	>+>>・EU ar	14 FULLI 00/9-EU 10	ı payment

instructions.

# . FORM SUBMITTED ELECTRONICALLY - KEEP FOR YOUR RECORDS

Form 886	68 (Rev. 1·2014)					Page 2	
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this	box		X	
	nly complete Part II if you have already been granted an a				8868.		
	are filing for an Automatic 3-Month Extension, comple						
Part II		xtensio	n of Time. Only file the origin	al (no co	pies needed).		
			·		ng number, see ir	structions	
Type or	Name of exempt organization or other filer, see instru					mployer identification number (EIN) or	
print	BENCO FAMILY FOUNDATION						
File by the	EVA COUEN EANTLY CHAPTEADLE EDITOR				13-7483658		
due date for	Number, street, and room or suite no. If a P.O box, s	ee instruc	tions.	Social se	cial security number (SSN)		
filing your return See	your 1005 CENTED DOTNIE DIVID				<b>,</b> (	,	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
	PITTSTON, PA 18640		,				
-	- <del>-</del>						
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4	
	(mi	- u - o p u . u	то аррисаном не сасимент,				
Applicat	ion	Return	Application			Return	
Is For		Code	Is For			Code	
	O or Form 990-EZ	01	-			1 3339	
Form 99		02	Form 1041-A			08	
	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99	<del></del>	04	Form 5227			10	
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)  66 Form 8870					12		
	o not complete Part II if you were not already granted		<u> </u>	iously file	ed Form 8868	<del></del>	
	RICHARD COHEN,						
• The b	ooks are in the care of ▶ 295 CENTER POII			A 186	40		
	hone No. ► 570-825-7781		Fax No. ▶				
-	organization does not have an office or place of business	s in the l lr	· -			. $\Box$	
	is for a Group Return, enter the organization's four digit			f this is foi	r the whole aroun	check this	
box >	If it is for part of the group, check this box	7	ich a list with the names and EINs of				
			BER 15, 2014	un momb	ero trio oxteriolori	10 101.	
	r calendar year 2013, or other tax year beginning		, and ending	1			
	he tax year entered in line 5 is for less than 12 months, or	heck reas		Final r	etum		
,	Change in accounting period	nicon reas	on milarrotan	·a. ·	Cturr		
7 Sta	ate in detail why you need the extension						
	DDITIONAL TIME IS NEEDED TO	GATHE	R INFORMATION NECE	SSARY	TO FILE	<u>A</u>	
	OMPLETE AND ACCURATE RETURN						
_							
8a If t	his application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069	enter the tentative tax less any				
nonrefundable credits. See instructions.			8a	s	583.		
b If this application is for Forms 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 amount paid						
previously with Form 8868.				8b	\$	1,312.	
Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using					<u> </u>		
EFTPS (Electronic Federal Tax Payment System). See instructions.				8c	\$	0.	
	<del></del>		st be completed for Part II		L.¥		
Under ner	nalties of perjury, I declare that I have examined this form, include		<u>-</u>	_	if my knowledae and	helief	
	correct, and complete, and that I am authorized to prepare this fo		and outermone, and the	5000 0	, momougo anc		
Signature	Titla .	TRUST	EE	Date	•		
Signature ► Title ► TRUSTEE			5410				