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Form 990-PF Department of the Treasury

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

OMB No 1545-0052

2013

Open to Public Inspection

and ending For calendar year 2013 or tax year beginning Name of foundation A Employer identification number SUSQUEHANNA FOUNDATION 23-2732477 Room/suite **B** Telephone number Number and street (or P O box number if mail is not delivered to street address) **401 CITY AVENUE** 220 610-617-2635 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here BALA CYNWYD, PA 19004 G Check all that apply Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% check here and attach computation Address change Name change Check type of organization. X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here . I Fair market value of all assets at end of year | J Accounting method: If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 194, 285 . (Part I, column (d) must be on cash basis.) ▶\$ Analysis of Revenue and Expenses (d) Disbursements Part I (a) Revenue and (c) Adjusted net (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) charitable purpos (cash basis only) expenses per books income income 385,000 Contributions, gifts, grants, etc., received Check If the foundation is not required to attach Sch B 742.STATEMENT Interest on savings and temporary cash investments 742. 742 Dividends and interest from securities. 5a Gross rents Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a . 0 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances . b Less Cost of goods sold c Gross profit or (loss) 11 Other income 385,742 742 742. Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees D'Accontinuo de la Diagrama de la Contraction de c-Other-professional fees O 17 Interest 3 2014 18 Aaxes 3 2014 31 0 0 19 Depreciation and depletion 20 (DEGIDITEN), UI 21 Travel, conferences, and meetings 92. 0 0. 0. 22 Printing and publications Operating 23 Other expenses 24 Total operating and administrative 123. 0 0 expenses. Add lines 13 through 23 377,000. 377,000. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 377,123 0 377,000. Add lines 24 and 25 27 Subtract line 26 from line 12 8,619. a Excess of revenue over expenses and disbursements 742 b Net investment income (if negative, enter -0-) 742. c Adjusted net income (if negative, enter -0-)

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194,285.

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Part IV	Gapital Gains ar	nd Losses for Tax on Ir	vestmen	t Income					
•		e the kind(s) of property sold (e.g house, or common stock, 200 shs			`P-	ow acquired Purchase Donation		Date acquired no , day, yr.)	(d) Date sold (mo , day, yr)
1a									
<u>b</u>	NON	<u> </u>			ļ				ļ
<u> </u>					 		-		
<u>d</u>					 -				
<u>e</u>		(f) Depreciation allowed	(a) Co.	st or other basis			<u> </u>	(h) Gain or (los	<u> </u>
(e)	Gross sales price	(or allowable)		expense of sale			(6	e) plus (f) minus	
b									
C								·	
<u>d</u>									
e Comp	late only for accets showing	gain in column (h) and owned by	the foundation	on 12/21/60			41) 0-	(Oal /b)	
Comp	lete only for assets showing i	(i) Adjusted basis	T	cess of col (i)				ins (Col (h) gair , but not less tha	
(i) F.	M.V. as of 12/31/69	as of 12/31/69		col. (j), if any			Ĺ	osses (from col.	(h)) ´
a									
b									
C									
<u>d</u>							 	-	
_e					\rightarrow				
2 Constal	gain net income or (net capit	If gain, also enter			•	2			
-					가	-			
	ort-term capital gain or (loss) also enter in Part I, line 8, co	as defined in sections 1222(5) an	ia (6):		٦١				
If (loss)	, enter -0- in Part I, line 8		<u> </u>			3			
Part V	Qualification Un	der Section 4940(e) for	Reduced	Tax on Net	Inve	estment l	ncon	ne	
(For option	al use by domestic private fo	oundations subject to the section 4	4940(a) tax or	net investment in	icome.)			
If section 4	940(d)(2) applies, leave this	part blank.							
				aaria tha haaa aa	d0				Yes X No
		n 4942 tax on the distributable am under section 4940(e) Do not co		•	iou z				L Yes A NO
		ch column for each year; see the in			ntries.			· · · ·	
	(a) Base period years	(b)			(c)			Dietri	(d) bution ratio
Calenda	r year (or tax year beginning	in) Adjusted qualifying dis		Net value of no	nchari			(col. (b) di	vided by col. (c))
	2012		2,686.			188,20			3.042819
	2011		7,801. 2,991.			281,90 171,53			4.000656 25.668927
	2010 2009		$\frac{2,991}{6,166}$.			166,57			27.232301
	2008		0,565.			281,98			13.513600
2 Total of	f line 1, column (d)	· · · · · · · · · · · · · · · · · · ·					. L	2	73.458303
-	-	ear base period - divide the total o							
the four	ndation has been in existence	e if less than 5 years					.	3	14.691661
									165 720
4 Enter th	e net value of noncharitable-	use assets for 2013 from Part X,	line 5		-		-	4	165,739.
5 Multinh	line 4 by line 3							5	2,434,981.
J Widicipiy	ille 4 by line 3					• • •	<u> </u>	- 	2713173011
6 Enter 1	% of net investment income ((1% of Part I, line 27b)						6	7.
		, , , ,							
7 Add line	es 5 and 6					-		7	2,434,988.
							j		0.55
		art XII, line 4					L	8	377,000.
	is equal to or greater than lin	ie 7, check the box in Part VI, line	1b, and comp	olete that part usin	g a 1%	tax rate.			
266 (116	rait vi ilistructivits.					- · ··			F 000 DE (0040)

Form 990-PF (2013) SUSQUEHANNA FOUNDATION			23-27324	77 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be P	Required (continu	ıed)	
5à During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section		—	s X No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,		
any voter registration drive?		·· · =	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?			s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo	or		
the prevention of cruelty to children or animals?			s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described i	n Regulations	/-	
section 53 4945 or in a current notice regarding disaster assistance (see instru	ctions)?	•	N/A 5	ib
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi				
expenditure responsibility for the grant?		/A Ye	s L No	
If "Yes," attach the statement required by Regulations section 53.4945				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		-	
a personal benefit contract?		L Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		. 6	ib X
If "Yes" to 6b, file Form 8870.			(127)	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				/b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors		nagers, Higniy	/	
1 List all officers, directors, trustees, foundation managers and their			(-A)	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ARTHUR DANTCHIK	PRESIDENT			
401 CITY AVE., SUITE 220				
BALA CYNWYD, PA 19004	0.00	0.	0.	0.
JEFFREY YASS	VICE-PRESIDEN	T		
401 CITY AVE., SUITE 220				
BALA CYNWYD, PA 19004	0.00	0.	0.	0.
JOEL GREENBERG	VICE-PRESIDEN	T / SECRE	TARY	
401 CITY AVE., SUITE 220				
BALA CYNWYD, CA 19004	0.00	0.	0.	0.
BRIAN SULLIVAN	TREASURER	}		
401 CITY AVE., SUITE 220				
BALA CYNWYD, PA 19004	0.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) 0	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
	<u> </u>	l		^
Total number of other employees paid over \$50,000			<u> </u>	0

0.

All other program-related investments. See instructions

Total. Add lines 1 through 3

_	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	see instructions.)
<u> </u>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
-	Average monthly fair market value of securities	1a	142,523.
	Average of monthly cash balances	1b	142,523. 25,740.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	168,263.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
•	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	168,263.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,524.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	165,739.
6	Minimum Investment return. Enter 5% of line 5	6	8,287.
	foreign organizations check here instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here.	id certain	•
1	Minimum investment return from Part X, line 6	1	8,287.
	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013 (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	15.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	8,272.
4	Recoveries of amounts treated as qualifying distributions	4	0.
٦ 5	Add lines 3 and 4	5	8,272.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	8,272.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part 1, column (d), line 26	1a	377,000.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	<u> </u>
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	377,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	377,000.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years	qualifies for	the section

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,				
line 7			landria de la	8,272.
2 Undistributed income, if any, as of the end of 2013			^	
a Enter amount for 2012 only	······································		0.	······································
b Total for prior years.		0.		
3 Excess distributions carryover, if any, to 2013		V •		4 mahidan amadan medalah
10 50 500				
a From 2008 3, 796, 580. b From 2009 4, 527, 881.				
c From 2010 4,394,436.				
d From 2011 1,113,721.				
e From 2012 563, 292.				
f Total of lines 3a through e	14,395,910.			
4 Qualifying distributions for 2013 from				
Part XII, line 4· ► \$ 377,000 .				
a Applied to 2012, but not more than line 2a .			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.	Wet Farmon on the	, i
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			0.050
d Applied to 2013 distributable amount	260 720			8,272.
e Remaining amount distributed out of corpus	368,728.	H		
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	14,764,638.			
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		0.		
assessed				
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	İ			
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008	2 706 500			
not applied on line 5 or line 7	3,796,580.			
9 Excess distributions carryover to 2014.	10 060 050			
Subtract lines 7 and 8 from line 6a	10,968,058.			
10 Analysis of line 9.				
a Excess from 2009 b Excess from 2010 4,527,881. 4,394,436.				
110 701				
562 202				
d Excess from 2012 563, 292. e Excess from 2013 368, 728.				
ULACOSS HUIL ZOTO	<u> </u>		·	Form 990-PF (2013)

3 County and Contributions Baid During the		Payment		
3 Grants and Contributions Paid During the ' Recipient	If recipient is an individual,	Payment	r	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Paid during the year	or substantial contributor	Tecipient		
a raid doning the year				
ACTIONAIDS	NONE	PUBLIC CHARITY	GENERAL FUND	
1216 ARCH STREET, 6TH FLOOR				
PHILADELPHIA, PA 19107				10,000
ADAM R. SPECTOR FOUNDATION	NONE	PUBLIC CHARITY	GENERAL FUND	
P.O. BOX 5				
GLADWYNE, PA 19035				1,000
				
2000-	VOVE	DUDI IO GUADITAN		
ASHORA	NONE	PUBLIC CHARITY	GENERAL FUND	
1700 NORTH MOORE STREET, SUITE 2000 ARLINGTON, VA 22209-1929				12,000
The state of the s				
CHILMARK COMMUNITY CENTER	NONE	PUBLIC CHARITY	GENERAL FUND	
BOX 635	į			
CHILMARK, MA 2535	<u> </u>		 	20,000.
CHOP FOUNDATION	NONE	PUBLIC CHARITY	GENERAL FUND	
34TH STREET AND CIVIC CENTER BOULEVARI				
PHILADELPHIA, PA 19104	NULTRILAMION CHE			52,500
	NTINUATION SHE	<u> </u>	▶ 3a	377,000
Approved for future payment				
NONE				
		- 	ļ	
		1		
Total			▶ 3h	0

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	ear or Approved for Future			
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
ACTIONAIDS	NONE	PUBLIC CHARITY	GENERAL FUND	
1216 ARCH STREET, 6TH FLOOR				
PHILADELPHIA, PA 19107				10,000
ADAM R. SPECTOR FOUNDATION	NONE	PUBLIC CHARITY	GENERAL FUND	
P.O. BOX 5				
GLADWYNE, PA 19035				1,000
Ashoka	NONE	PUBLIC CHARITY	GENERAL FUND	
1700 NORTH MOORE STREET, SUITE 2000				
ARLINGTON, VA 22209-1929				12,000
CHILMARK COMMUNITY CENTER	NONE	PUBLIC CHARITY	GENERAL FUND	
BOX 635				20.000
CHILMARK, MA 2535				20,000
CHOP FOUNDATION 34TH STREET AND CIVIC CENTER BOULEVARD	NONE	PUBLIC CHARITY	GENERAL FUND	
PHILADELPHIA, PA 19104				52,500
	NTINUATION SHEE	ET(S)	▶ 3a	377,000
h Approved for future payment				
NONE				
Total			▶ 3b	0

Part XVI-A	Analysis	of Income-	Producing	Activities

Enter gross amounts unless otherwise indicated	Unrelated b	usiness income	Exclu	ded by section 512, 513, or 514	(e)
	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue	Business code	Amount	sion	Amount	function income
-					
			ļ		
c					
0			i — —	· · · · · · · · · · · · · · · · · · ·	
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments			<u> </u>		
3 Interest on savings and temporary cash			<u> </u>		
	522100	742.	ļ		
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			ļ		
11 Other revenue:					
a			1		
b			ļ		
C			<u> </u>		
d			<u> </u>		
e					
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>	742.	<u> </u>	0.	
				13_	742
(See worksheet in line 13 instructions to verify calculations)					

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		-
		_
		•
-		
Tine No.	the foundation's exempt purposes (other than by providing funds for such purposes)	

SUSQUEHANNA FOUNDATION 23-2732477 Page 13 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash 1a(2) (2) Other assets **b** Other transactions (1) Sales of assets to a noncharitable exempt organization 1b(2) (2) Purchases of assets from a noncharitable exempt organization 1b(3) (3) Rental of facilities, equipment, or other assets 1b(4) (4) Reimbursement arrangements ... (5) Loans or loan guarantees 16(6) (6) Performance of services or membership or fundraising solicitations . . . c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no (b) Amount involved N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described

	in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?	
b	If "Yes," complete the following schedule		
	(a) Name of organization	(b) Type of organization	(c) Description of relationship
	N/A		

Under penalties of perjury, I declare that I have examined this return, Including accompanying schedules and statements, and to the best of my knowledge May the IRS discuss th return with the preparer and belief, it is true_correct, and complete. Declarates of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign e instr)? REASURER Here Title Signature of officer or trustee Dáte Check PTIN Date Print/Type preparer's name Preparer's signature self-employed Paid Preparer Firm's EIN Firm's name **Use Only** Firm's address

Form 990-PF (2013)

Phone no

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 www.irs.gov/form990

OMB No 1545-0047

Employer identification number

2013

23-2732477 SUSQUEHANNA FOUNDATION Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. 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, charitable, 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

SUSQUEHANNA FOUNDATION

23-2732477

<u>808Q0</u>	EHANNA FOUNDATION		-2/324//
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	_
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ARTHUR DANTCHIK 401 CITY AVE., SUITE 220 BALA CYNWYD, PA 19004	\$155,000.	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	JEFF YASS 401 CITY AVE., SUITE 220 BALA CYNWYD, PA 19004	\$\$	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
3	JOEL GREENBERG 401 CITY AVE., SUITE 220 BALA CYNWYD, PA 19004	\$130,000.	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
			Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll 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.)

Name of organization

Employer Identification number

SUSQUEHANNA FOUNDATION

23-2732477

Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

vame or orga •	mization			Employer Identification number
SUSQUE Part III	HANNA FOUNDATION Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc.	e following line entry. For organizat ., contributions of \$1,000 or less fo	ions completing Part III. enter	
(a) Nia	Use duplicate copies of Part III if additional	l space is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gi	ift	
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	insferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Docs	cription of how gift is held
Part I	(b) i dipose di gill	(c) Use of grit	(u) Desi	Supplied of new girt is field
		(e) Transfer of gi	ift	
	Transferee's name, address, and ZIP + 4		Relationship of tra	insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gi	ft	
	Transferee's name, address, and ZIP + 4		Relationship of tra	nsferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			
-				
-				

Part XV Supplementary Informati 3 Grants and Contributions Paid During th				T
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
DOMINIC V. DICICCO	NONE	PUBLIC CHARITY	GENERAL FUND	
703 NORTH JEROME AVENUE				10.000
MARGATE CITY, NJ 8402				10,000
DROR FOR THE WOUNDED FOUNDATION	NONE	PUBLIC CHARITY	GENERAL PIND	
253 W. 35TH STREET, 15TH FLOOR	,			
NEW YORK, NY 10001				1,500
GLADWYNE FIRE COMPANY	NONE	PUBLIC CHARITY	GENERAL FUND	
1044 BLACK ROCK ROAD, P.O. BOX 11				
GLADWYNE, PA 19035				500
GREENWICH HOUSE INC	NONE	PUBLIC CHARITY	GENERAL FUND	
224 WEST 30TH STREET, SUITE 302 NEW YORK, NY 10001			<u>}</u>	15,000
JEWISH FEDERATION OF GREATER	NONE	PUBLIC CHARITY	GENERAL FUND	
PHILADELPHIA 2100 ARCH STREET				
PHILADELPHIA, PA 19103		1		43,000.
KATIE SAMSON FOUNDATION	NONE	PUBLIC CHARITY	GENERAL FUND	
522 BROOKSIDE AVENUE				
ST. DAVIDS, PA 19087		1		5,000.
LIFT	NONE	PUBLIC CHARITY	GENERAL FUND	
1620 I STREET, NW, SUITE 820 WASHINGTON, DC 20006				1,000
, 00 2000				
MARCH OF DIMES	NONE	PUBLIC CHARITY	GENERAL FUND	
1019 WEST NINTH AVENUE				
KING OF PRUSSIA, PA 19406				15,000
MELANOMA INTERNATIONAL FOUNDATION	NONE	PUBLIC CHARITY	GENERAL FUND	
3601 SPRUCE STREET, ROOM 472				
PHILADELPHIA, PA 19104				1,000.
NATIONAL BRAIN TUMOR SOCIETY 55 CHAPEL STREET, SUITE 200	NONE	PUBLIC CHARITY	GENERAL FUND	
NEWTON, MA 2458		<u> </u>		10,000.
Total from continuation sheets		<u> </u>		281,500.

Part XV Supplementary Information 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
PHILABUNDANCE	NONE	PUBLIC CHARITY	GENERAL FUND	
3616 SOUTH GALLOWAY STREET	NONE			
PHILADELPHIA, PA 19148				5,000
PHILADELPHIA CITY ROWING INC	NONE	PUBLIC CHARITY	GENERAL FUND	
1904 GREEN STREET, 1E				E0 000
PHILADELPHIA, PA 19130				50,000
PHILADELPHIA MUSEAUM OF ART 2600 BENJAMIN FRANKLIN PKWY	NONE	PUBLIC CHARITY	GENERAL FUND	
PHILADELPHIA, PA 19130				30,000
SAVE THE CHILDREN	NONE	PUBLIC CHARITY	GENERAL FUND	
54 WILTON ROAD				
WESTPORT, CT 6880				48,000
SCAN - STOP CHILD ABUSE NOW	NONE	PUBLIC CHARITY	GENERAL FUND	
520 N. COLUMBUS BLVD. SUITE 305				
PHILADELPHIA, PA 19123				1,500.
THE 52ND STREET PROJECT	NONE	PUBLIC CHARITY	GENERAL FUND	
789 TENTH AVENUE NEW YORK, NY 10019				15,000
THE ABRAMSON CANCER CENTER	NONE	PUBLIC CHARITY	GENERAL FUND	
3451 WALNUT STREET, 433 FRANKLIN				
BUILDING PHILADELPHIA, PA 19104				5,000
THE NOREEN O'NEILL FOUNDATION FOR	NONE	PUBLIC CHARITY	GENERAL FUND	
MELANOMA RESEARCH				
3601 SPRUCE STREET, ROOM 472				E 000
PHILADELPHIA, PA 19104				5,000
OVE WISER THOUSAND	none	PUBLIC CHARITY	CENEDAL FILM	
THE WISTAR INSTITUTE 3601 SPRUCE STREET	NONE	CODIC CARRIES	Pantagar FORD	
PHILADELPHIA, PA 19104			<u> </u>	10,000
WOMEN IN TRANSITION	NONE	PUBLIC CHARITY	GENERAL FUND	
21 SOUTH 12TH STREET, 6TH FLOOR				E 000
PHILADELPHIA, PA 19107 Total from continuation sheets			<u> </u>	5,000

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation status of show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution **Amount** Name and address (home or business) recipient WOMEN'S WAY NONE PUBLIC CHARITY GENERAL FUND 123 SOUTH BROAD STREET, SUITE 1399 PHILADELPHIA, PA 19109 5,000. Total from continuation sheets

FÖRM 990-PF INTEREST ON SAVI	NGS .	AND TEM	PORARY	CASH	INVESTMENTS	STATEMENT	1
SOURCE		(A) REVENUE PER BOOKS		(B) NET INVESTMENT INCOME		(C) ADJUSTED NET INCOME	
INTEREST ON CLEARING BALANCE		· · · · · · · · · · · · · · · · · · ·	742.		742.		742.
TOTAL TO PART I, LINE 3	_		742.		742.		742.
FORM 990-PF		TAX	ES			STATEMENT	. 2
DESCRIPTION	EXP	(A) ENSES BOOKS	NET IN				ABLE
INCOME TAX PENNSYLVANIA FILING FEE	·	16. 15.		0		0.	0.
TO FORM 990-PF, PG 1, LN 18		31.		0	•	0.	0.
FORM 990-PF		OTHER .	ASSETS			STATEMENT	. 3
DESCRIPTION			NING OF K VALUE		D OF YEAR OOK VALUE	FAIR MARK VALUE	ET
CLEARING AGENCY BALANCE			142,149	— —).	142,891.	142,	891.
TO FORM 990-PF, PART II, LINE	E 15		142,149). = ==	142,891.	142,	891.
FORM 990-PF		XV - L OUNDATIO		AGERS		STATEMENT	4

NAME OF MANAGER

ARTHUR DANTCHIK JEFFREY YASS JOEL GREENBERG

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

	ou are filing for an Automatic 3-Month Extension, complete					·X		
	ou are filing for an Additional (Not Automatic) 3-Month Ex			-				
Do no	ot complete Part II unless you have already been granted a	an automa	atic 3-month extension on a previous	sly filed Fo	rm 8868.			
Elect	ronic 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	6 months for a corp	oration		
	red to file Form 990-T), or an additional (not automatic) 3-moi		•		-			
	e to file any of the forms listed in Part I or Part II with the exc							
Perso	nal Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details of	on the elec	tronic filing of this	form,		
	www.irs.gov/efile and click on e-file for Charities & Nonprofits							
Par	- 							
A cor	poration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete				
Part I	only					· 🗌		
	ner corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	st an exten	sion of time			
to file	income tax returns.			Enter file	er's identifying nu	mber		
Type	or Name of exempt organization or other filer, see instru-	ctions.		Employer identification number (EIN) or				
print	1							
Eda book	SUSQUEHANNA FOUNDATION			2	23-2732477			
File by to	e for Number, street, and room or suite no. If a P.O. box, se	ee instruc	tions.	Social se	V)			
filing yo								
ınstruct	ions City, town or post office, state, and ZIP code. For a fo	oreign add	lress, see instructions.					
	BALA CYNWYD, PA 19004							
Enter	the Return code for the return that this application is for (file	e a separa	te application for each return)			0 4		
Appli	cation	Return	Application					
Is For		Code	Is For	Return Code				
	990 or Form 990-EZ	01	Form 990-T (corporation)					
		02	Form 1041-A	07				
Form 990-BL Form 4720 (individual)		03		Form 4720 (other than individual)				
	990-PF	04	Form 4720 (other than individual) Form 5227					
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069					
		06	Form 8870					
FORITI	990-T (trust other than above)		401 CITY LINE AVE	CME	220 DAT	12		
	brian P . Subbly be books are in the care of \triangleright CYNWYD, PA - , sephone No. \triangleright 610-617-2635	190		, STE	220, BAL			
	ne organization does not have an office or place of business	s in the Ur		-				
	his is for a Group Return, enter the organization's four digit (chack this		
	. If it is for part of the group, check this box							
	I request an automatic 3-month (6 months for a corporation				CIS THE EXTENSION IS	5.101.		
'	August 15, 2014, to file the exempt				The extension			
	is for the organization's return for:	. Organiza	tion rotati for the organization ham	sa above.	THE EXTERISION			
	► X calendar year 2013 or							
	·		d andina					
	tax year beginning	, an	a enaing		- ·			
_			on: Initial return	P! I A	_			
2	If the tax year entered in line 1 is for less than 12 months, cl Change in accounting period	neck reas	on: initial return	Final retur	П			
20	If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069	enter the tentative tay less any		- · · · · · · · · · · · · · · · · · · ·			
3a If this application is for Forms 990-BL, 990-PF, 990-1, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.					\$			
100 DE 000 T 1700 - C000			v refundable credits and	3a	Ψ			
	• •			3b	6			
	estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a Include your payment with this form, if required,				\$			
	by using EFTPS (Electronic Federal Tax Payment System) S			3c	\$ 0070 FO 6			
	on. If you are going to make an electronic funds withdrawal tions.	(direct de	oily with this Form 8868, see Form 8	453.EU ar	ia Form 68/9·EO 10	payment		