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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public

► Information about Form 990-EZ and its instructions is at *www.irs.gov/form990*

OMB No 1545-1150

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning , and ending

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
BLOOMINGDALE

Number and street (or P O box if mail is not delivered to street address) | Room/suite
401 Market St, Y1372-062

City or town | State | ZIP code
Philadelphia | PA | 19106-2112

Foreign country name | Foreign province/state/county | Foreign postal code

D Employer identification number
24-6020244

E Telephone number
888-730-4933

F Group Exemption Number ►

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ►

I Website: ► N/A

H Check ► ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (13) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☐ Corporation ☒ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 30,045

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	1,879
	5a	Gross amount from sale of assets other than inventory	5a 28,166		
	b	Less cost or other basis and sales expenses	5b 24,644		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	3,522
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	0
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►		9	5,401
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	1,420
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	1,226
	17	Total expenses. Add lines 10 through 16 ►		17	2,646
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	2,755
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	67,726
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	-113
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ►		21	70,368

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For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2014)

HTA

Part II Balance Sheets. (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	67,726	22	70,368
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	67,726	25	70,368
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	67,726	27	70,368

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III ☐

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose? SUPPORTING ORGANIZATION

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 BLOOMINGDALE CEMETERY ASSOC 5059 MAIN ROAD HUNLOCK CREEK, PA 18621

(Grants $ 1,420) If this amount includes foreign grants, check here ► ☐ 28a

29

(Grants $) If this amount includes foreign grants, check here ► ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ► ☐ 30a

31 Other program services (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here ► ☐ 31a

32 **Total program service expenses.** (add lines 28a through 31a) ► 32 0

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
WELLS FARGO BANK NA TRUSTEE	Hr/WK 4 00	1,194		
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____ , section 4912 ► _____ , section 4955 ► _____			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ► N/A			
42 a	The organization's books are in care of ► WELLS FARGO BANK NA Telephone no ► (888) 730-4933			
	Located at ► 101 N INDEPENDENCE MALL City PHILADELPHIA ST PA ZIP + 4 ► 19106-2112			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b		X
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ► _____	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ► ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ► 43			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		X
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45b		X

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
Name None Title	Hr/WK 00			
Name Title	Hr/WK .00			
Name Title	Hr/WK .00			
Name Title	Hr/WK 00			
Name Title	Hr/WK 00			

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

SVP Wells Fargo Bank N A
Signature of officer — Date

JOHN SULENTIC — SVP Wells Fargo Bank N A
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
JOSEPH CASTRIANO		5/13/2015		P01251603

Firm's name ▶ PricewaterhouseCoopers LLP — Firm's EIN ▶ 13-4008324

Firm's address ▶ 600 GRANT STREET PITTSBURGH PA 15219-2777 — Phone no 412 355-6000

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.	2014 Open to Public Inspection

Name of the organization	Employer identification number
BLOOMINGDALE	24-6020244

Form 990-EZ, Part I, Line 16, Other Expenses. FOREIGN TAXES PAID: 32

Form 990-EZ, Part I, Line 16, Other Expenses. TRUSTEE FEES 1,194

Form 990-EZ, Part I, Line 20, Net Assets. MUTUAL FUND & CTF INCOME ADJUSTMENTS -86

Form 990-EZ, Part I, Line 20, Net Assets. PY RETURN OF CAPITAL -38

Form 990-EZ, Part I, Line 20, Net Assets. ROUNDING 11

Name of the organization	Employer identification number
BLOOMINGDALE	24-6020244

Security Type	EIN	CUSIP	Asset Name	FMV	Fed Cost
Invest - Other	24-6020244	04314H204	ARTISAN INTERNATIONAL FUND #661	4003.94	2673.52
Invest - Other	24-6020244	256210105	DODGE & COX INCOME FD COM #147	4651 66	4019 49
Invest - Other	24-6020244	411511504	HARBOR CAPITAL APRCTION-INST #2012	5247 14	2891 73
Invest - Other	24-6020244	693390700	PIMCO TOTAL RET FD-INST #35	4576 64	4429 86
Invest - Other	24-6020244	693390882	PIMCO FOREIGN BD FD USD H-INST #103	1676 05	1648 96
Invest - Other	24-6020244	77957P105	T ROWE PRICE SHORT TERM BD FD #55	3669 43	3704 92
Invest - Other	24-6020244	74255L696	PRINCIPAL GL MULT STRAT-INST #4684	790 56	790 56
Invest - Other	24-6020244	589509207	MERGER FUND-INST #301	1131 89	1146 85
Invest - Other	24-6020244	04314H600	ARTISAN MID CAP FUND-INS #1333	2883 42	2476 97
Invest - Other	24-6020244	315920702	FID ADV EMER MKTS INC- CL I #607	1113 68	1148 35
Invest - Other	24-6020244	464287200	ISHARES CORE S & P 500 ETF	2275 57	1434 92
Invest - Other	24-6020244	261980668	DREYFUS INTERNATL BOND FD CL I #6094	1698 32	1771 12
Invest - Other	24-6020244	256206103	DODGE & COX INT'L STOCK FD #1048	3801 69	2857 86
Invest - Other	24-6020244	552983694	MFS VALUE FUND-CLASS I #893	5512 06	4292 84
Invest - Other	24-6020244	261980494	DREYFUS EMG MKT DEBT LOC C-I #6083	1718 14	1969
Invest - Other	24-6020244	262028855	DRIEHAUS ACTIVE INCOME FUND	1554 97	1567 46
Invest - Other	24-6020244	339128100	JP MORGAN MID CAP VALUE-I #758	3041 54	1985 98
Invest - Other	24-6020244	63872T885	ASG GLOBAL ALTERNATIVES-Y #1993	1597 58	1628 33
Invest - Other	24-6020244	922908553	VANGUARD REIT VIPER	2916	1709 63
Invest - Other	24-6020244	00203H859	AQR MANAGED FUTURES STR-I #15213	1186 75	1157 73
Invest - Other	24-6020244	863137105	STRATTON SM-CAP VALUE FD #37	1461 9	1543
Invest - Other	24-6020244	922042858	VANGUARD FTSE EMERGING MARKETS ETF	1240 62	1201 01
Invest - Other	24-6020244	4812C0803	JPMORGAN HIGH YIELD FUND SS #3580	2577 41	2750 15
Invest - Other	24-6020244	77958B402	T ROWE PRICE INST FLOAT RATE #170	1153 09	1183 7
Invest - Other	24-6020244	683974604	OPPENHEIMER DEVELOPING MKT-I #799	3543 9	3802 65
Invest - Other	24-6020244	78463X863	SPDR DJ WILSHIRE INTERNATIONAL REAL	2702 05	2389 86
Invest - Other	24-6020244	64128R608	NEUBERGER BERMAN LONG SH-INS #1830	2818 46	2809 77
Invest - Other	24-6020244	483438305	KALMAR GR W/ VAL SM CAP-INS #4	1524 74	1370 7
Invest - Other	24-6020244	22544R305	CREDIT SUISSE COMM RET ST-I #2156	2718 38	3491 41
Savings & Temp Inv	24-6020244	99999Y944	SECURED MARKET DEPOSIT ACCOUNT	3601 88	3601 88
Savings & Temp Inv	24-6020244	99999Y944	SECURED MARKET DEPOSIT ACCOUNT	918 17	918 17
			CASH/CASH EQUIVALENTS:	4520 05	4520 05
			OTHER ASSETS:	74787 58	65848 33
			TOTAL ASSETS:	79307 63	70368 38