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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014, or tax year beginning 01-01-2014 , and ending 12-31-2014

Name of foundation THE RAVITZ FAMILY FOUNDATION CO STEVE RAVITZ		A Employer identification number 52-1999567	
Number and street (or P O box number if mail is not delivered to street address) 600 N KINGS HIGHWAY		B Telephone number (see instructions) (856) 667-9410	
City or town, state or province, country, and ZIP or foreign postal code CHERRY HILL, NJ 08034		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16)▶\$ 1,201,372		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	252,256			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	10	10		
	4 Dividends and interest from securities.	21,710	21,710		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	96,857			
	b Gross sales price for all assets on line 6a 437,658				
	7 Capital gain net income (from Part IV, line 2) . . .		96,857		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	45,208	0		
	12 Total. Add lines 1 through 11	416,041	118,577		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	8,500	0		0
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .	559	0		0
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	137,468	16,719		93,803
	24 Total operating and administrative expenses. Add lines 13 through 23	146,527	16,719		93,803
	25 Contributions, gifts, grants paid	204,244			204,244
	26 Total expenses and disbursements. Add lines 24 and 25	350,771	16,719		298,047
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	65,270			
	b Net investment income (if negative, enter -0-)		101,858		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	43,888	35,469	35,469
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable	26,796	29,415	29,415
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule).			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	945,112	1,038,717	1,136,488
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	1,015,796	1,103,601	1,201,372	
Liabilities	17	Accounts payable and accrued expenses	21,928	27,392	
	18	Grants payable	4,742	20,325	
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)	26,670	47,717	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds	50,200	50,200	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	938,926	1,005,684	
	30	Total net assets or fund balances (see instructions)	989,126	1,055,884	
31	Total liabilities and net assets/fund balances (see instructions)	1,015,796	1,103,601		

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return)	1 989,126
2	Enter amount from Part I, line 27a	2 65,270
3	Other increases not included in line 2 (itemize) ▶ _____	3 1,488
4	Add lines 1, 2, and 3	4 1,055,884
5	Decreases not included in line 2 (itemize) ▶ _____	5 0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6 1,055,884

Part IV

Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	See Additional Data Table			
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a See Additional Data Table			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a See Additional Data Table			
b			
c			
d			
e			

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	96,857
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	}	3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013	253,631	1,077,820	0 235319
2012	229,122	34,391	6 662266
2011	99,131	877,592	0 112958
2010	92,671	750,487	0 123481
2009	79,654	601,651	0 132392

2	Total of line 1, column (d).	2	7 266416
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	1 453283
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.	4	1,136,559
5	Multiply line 4 by line 3.	5	1,651,742
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	1,019
7	Add lines 5 and 6.	7	1,652,761
8	Enter qualifying distributions from Part XII, line 4.	8	298,047

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See
the Part VI instructions

Part VIExcise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a		Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1			
Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)					
b		Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	2,037
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-)		2	0
3		Add lines 1 and 2.		3	2,037
4		Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0
5		Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	2,037
6		Credits/Payments			
a		2014 estimated tax payments and 2013 overpayment credited to 2014	6a	345	
b		Exempt foreign organizations—tax withheld at source	6b		
c		Tax paid with application for extension of time to file (Form 8868)	6c		
d		Backup withholding erroneously withheld	6d		
7		Total credits and payments. Add lines 6a through 6d.		7	345
8		Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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		9	1,692
10		Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		10	
11		Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded		11	

Part VII-AStatements 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 any political campaign?		1a	Yes	No
b		Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		1b		No
c		Did the foundation file Form 1120-POL for this year?		1c		No
d		Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$ 0 (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 managers \$ 0				
2		Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		2		No
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		No
4a		Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		No
b		If "Yes," has it filed a tax return on Form 990-T for this year?		4b		
5		Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		5		No
6		Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		6	Yes	
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	Yes	
8a		Enter the states to which the foundation reports or with which it is registered (see instructions) NJ				
b		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	Yes	
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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		No
10		Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.		10		No

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
Website address N/A				
14	The books are in care of STEVE RAVITZ Telephone no (856) 667-9410 Located at 600 KINGS HIGHWAY NORTH CHERRY HILL NJ ZIP+4 08034			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the year.	15		
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country				

Part 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
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). Yes No			
b	If any answer 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)? Organizations relying on a current notice regarding disaster assistance check here.	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? If "Yes," list the years 20 , 20 , 20 , 20 Yes No			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes No			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose 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, Form 4720, to determine if the foundation had excess business holdings in 2014.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a

During the year did the foundation pay or incur any amount to

(1)

Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

Yes

No

(2)

Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

Yes

No

(3)

Provide a grant to an individual for travel, study, or other similar purposes?

Yes

No

(4)

Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).

Yes

No

(5)

Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

Yes

No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here.

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

Yes

No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes

No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

Yes

No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(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
See Additional Data Table				

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(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				

Total

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

0

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3.	0

Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	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.	1a	1,114,433
b	Average of monthly cash balances.	1b	39,434
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	1,153,867
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	1,153,867
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	17,308
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,136,559
6	Minimum investment return. Enter 5% of line 5.	6	56,828

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.)

1	Minimum investment return from Part X, line 6.	1	56,828
2a	Tax on investment income for 2014 from Part VI, line 5.	2a	2,037
b	Income tax for 2014 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	2,037
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	54,791
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	54,791
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	54,791

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	298,047
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	
3	Amounts set aside for specific charitable projects that satisfy the		
a	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	298,047
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 (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	298,047
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 4940(e) reduction of tax in those years			

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				54,791
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2014				
a From 2009.				49,755
b From 2010.				56,301
c From 2011.				55,792
d From 2012.				227,676
e From 2013.				200,745
f Total of lines 3a through e.	590,269			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 298,047				
a Applied to 2013, but not more than line 2a			0	
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 2014 distributable amount.				54,791
e Remaining amount distributed out of corpus	243,256			
5 Excess distributions carryover applied to 2014 (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	833,525			
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 2013 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions). . .	49,755			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	783,770			
10 Analysis of line 9				
a Excess from 2010. . . .				56,301
b Excess from 2011. . . .				55,792
c Excess from 2012. . . .				227,676
d Excess from 2013. . . .				200,745
e Excess from 2014. . . .				243,256

Part XIV

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling. . . .

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2014	(b) 2013	(c) 2012	(d) 2011	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly 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 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 Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)**

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			3a	204,244
b Approved for future payment				
Total			3b	0

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2014)

1 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?			Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of				
(1) Cash.		1a(1)		No
(2) Other assets.		1a(2)		No
b Other transactions				
(1) Sales of assets to a noncharitable exempt organization.		1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.		1b(2)		No
(3) Rental of facilities, equipment, or other assets.		1b(3)		No
(4) Reimbursement arrangements.		1b(4)		No
(5) Loans or loan guarantees.		1b(5)		No
(6) Performance of services or membership or fundraising solicitations.		1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.		1c		No
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				

[illegible]

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? . . . ☐ Yes ☒ No

b If "Yes," complete the following schedule		
(a) Name of organization	(b) Type of organization	(c) Description of relationship

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

*****	2015-11-10	*****
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr)? ☒ Yes ☐ No

Paid Preparer Use Only	Print/Type preparer's name CHRISTOPHER M PEKULA	Preparer's Signature	Date 2015-11-10	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00734965
	Firm's name <input checked="" type="checkbox"/> RSM US LLP			Firm's EIN <input checked="" type="checkbox"/> 42-0714325	
	Firm's address <input checked="" type="checkbox"/> 751 ARBOR WAY SUITE 200 BLUE BELL, PA 19422			Phone no (215) 641-8600	

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
PRUDENTIAL SHORT TERM CORPORATE BOND FD	P	2014-03-31	2014-04-10
JOHN HANCOCK CLASSIC VALUE FUND	P	2014-07-16	2014-12-03
MFS VALUE FD CL	P	2014-09-25	2014-12-03
WELLS FARGO ADV SMALL CAP VALUE FUND	P	2013-12-17	2014-04-10
PIONEER STRATEGIC INCOME FD	P	2014-03-31	2014-04-10
EATON VANCE FLOATING RATE FUND	P	2014-03-31	2014-04-10
MAINSTAY LARGE CAP GROWTH FUND CL	P	2014-07-16	2014-12-03
IVY ASSET STRATEGY FUND CL I	P	2014-07-16	2014-12-03
MAINSTAY MARKETFIELD FUND CL	P	2014-07-16	2014-12-03
JP MORGAN STRATEGIC INCOME FUND	P	2014-12-01	2014-12-03

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
5		5	0
1,789		1,647	142
22		21	1
3		3	0
2		2	0
5		5	0
6		6	0
1,302		1,294	8
2,318		2,397	-79
3,208		3,221	-13

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			0
			142
			1
			0
			0
			0
			0
			8
			-79
			-13

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
PERMANENT PORTFOLIO FUND	P	2014-07-16	2014-12-03
DREYFUS APPRECIATION FD	P	2014-03-31	2014-04-10
BLACKROCK EQTY DIVIDEND FUND INSTL	P	2014-10-17	2014-12-03
JOHN HANCOCK CLASSIC VALUE FUND	P	2013-07-19	2014-12-03
MFS VALUE FD CL	P	2012-04-04	2014-12-03
EATON VANCE FLOATING RATE FUND	P	2013-02-13	2014-04-10
IVY ASSET STRATEGY FUND CL I	P	2013-07-19	2014-12-03
MAINSTAY MARKETFIELD FUND CL	P	2013-09-20	2014-12-03
JP MORGAN STRATEGIC INCOME FUND	P	2013-12-02	2014-12-03
PERMANENT PORTFOLIO FUND	P	2013-09-20	2014-12-03

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
4,518		4,530	-12
17		14	3
1		1	0
75,808		54,753	21,055
12,453		8,826	3,627
1,693		1,695	-2
16,695		13,866	2,829
46,616		51,556	-4,940
51,312		51,880	-568
49,133		54,212	-5,079

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-12
			3
			0
			21,055
			3,627
			-2
			2,829
			-4,940
			-568
			-5,079

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
PRUDENTIAL SHORT TERM CORPORATE BOND FD	P	2011-08-22	2014-04-10
WELLS FARGO ADV SMALL CAP VALUE FUND	P	2011-03-15	2014-04-10
PIONEER STRATEGIC INCOME FD	P	2010-10-12	2014-04-10
MAINSTAY LARGE CAP GROWTH FUND CL	P	2011-03-15	2014-12-03
IVY ASSET STRATEGY FUND CL I	P	2011-12-08	2014-12-03
DREYFUS APPRECIATION FD	P	2010-12-06	2014-04-10
BLACKROCK EQTY DIVIDEND FUND INSTL	P	2011-09-20	2014-12-03
CAPITAL GAINS DIVIDENDS	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
1,693		1,701	-8
1,820		1,633	187
4,527		4,542	-15
61,917		40,089	21,828
50,304		34,508	15,796
2,129		1,546	583
10,121		6,848	3,273
38,241			38,241

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-8
			187
			-15
			21,828
			15,796
			583
			3,273
			38,241

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(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
STEVEN J RAVITZ 600 KINGS HIGHWAY NORTH CHERRY HILL, NJ 08034	TRUSTEE/CHAIRMAN 0 25	0	0	0
RONALD H RAVITZ 600 KINGS HIGHWAY NORTH CHERRY HILL, NJ 08034	TRUSTEE/VICE CHAIRMAN 0 25	0	0	0
JASON RAVITZ 600 KINGS HIGHWAY NORTH CHERRY HILL, NJ 08034	TRUSTEE/SECRETARY 0 25	0	0	0
SHAWN RAVITZ 600 KINGS HIGHWAY NORTH CHERRY HILL, NJ 08034	TRUSTEE/TREASURER 0 25	0	0	0
BRETT RAVITZ 600 KINGS HIGHWAY NORTH CHERRY HILL, NJ 08034	TRUSTEE 0 25	0	0	0
ROBERT SCHWARTZ ESQ 600 KINGS HIGHWAY NORTH CHERRY HILL, NJ 08034	TRUSTEE 0 25	0	0	0
NICHOLAS FIFIS 600 KINGS HIGHWAY NORTH CHERRY HILL, NJ 08034	TRUSTEE 0 25	0	0	0
JENNY RYAN 600 KINGS HIGHWAY NORTH CHERRY HILL, NJ 08034	TRUSTEE 0 25	0	0	0


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ADAM TALIFERO FOUNDATION PO BOX 8232 TURNERSVILLE,NJ 08012		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	229
ALICIA ROSE VICTORIOUS FOUND 2465 VOORHEES TOWN CENTER VOORHEES,NJ 08043		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	2,771
ALZHEIMER'S ASSOCIATION 3 EVES DRIVE SUITE 310 MARLTON,NJ 08053		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	2,000
ANTI-DEFAMATION LEAGUE 605 THIRD AVE 9TH FLOOR NEW YORK,NY 10158		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	3,000
BANCROFT HOLIDAY SUPPLIES 800 N KINGS HWY SUITE 308 CHERRY HILL,NJ 08034		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	15,881
BARKANN FOUNDATION HELPING HEARTS EVENT PO BOX 118 NEWTOWN SQUARE,PA 19073		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	1,000
BIBLEWAY INTERNATIONAL 4110 AVENUE R FORT PIERCE,FL 34947		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	5,620
BIG BROTHERS BIG SISTERS TRI COUNTY 100 DOBBS LANE SUITE 202 CHERRY HILL,NJ 08034		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	2,500
BOWLING FOR BEARS PO BOX 1821 CHERRY HILL,NJ 08034		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	2,000
BOYS AND GIRLS CLUB OF CAMDEN 1709 PARK BLVD CAMDEN,NJ 08103		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	10,401
CAMDEN CITY GARDEN CLUB 3 RIVERSIDE DR CAMDEN,NJ 08103		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	3,000
CAMDEN COALITION OF HEALTHCARE PROVIDERS DIABETES AWARENESS DAY 800 COOPER ST 7TH FLOOR CAMDEN,NJ 08102		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	1,250
CAMDEN TOY GIVEAWAY 1865 HARRISON AVE CAMDEN,NJ 08105		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	14,260
CANUSO FOUNDATION CHICKEN RUNS AT MIDNIGHT 30 WASHINGTON AVE SUITE B4 HADDONFIELD,NJ 08033		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	1,348
CENTER FOR ENVIRONMENTAL TRANSFORMATION 1739 FERRY AVE CAMDEN,NJ 08104		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	500
Total  3a				204,244

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CH AFRICAN AMERICAN CIVIC ASSOC PO BOX 3027 CHERRY HILL,NJ 08034		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	3,000
CHARLES MATEJKA FUND 540 PASSAIC AVE WEST CALDWELL,NJ 07006		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	500
CHECKING FOR CHARITY 5906 COVENTRY WAY MT LAUREL,NJ 08054		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	1,000
CHURCH OF THE SACRED HEART 1739 FERRY AVE CAMDEN,NJ 08014		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	500
COMMUNITY FOUNDATION OF SOUTH JERSEY PO BOX 446 HADDONFIELD,NJ 08033		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	3,547
CONGREGATION OF YEHWEH 803 N 33RD ST CAMDEN,NJ 08105		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	500
COOPER FOUNDATION 200 FEDERAL SUITE 146 CAMDEN,NJ 08103		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	20,000
COOPERS FERRY ONE PORT CENTER 2 RIVERSIDE DR STE 501 CAMDEN,NJ 08103		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	8,028
COZIES FOR CHEMO 161 BRIARWOOD RD MT LAUREL,NJ 08105		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	602
EVESHAM EDUCATION FOUNDATION 25 S MAPLE AVE MARLTON,NJ 08053		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	3,158
FAITH TABERNACLE CHURCH 553 SPRUCE ST CAMDEN,NJ 08103		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	500
FARE WALK 7925 JONES BRANCH DR SUITE 1100 MCLEAN,VA 22102		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	424
FELLOWSHIP ALLIANCE CHAPEL 199 CHURCH RD MEDFORD,NJ 08055		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	1,000
FELLOWSHIP HOUSE 1722 S BROADWAY CAMDEN,NJ 08104		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	500
FOOD AND ALLERGY ANAPHYLAXIS NETWORK 7925 JONES BRANCH DR SUITE 1100 MCLEAN,VA 22102		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	1,000
Total  3a				204,244


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
FREEDOM CENTER FOR WILDLIFE PO BOX 2014 CINNAMINSON,NJ 08077		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	250
GATEKEEPER MINISTRIES 3600 EARL AVE CAMDEN,NJ 08105		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	500
GRACE BAPTIST CHURCH 25 REEVE AVE WESTMONT,NJ 08108		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	500
GRACE CHURCH FOOD PANTRY ROUTE 41 BARRINGTON,NJ 08007		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	500
HELPFUL GIFTS FROM THE HEARTS 230 N MAPLE AVE SUITE B1 MARLTON,NJ 08053		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	1,000
IMPACT CHARITY 1528 WALNUT ST SUITE 210 PHILADELPHIA,PA 19102		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	500
IRV STRING LOCAL 152 CHARITY GOLFSCHOLARSHIP 701 ROUTE 50 MAYS LANDING,NJ 08330		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	700
JEFFERSON FOUNDATION 925 CHESTNUT ST SUITE 100 PHILADELPHIA,PA 19107		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	10,000
JEWISH FEDERATION OF SJ 1300 SPRINGDALE RD CHERRY HILL,NJ 08003		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	10,000
JEWISH RELIEF AGENCY 1900 MARKET ST PHILADELPHIA,PA 19103		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	500
JUVENILE DIABLETES RESEARCH FOUNDATION 1415 MARLTON PIKE EAST SUITE 311 CHERRY HILL,NJ 08034		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	5,800
KAIGHN AVE BAPTIST CHURCH 9TH ST KAIGHN AVE CAMDEN,NJ 08103		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	1,368
KATZ JCC 1300 SPRINGDALE RD CHERRY HILL,NJ 08003		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	8,117
KELLMAN BROWN ACADEMY 1007 LAUREL OAK RD VOORHEES,NJ 08043		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	1,800
KNIGHTS OF COLUMBUS 1 COLUMBUS PLAZA NEW HAVEN,CT 06510		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	1,013
Total  3a				204,244


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
LARC SCHOOL 401 RTE 73 N SUITE 300 PO BOX 989 MARLTON,NJ 08053		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	3,000
LARRY GAINES STOP THE VIOLENCE PO BOX 81 CAMDEN,NJ 08101		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	1,500
LOVE MINISTRIES 6625 CHANDLER AVE PENNSAUKEN,NJ 08110		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	500
M'KOR SHALOM 850 E EVESHAM RD CHERRY HILL,NJ 08003		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	1,000
MAKE A WISH FOUNDATION 1347 PERRINEVILLE RD MONROW TOWNSHIP,NJ 08831		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	539
MOORESTOWN VNA 300 HARPER DR MOORESTOWN,NJ 08057		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	2,000
NATIONAL FOUNDATION FOR CELIAC AWARENESS PO BOX 544 AMBLER,PA 19002		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	4,000
NEW BETHEL GHT CHURCH 1066 LOUIS ST CAMDEN,NJ 08103		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	500
PARKSIDE UNITED METHODIST CHURCH 1420 KAIGHN AVE CAMDEN,NJ 08103		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	500
PEGGY SPIEGLER MELANOMA RESEARCH FOUNDATION 410 GATEWOOD ROAD CHERRY HILL,NJ 08003		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	407
PHILABUNDANCE 3616 S GALLOWAY ST PHILADELPHIA,PA 19148		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	500
PHILLIES CHARITIES ONE CITIZEN BANK WAY PHILADELPHIA,PA 19148		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	344
PTA NJ CONGRESS OF PARENTS & TEACHERS - BRET HARTE SCHOOL BOX 1774 90 BERKLEY AVE TRENTON,NJ 08618		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	252
PUERTO RICAN UNITY FOR PROGRESS 818 BROADWAY CAMDEN,NJ 08103		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	2,000
RGB ROTARY 26 HARVARD AVE WESTVILLE,NJ 08093		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	2,500
Total  3a				204,244

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RONALD MCDONALD HOUSE OF SJ 550 MICKLE BLVD CAMDEN,NJ 08103		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	584
ROTARY CLUB TURKEY DONATION PO BOX 513 MT LAUREL,NJ 08054		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	916
SAMARITAN HOSPICE 5 EVES DR SUITE 300 WOODBURY,NJ 08096		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	2,500
SCARC FOUNDATION 11 US ROUTE 206 SUITE 100 AUGUSTA,NJ 07822		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	500
ST JOSEPH'S PRO-CATHEDRAL 2907 FEDERAL ST CAMDEN,NJ 08105		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	500
STACIE ZALLIE FOUNDATION 807 FOUNTAIN HALL COURT LEESBURG,VA 20176		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	3,000
SUSTAINABLE CHERRY HILL 531 BALSAM DR CHERRY HILL,NJ 08003		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	2,700
THE ARC OF BURLINGTON COUNTY DEACON RD HAINESPORT,NJ 08036		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	2,000
THE DURAND FOUNDATION 11 GAITHER DR SUITE 101 MT LAUREL,NJ 08054		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	5,735
THE FAMILY CHURCH 1706 MERCHANTVILLE AVE PENNSAUKEN,NJ 08110		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	500
THE FRIENDSHIP CIRCLE 754 S 9TH STREET PHILADELPHIA,PA 19147		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	1,800
UNIV OF PENNSYLVANIA - ANNENBERG CENTER 3680 WALNUT ST PHILADELPHIA,PA 19104		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	1,500
UPLIFT SOLUTIONS 700 DELSEA DR WESTVILLE,NJ 08093		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	3,000
URBAN PROMISE PO BOX 1479 CAMDEN,NJ 08105		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	3,000
VIRTUA FOUNDATION 50 LAKE CENTER 401 RTE 73 N SUITE 301 MARLTON,NJ 08053		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	2,500
Total  3a				204,244

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VITRI FOUNDATION MY DAUGHTER'S KITCHEN 1312 SPRUCE ST PHILADELPHIA, PA 19107		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	400
YMCA OF BURLINGTON COUNTY 59 CENTERTON RD MT LAUREL, NJ 08054		PUBLIC CHARITY	GENERAL CHARITABLE PURPOSES	1,000
Total  3a				204,244

TY 2014 Accounting Fees Schedule

Name: THE RAVITZ FAMILY FOUNDATION CO STEVE RAVITZ

EIN: 52-1999567

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROFESSIONAL FEES	8,500	0		0

TY 2014 Investments - Other Schedule

Name: THE RAVITZ FAMILY FOUNDATION CO STEVE RAVITZ

EIN: 52-1999567

Category / Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MERRILL LYNCH INVESTMENTS	FMV	1,038,717	1,136,488

TY 2014 Other Expenses Schedule**Name:** THE RAVITZ FAMILY FOUNDATION CO STEVE RAVITZ**EIN:** 52-1999567

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADMIN SERVICES	21,266	0		0
MERRILL LYNCH FEES	16,719	16,719		0
ADVERTISING	405	0		0
FEES	275	0		0
SPECIAL EVENTS	93,803	0		93,803
OUTSIDE CONTRACT SERVICES	5,000	0		0

TY 2014 Other Income Schedule

Name: THE RAVITZ FAMILY FOUNDATION CO STEVE RAVITZ

EIN: 52-1999567

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	45,208		45,208

TY 2014 Other Increases Schedule

Name: THE RAVITZ FAMILY FOUNDATION CO STEVE RAVITZ

EIN: 52-1999567

Description	Amount
REFUND FOR PRIOR YEAR VOIDED CHECKS	1,488

TY 2014 Taxes Schedule

Name: THE RAVITZ FAMILY FOUNDATION CO STEVE RAVITZ

EIN: 52-1999567

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL TAXES	559	0		0

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.</div>	<div>OMB No 1545-0047</div> <div>2014</div>
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<div>Name of the organization</div> <div>THE RAVITZ FAMILY FOUNDATION CO STEVE RAVITZ</div>	<div>Employer identification number</div> <div>52-1999567</div>
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Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>	<div>Section:</div> <div><div><input type="checkbox"/> 501(c)() (enter number) organization</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div><div><input type="checkbox"/> 527 political organization</div><div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div><div><input type="checkbox"/> 501(c)(3) taxable private foundation</div></div>
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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, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled 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 totaling \$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 990PF, 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 THE RAVITZ FAMILY FOUNDATION CO STEVE RAVITZ	Employer identification number 52-1999567
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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
_____	See Additional Data Table _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Name of organization THE RAVITZ FAMILY FOUNDATION CO STEVE RAVITZ	Employer identification number 52-1999567
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Part II **Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

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

Name of organization	Employer identification number
THE RAVITZ FAMILY FOUNDATION CO STEVE RAVITZ	52-1999567

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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. See instructions.) ▶ \$ _____

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	(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	
_____		_____	
_____		_____	
_____		_____	

Additional Data

Software ID:
Software Version:
EIN: 52-1999567
Name: THE RAVITZ FAMILY FOUNDATION CO STEVE RAVITZ

Form 990 Schedule B, 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
<u>1</u>	AMF REFRIGERATED PRODUCTS HILL PHOE 503 CORPORATE DRIVE WEST LANGHORNE, PA 19047 	\$ <u>500</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>2</u>	AMOROSO PO BOX 1226 LANSDOWNE, PA 19050 	\$ <u>1,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>3</u>	BIMBO BAKERY USA PO BOX 110 NORRISTOWN, PA 19404 	\$ <u>10,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>4</u>	BOAR'S HEAD - DIBARI PROVISIONS INC PO BOX 223 ENGLISHTOWN, NJ 07726 	\$ <u>4,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>5</u>	CAESARS PASTA 1001 LOWER LANDING ROAD SUITE 311 BLACKWOOD, NJ 08012 	\$ <u>1,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>6</u>	CAMPBELLS SOUP 3 EXECUTIVE CAMPUS ROUTE 70 CUTHBER CHERRY HILL, NJ 08002 	\$ <u>7,500</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>7</div>	<div>CENTO</div> <div>100 CENTO BLVD</div> <div>THOROFARE, NJ08086</div>	<div>\$ 5,500</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>8</div>	<div>CLEMENS FOOD GROUP HATFIELD</div> <div>2700 CLEMENS ROAD PO BOX 902</div> <div>HATFIELD, PA19440</div>	<div>\$ 5,500</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>9</div>	<div>COKE</div> <div>801 EAST ERIE AVE</div> <div>PHILADELPHIA, PA19134</div>	<div>\$ 15,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>10</div>	<div>COLD TECHNOLOGY</div> <div>1001 LOWER LANDING ROAD SUITE 203</div> <div>BLACKWOOD, NJ08028</div>	<div>\$ 10,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>11</div>	<div>DANNON</div> <div>100 HILLSIDE AVENUE</div> <div>WHITE PLAINS, NY10603</div>	<div>\$ 3,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>12</div>	<div>FRITO</div> <div>PO BOX 650378</div> <div>DALLAS, TX75265</div>	<div>\$ 12,500</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>13</div>	<div>GENERAL MILLS</div> <div>200 DRYDEN ROAD SUITE 3000</div> <div>DRESHER, PA 19025</div>	<div>\$ 3,750</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>14</div>	<div>GOLDENBERG GROUP</div> <div>630 SENTRY PARKWAY SUITE 300</div> <div>BLUE BELL, PA 19422</div>	<div>\$ 5,500</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>15</div>	<div>GUARINO SONS INC</div> <div>PO BOX 57</div> <div>NATIONAL PARK, NJ 08063</div>	<div>\$ 5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>16</div>	<div>HERR'S</div> <div>6810 TILGHMAN STREET</div> <div>ALLENTOWN, PA 18106</div>	<div>\$ 7,500</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>17</div>	<div>HERSHEY'S</div> <div>PO BOX 806 HERSHEY PA 17033</div> <div>HERSHEY, PA 17033</div>	<div>\$ 5,500</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>18</div>	<div>HOMETOWN COFFEE</div> <div>375 SOUTHPOINTE BLVD SUITE 440</div> <div>PITTSBURGH, PA 15317</div>	<div>\$ 3,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>19</div>	<div>KEEBLERKELLOGS</div> <div>ONE KELLOGG SQUARE</div> <div>BATTLE CREEK, MI49016</div>	<div>\$ 11,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>20</div>	<div>KRAFTMENDELEZ</div> <div>355 CLEARVIEW AVE</div> <div>EDISON, NJ08818</div>	<div>\$ 5,500</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>21</div>	<div>LYNMAR BUILDERSPALMIERI ENT</div> <div>261 HARVARD AVE</div> <div>WESTVILLE, NJ08093</div>	<div>\$ 10,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>22</div>	<div>MANISCHEWITZ</div> <div>80 AVENUE K</div> <div>NEWARK, NJ07105</div>	<div>\$ 1,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>23</div>	<div>MCMENAMIN FAMILY SHOPRITE</div> <div>11000 ROOSEVELT BLVD</div> <div>PHILADELPHIA, PA 19380</div>	<div>\$ 500</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>24</div>	<div>PEPPERIDGE FARM</div> <div>549 HIRSCH AVE</div> <div>RUNNEMEDE, NJ08078</div>	<div>\$ 7,500</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>25</div>	<div>PROFORMA</div> <div>157 COOPER RD</div> <div>WEST BERLIN, NJ08091</div>	<div>\$ 5,500</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>26</div>	<div>QUAKER TROPICANA GATORADE</div> <div>116 PREAMBLE DRIVE</div> <div>MARLTON, NJ08053</div>	<div>\$ 3,500</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>27</div>	<div>SCHMIDT'S BAKERY</div> <div>7801 FITCH LANE</div> <div>BALTIMORE, MD 21236</div>	<div>\$ 3,500</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>28</div>	<div>SETTON FOUNDATION</div> <div>86 AUSTIN BLVD</div> <div>COMMACK, NY 11725</div>	<div>\$ 1,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>29</div>	<div>SNYDERS OF HANOVER</div> <div>PO BOX 6917 1250 YORK COURT</div> <div>HANOVER, PA 17331</div>	<div>\$ 5,500</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>30</div>	<div>TASTYKAKE</div> <div>4300 S 26TH STREET</div> <div>PHILADELPHIA, PA 19112</div>	<div>\$ 3,500</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>31</div>	<div>TURKEY HILL</div> <div>2601 RIVER ROAD</div> <div>CONESTOGA, PA 17516</div>	<div>\$ 500</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>32</div>	<div>UTZ</div> <div>23 HAINES MILL ROAD</div> <div>DELRAN, NJ 08075</div>	<div>\$ 5,500</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>33</div>	<div>VOORTMANS</div> <div>PO BOX 4599</div> <div>BUFFALO, NY 14240</div>	<div>\$ 3,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>34</div>	<div>WISE</div> <div>1226 ROSEMONT LANE</div> <div>ABINGTON, PA 19001</div>	<div>\$ 2,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>35</div>	<div>ZALLIE SUPERMARKETS BRUCE ZALLIE</div> <div>1230 BLACKWOOD CLEMENTON ROAD</div> <div>CLEMENTON, NJ 08021</div>	<div>\$ 3,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>36</div>	<div>ALLIED BEVERAGE</div> <div>600 WASHINGTON AVE</div> <div>CARLSTADT, NJ 07072</div>	<div>\$ 10,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>37</div>	<div>BIERG BROTHERS</div> <div>PO BOX 357</div> <div>VINELAND, NJ08362</div>	<div>\$ 360</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>38</div>	<div>CAPITAL REFRIGERATION</div> <div>55 MAIN ST</div> <div>HAMILTON, NJ08620</div>	<div>\$ 3,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>39</div>	<div>COOPER</div> <div>ONE COOPER PLAZA</div> <div>CAMDEN, NJ08103</div>	<div>\$ 1,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>40</div>	<div>DIETZ WATSON</div> <div>5701 TACONY ST</div> <div>PHILADELPHIA, PA 19135</div>	<div>\$ 5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>41</div>	<div>DIGRAZIO - AVERSA'S BAKERY</div> <div>140 GLASSWYCKE DR</div> <div>GLASSBORO, NJ08028</div>	<div>\$ 1,500</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>42</div>	<div>EA BERG</div> <div>75 WEST COUNTRY RD</div> <div>PARAMUS, NJ07652</div>	<div>\$ 1,500</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	FEDWAY BEVERAGE PO BOX 519 KEARNY, NJ07032	\$ 750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
44	GALLO 520 DIVISION ST ELIZABETH, NJ07201	\$ 500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
45	GOLICK MARTINS 140 SYLVAN AVE ENGLEWOOD CLIFFS, NJ07632	\$ 2,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
46	MCGLADREY 751 ARBOR WAY SUITE 200 BLUE BELL, PA19422	\$ 630	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
47	NABISCO 22-11 STATE ROUTE 208 FAIR LAWN, NJ07410	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
48	PEPSICANADA DRY 8275 ROUTE 130 PENNSAUKEN, NJ08110	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>49</div>	<div>PHILLIES CHARITIES</div> <div>ONE CITIZENS BANK WAY</div> <div>PHILADELPHIA, PA 19148</div>	<div>\$ 2,800</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>50</div>	<div>ROYAL OAK</div> <div>15908 HEBRON RD</div> <div>HARVARD, IL 60033</div>	<div>\$ 500</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>51</div>	<div>SABRA</div> <div>77 WEST CHESTER AVE 3RD FL</div> <div>WHITE PLAINS, NY 10604</div>	<div>\$ 5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>52</div>	<div>SC JOHNSON</div> <div>281 WOODLANDS DR</div> <div>TUXEDO, NY 10987</div>	<div>\$ 3,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>53</div>	<div>SOMERSET STORESDAVID ZALLIE</div> <div>208 ROUTE 70 EAST</div> <div>MEDFORD, NJ 08055</div>	<div>\$ 1,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>54</div>	<div>ERIC KELLY SHORE FOUNDATION</div> <div>1301 SPRINGDALE RD SUITE 200</div> <div>CHERRY HILL, NJ 08003</div>	<div>\$ 500</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>