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Department of the Treasury

Internal Revenue Service

#### DLN: 93491251002615

OMB No 1545-0052

Open to Public

Inspection

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

Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its instructions is at <a href="https://www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

For calendar year 2014, or tax year beginning 01-01-2014 , and ending 12-31-2014 A Employer identification number Name of foundation THE JORDAN AND DEANNA BERMAN FAMILY CHARITABLE FOUNDATION 83-0414508 **B** Telephone number (see instructions) Number and street (or P O box number if mail is not delivered to street address) (215) 259-1000 C If exemption application is pending, check here City or town, state or province, country, and ZIP or foreign postal code SPRINGHOUSE, PA 194770474 G Check all that apply Initial return Initial return of a former public charity **D 1.** Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% Address change Name change test, check here and attach computation E If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation **J** Accounting method I Fair market value of all assets at end **F** If the foundation is in a 60-month termination **►** [ under section 507(b)(1)(B), check here of year (from Part II, col. (c), Other (specify) line 16)►\$ 3,768,262 (Part I, column (d) must be on cash basis.) Analysis of Revenue and Expenses (The Part I (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see for charitable expenses per books (cash basis only) Contributions, gifts, grants, etc , received (attach Check ► ✓ if the foundation is **not** required to attach . . . . . . . . . . . . . . 30 30 Interest on savings and temporary cash investments Dividends and interest from securities. . . Gross rents . . . . . . . . . . . . Net rental income or (loss)\_ Net gain or (loss) from sale of assets not on line 10 110,819 Revenue 6a Gross sales price for all assets on line 6a 110,819 Capital gain net income (from Part IV, line 2) . 110.819 Net short-term capital gain . . Income modifications . . 10a Gross sales less returns and allowances b Less Cost of goods sold . . . Gross profit or (loss) (attach schedule) . . . . Other income (attach schedule) 11 12 Total. Add lines 1 through 11 . . 110.849 110.849 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages . . Operating and Administrative Expenses 15 Pension plans, employee benefits . . Legal fees (attach schedule). . . 16a 2.900 0 Accounting fees (attach schedule). Other professional fees (attach schedule) **17** 2,658 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion . 19 20 Travel, conferences, and meetings. 21 22 Printing and publications . . . . Other expenses (attach schedule) . . . Total operating and administrative expenses. 24 Add lines 13 through 23 . . . . . 5.558 0 0 25 Contributions, gifts, grants paid. . . . 237,547 237,547 26 Total expenses and disbursements. Add lines 24 and 0 243,105 237,547 25 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements -132.256110,849 Net investment income (if negative, enter -0-) Adjusted net income (If negative, enter -0-)

| Pa        | rt II | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | (a) Book Value                        | (b) Book Value                        | (c) Fair Market Value  |
|-----------|-------|---|---------------------------------------|---------------------------------------|------------------------|
|           | 1     | Cash—non-interest-bearing   | (a) Book Value                        | (B) Book Value                        | (c) Full Flurket Value |
|           | 2     | Savings and temporary cash investments  | 149,939                               | 15,343                                | 15,343                 |
|           | 3     | Accounts receivable   |                                       |                                       |                        |
|           |       | Less allowance for doubtful accounts  |                                       |                                       |                        |
|           | 4     | Pledges receivable -  |                                       |                                       |                        |
|           | •     | Less allowance for doubtful accounts ►  |                                       |                                       |                        |
|           | 5     | Grants receivable   |                                       |                                       |                        |
|           | 6     | Receivables due from officers, directors, trustees, and other   |                                       |                                       |                        |
|           |       | disqualified persons (attach schedule) (see instructions)   |                                       |                                       |                        |
|           | 7     | Other notes and loans receivable (attach schedule)  |                                       |                                       |                        |
|           | ,     | Less allowance for doubtful accounts  |                                       |                                       |                        |
|           | 8     | Inventories for sale or use   |                                       |                                       |                        |
| sets      | 9     | Prepaid expenses and deferred charges   |                                       |                                       |                        |
| ASS       |       | Investments—U S and state government obligations (attach schedule)  |                                       |                                       |                        |
| ٠,        | 10a   | Investments—corporate stock (attach schedule)   |                                       | 93 243,151                            | 3,750,579              |
|           |       | Investments—corporate bonds (attach schedule)   |                                       | 243,131                               | 3,730,379              |
|           |       | Investments—land, buildings, and equipment basis  |                                       |                                       |                        |
|           | 11    | Less accumulated depreciation (attach schedule)   |                                       |                                       |                        |
|           | 4.0   | · · · · · · · · · · · · · · · · · · ·   |                                       |                                       |                        |
|           | 12    | Investments—mortgage loans  |                                       |                                       |                        |
|           |       | Investments—other (attach schedule)   |                                       |                                       |                        |
|           | 14    | Land, buildings, and equipment basis  |                                       |                                       |                        |
|           |       | Less accumulated depreciation (attach schedule)   | ( <del>E</del> )                      | 2,340                                 | GET 2.240              |
|           | 15    | Other assets (describe  | <b>6</b>                              | 2,340                                 | 2,340                  |
|           | 16    | Total assets (to be completed by all filers—see the   | 400,915                               | 260.024                               | 2 700 202              |
|           | 4-7   | Instructions Also, see page 1, item I)  | , , , , , , , , , , , , , , , , , , , | 260,834                               | 3,768,262              |
|           | 17    | Accounts payable and accrued expenses   |                                       |                                       |                        |
| y.        | 18    | Grants payable  |                                       |                                       |                        |
| abilities | 19    | Loans from officers, directors, trustees, and other disqualified persons  |                                       |                                       |                        |
| ā         | 20    |   |                                       |                                       |                        |
| Ĭ         | 21    | Mortgages and other notes payable (attach schedule)   |                                       |                                       |                        |
|           | 22    | Other liabilities (describe)  | 0                                     | 0                                     |                        |
|           | 23    | Total liabilities (add lines 17 through 22)   |                                       | 0                                     |                        |
| Š         |       | and complete lines 24 through 26 and lines 30 and 31.   |                                       |                                       |                        |
| Balance   | 24    |   | 400,915                               | 260,834                               |                        |
| <u>ප</u>  | 24    |   | 400,913                               | 200,834                               |                        |
| ä         | 25    | Temporarily restricted  |                                       |                                       |                        |
| Fund      | 26    | Permanently restricted  |                                       |                                       |                        |
| Ī         |       | Foundations that do not follow SFAS 117, check here   |                                       |                                       |                        |
| ò         |       | and complete lines 27 through 31.   |                                       |                                       |                        |
| Assets    | 27    | Capital stock, trust principal, or current funds  |                                       |                                       |                        |
| SS.       | 28    | Paid-in or capital surplus, or land, bldg , and equipment fund  |                                       |                                       |                        |
|           | 29    | Retained earnings, accumulated income, endowment, or other funds  | 100.045                               | 250.024                               |                        |
| Net       | 30    | Total net assets or fund balances (see instructions)  | 400,915                               | ,                                     |                        |
|           | 31    | Total liabilities and net assets/fund balances (see instructions)   | 400,915                               | 260,834                               |                        |
|           | rt II |   | · /- \                                |                                       |                        |
| 1         |       | Total net assets or fund balances at beginning of year—Part II, column  |                                       | ·                                     | 400.04=                |
| 2         |       | ,   |                                       |                                       | 400,915                |
| 2         |       | Enter amount from Part I, line 27a  |                                       |                                       | -132,256               |
| 3<br>4    |       | Other increases not included in line 2 (itemize)   Add lines 1, 2, and 3  |                                       |                                       | 268,659                |
| 5         |       | Decreases not included in line 2 (itemize)  |                                       | · · · · · · · · · · · · · · · · · · · | 7,825                  |
| 6         |       | Total net assets or fund balances at end of year (line 4 minus line 5)—   |                                       |                                       | 260,834                |
| ~         |       | Total net assets of fand balances at end of year (line + linius line s)—  | . a.c., colullii (D), I               |                                       | 200,034                |

| Form 990-PF (2014)   |  | -t                          |                               |                                   | Page 3                                     |
|--|--|-----------------------------|-------------------------------|-----------------------------------|--|
| Part IV Capital Gains a                                    | and Losses for Tax on Inve   |                             | <b>b)</b> How acquired        |                                   |  |
|  | the kınd(s) of property sold (e g , re<br>buse, or common stock, 200 shs  M  | ear estate,                 | P—Purchase<br>D—Donation      | (c) Date acquired (mo , day, yr ) | <b>(d)</b> Date sold<br>(mo , day, yr )    |
| 1a 2500 SH OF DORMA  | NSTOCK   |                             | D                             |                                   | 2014-09-08                                 |
| b  |  |                             |                               |                                   |  |
| С  |  |                             |                               |                                   |  |
| d  |  |                             |                               |                                   |  |
| e  |  |                             |                               |                                   |  |
| (e) Gross sales price                                      | (f) Depreciation allower (or allowable)                                      |                             | r other basis<br>ense of sale |                                   | or (loss)<br>) mınus (g)                   |
| a 11   | 0,819  |                             |                               |                                   | 110,819                                    |
| b  |  |                             |                               |                                   |  |
| С  |  |                             |                               |                                   |  |
| d  |  |                             |                               |                                   |  |
| <u>е</u>   |  |                             |                               |                                   |  |
|  | howing goin in column (h) and owne   | d by the foundation o       | n 1 2 /2 1 /6 0               | (D) C (C) I                       | // \                                       |
|  | howing gain in column (h) and owne  (j) Adjusted basis                       |                             | ss of col (1)                 |                                   | (h) gain minus<br>less than -0-) <b>or</b> |
| (i) F M V as of 12/31/69                                   | as of 12/31/69   |                             | (j), if any                   |                                   | om col (h))                                |
| a  |  |                             |                               |                                   | 110,81                                     |
| b  |  |                             |                               |                                   |  |
| С  |  |                             |                               |                                   |  |
| d  |  |                             |                               |                                   |  |
| e  |  |                             |                               |                                   |  |
| -  |  | If gaın, also enter ın      | D 7 1 7 1                     |                                   |  |
|  | l gain or (loss) as defined in section art I, line 8, column (c) (see instru |                             | er-0-                         | 3                                 |  |
| Part V Qualification U                                     | nder Section 4940(e) for R   | educed Tax on N             | Net Investme                  |                                   |  |
| or optional use by domestic p                              | rıvate foundatıons subject to the se   | ection 4940(a) tax or       | n net investment              | ıncome )                          |  |
| section 4940(d)(2) applies, le                             | eave this part blank   |                             |                               |                                   |  |
|  | e section 4942 tax on the distributa<br>It qualify under section 4940(e) Do  |                             |                               | eriod?                            | ┌ Yes ┌ No                                 |
|  | int in each column for each year, se   |                             |                               | ries                              |  |
| (a)  | (6)  | (5)                         |                               | (d)                               |  |
| Base period years Calendar year (or tax year beginning in) | <b>(b)</b><br>Adjusted qualifying distributions                              | (c) Net value of noncharita | ble-use assets                | Distribution<br>(col (b) divided  |  |
| 2013   | 93,668   |                             | 3,718,385                     | (cor (b) divided                  | 0 025191                                   |
| 2013   | 212,223  |                             | 2,245,625                     |                                   | 0 094505                                   |
| 2012   | 130,642  |                             | 1,773,256                     |                                   | 0 073674                                   |
| 2010   | 131,357  |                             | 1,342,479                     |                                   | 0 097847                                   |
| 2009   | 125,840  |                             | 767,571                       |                                   | 0 163946                                   |
| L  | n (d)  |                             |                               | 2                                 | 0 45516                                    |
|  | ratio for the 5-year base period—div   |                             | <u> </u>                      |                                   |  |
| the number of years th                                     | ne foundation has been in existence  | e if less than 5 years      |                               | 3                                 | 0 09103                                    |
| 4 Enter the net value of                                   | noncharitable-use assets for 2014  | from Part X, line 5.        |                               | 4                                 | 3,962,62                                   |
| 5 Multiply line 4 by line                                  | 3  |                             |                               | 5                                 | 360,73                                     |
| 6 Enter 1% of net inves                                    | tment income (1% of Part I, line 27  | 7b)                         | [                             | 6                                 | 1,10                                       |
| <b>7</b> Add lines 5 and 6                                 |  |                             | [                             | 7                                 | 361,83                                     |
| 8 Enter qualifying distri                                  | butions from Part XII, line 4  |                             | 🗀                             | 8                                 | 237,54                                     |
| If line 8 is equal to or the Part VI instruction           | greater than line 7, check the box i   | ın Part VI, lıne 1b, ar     | nd complete that              | part using a 1% tax               |  |

|         | 990-PF (2014) <b>t VI</b> Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst  | ructio   |      | age <b>4</b>   |
|---------|--|----------|------|----------------|
| 1a      |  | ructio   | 115) |                |
| Id      | 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   |          | ;    | 2,217          |
|         | here ► Tand enter 1% of Part I, line 27b   |          |      |                |
| c       | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of   |          |      |                |
| 2       | Part I, line 12, col (b) 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  |          | - :  | 2,217          |
| 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  |          |      | 2,217          |
| 6       | C redits/P ayments   |          |      |                |
| а       | 2014 estimated tax payments and 2013 overpayment credited to 2014   6a   4,469   |          |      |                |
| 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   |          |      | 4,469          |
| 8       | Enter any <b>penalty</b> for underpayment of estimated tax. Check here  if Form 2220 is attached 8   |          |      |                |
| 9       | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  |          |      |                |
| 10      | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10   |          |      | 2,252          |
| 11      | Enter the amount of line 10 to be Credited to 2015 estimated tax 2,252 Refunded 11   |          |      | 0              |
|         | t VII-A Statements Regarding Activities  | I        | Yes  | N <sub>2</sub> |
| 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       | 165  | No<br>No       |
| ь       | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions  | 10       |      | 110            |
|         | for definition)?   | 1b       |      | No             |
|         | If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials   |          |      |                |
|         | published or distributed by the foundation in connection with the activities.  |          |      |                |
| С       | 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   |          |      |                |
| е       | 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?  | 2        |      | No             |
|         | If "Yes," attach a detailed description of the activities.   |          |      |                |
| 3       | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles   | ا ا      |      | <b>.</b>       |
| 45      | of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>   | 3        |      | No             |
| 4a<br>b | Did the foundation have unrelated business gross income of \$1,000 or more during the year?  | 4a<br>4b |      | No             |
| 5       | Was there a liquidation, termination, dissolution, or substantial contraction during the year?   | 5        |      | No             |
| _       | If "Yes," attach the statement required by General Instruction T.  |          |      |                |
| 6       | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either   |          |      |                |
|         | By language in the governing instrument, or  | <u>'</u> |      |                |
|         | 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        |      | No             |
| 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)   |          |      |                |
|         | PA STATE OF THE ST |          |      |                |
| b       | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney   | 8b       | Yes  |                |
| 9       | General (or designate) of each state as required by General Instruction G? If "No," attach explanation.  Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)  | מס       | 1 62 |                |
| 9       | 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             |

|     |   |      |      | age c |
|-----|---|------|------|-------|
|     | t 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   |      |      | ١     |
|     | 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 ► <u>N/A</u>  |      |      |       |
| 14  | The books are in care of ▶JORDAN BERMAN Telephone no ▶(215  | 740- | 0205 |       |
|     | Located at 119 BAY HILL DRIVE BLUE BELL PA ZIP+4 1942232  |      |      |       |
| 16  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here   |      |      |       |
| 15  |   | • •  | • •  | - 1   |
|     | and enter the amount of tax-exempt interest received or accrued during the year   |      | 1    |       |
| 16  | At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over  |      | Yes  | No    |
|     | a bank, securities, or other financial account in a foreign country?  | 16   |      | 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 • |      |      |       |
| Pai | t 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 V No   |      |      |       |
|     | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)   |      |      |       |
|     | a disqualified person?  |      |      |       |
|     | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes V No   |      |      |       |
|     | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V 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)?   |      |      |       |
|     | (6) Agree to pay money or property to a government official? (Exception. Check "No"   |      |      |       |
|     | ıf the foundatıon agreed to make a grant to or to employ the official for a period  |      |      |       |
|     | after termination of government service, if terminating within 90 days ) <b>Yes</b> 🔽 <b>No</b>   |      |      |       |
| b   | If any answer is "Yes" to $1a(1)-(6)$ , did <b>any</b> 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)?   | 1b   |      |       |
|     | O rganizations relying on a current notice regarding disaster assistance check here   |      |      |       |
| 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))   |      |      |       |
| а   | 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   |      |      |       |
| b   | Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions )   | 2b   |      |       |
| c   | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here  |      |      |       |
|     | ► 20, 20, 20  |      |      |       |
| За  | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at  |      |      |       |
|     | any time during the year?   |      |      |       |
| 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  |      |      |       |
|     | ıf 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    |

|          | 990-PF (2              |                           |               |                                     |           |                        |        |  |             |               |         | Pa          | ge <b>6</b> |
|----------|------------------------|---------------------------|---------------|-------------------------------------|-----------|------------------------|--------|--|-------------|---------------|---------|-------------|-------------|
| Par      | t VII-B                | Statements Rega           | rdir          | ng Activities for                   | · Wł      | nich Form 4720         | May    | y Be Required <i>(con</i>                        | tin         | ued)          |         |             |             |
| 5a       | During the             | year did the foundation   | pay           | or incur any amoun                  | t to      |                        |        |  |             |               |         |             |             |
|          | (1) Carry              | on propaganda, or other   | wise          | attempt to influenc                 | e leg     | ıslatıon (section 49   | 45(e   | e))) <sup>?</sup>                                | ר ו         | No            |         |             |             |
|          | (2) Influer            | nce the outcome of any    | spec          | ıfıc publıc election (              | (see      | section 4955), or to   | car    | ry   |             |               |         |             |             |
|          | on, dir                | ectly or indirectly, any  | votei         | registration drive?                 |           |                        |        | <b> </b> Yes                                     | <u>ا</u>    | No            |         |             |             |
|          | (3) Provid             | e a grant to an individu  | al for        | travel, study, or oth               | hers      | ımılar purposes?       |        | ☐ Yes  | <u>ا</u> کا | No O          |         |             |             |
|          |                        | e a grant to an organiza  |               |                                     |           |                        | scrib  | ped  |             |               |         |             |             |
|          |                        |                           |               |                                     |           |                        |        | <b>┌</b> Yes │                                   | V I         | No.           |         |             |             |
|          |                        | e for any purpose other   |               |                                     |           |                        | -      | , ,  | ,           |               |         |             |             |
|          |                        |                           |               |                                     |           |                        |        |  | ,<br>       | <b>V</b>      |         |             |             |
| <b>.</b> |                        |                           |               |                                     |           |                        |        | e exceptions described in                        |             | •             |         |             |             |
|          |                        |                           |               |                                     |           |                        |        |  |             | ١.            | .       |             |             |
|          |                        |                           |               |                                     |           |                        |        | instructions)?                                   |             | ⊢.            | 5b      | -+          |             |
|          |                        |                           |               |                                     |           |                        |        |  | ı           |               |         |             |             |
| С        |                        | wer is "Yes" to question  | -             | 5.5                                 |           | · ·                    |        |  | _           |               |         |             |             |
|          |                        |                           |               |                                     |           |                        | •      | <b>T</b> Yes                                     |             | No            |         |             |             |
|          | If "Yes," at           | tach the statement requ   | ired E        | y Regulations sectio                | n 53.     | 4945-5(d).             |        |  |             |               |         |             |             |
| 6a       | Did the fou            | ındatıon, durıng the yea  | ır, re        | ceive any funds, dire               | ectly     | or indirectly, to pay  | prer   | niums on   |             |               |         |             |             |
|          | a personal             | benefit contract?         |               |                                     |           |                        |        | Yes  | <u>ا</u> کا | No            |         |             |             |
| Ь        | Did the fou            | undation, during the yea  | ır, pa        | y premiums, directl                 | y or ı    | ndirectly, on a perso  | nal    | benefit contract?                                |             | 6             | ib      |             | No          |
|          | If "Yes" to            | 6b, file Form 8870.       |               |                                     |           |                        |        |  |             |               |         |             |             |
| 7a       |                        | e during the tax year, w  | vas tl        | ne foundation a part                | y to a    | a prohibited tax shel  | ter ti | ransaction?                                      | <b>▽</b> 1  | No            |         |             |             |
| ь        | •                      |                           |               | •                                   | •         | •                      |        | the transaction?                                 |             | 7             | ъ       |             |             |
|          |                        |                           |               |                                     | _         |                        |        | n Managers, Highly                               |             | aid F         | mpl     | ovee        | <del></del> |
| Par      |                        | and Contractors           |               | 10013, 211 00001                    | <i>-,</i> | astees, i sanda        |        |  | ,           | u.u _         | р.      | <b>0,00</b> | -,          |
| 1        | List all offi          | cers, directors, trustees | s, fou        | ındation managers a                 | nd t      | heir compensation (    | see i  | instructions).                                   |             |               |         |             |             |
|          |                        |                           | (b)           | Title, and average                  | (         | <b>c)</b> Compensation |        | (d) Contributions to                             | Τ,          | a) Evn        | ance    | accou       |             |
|          | <b>(a)</b> Nam         | ne and address            | Ι.            | hours per week                      | (         | If not paid, enter     |        | mployee benefit plans                            | 1           |               |         | wances      |             |
| 1000     | AN DEDMAN              |                           |               | evoted to position                  |           | -0-)                   | and    | d deferred compensation                          | _           |               |         |             |             |
|          | AN BERMAN              | > D T V F                 | IMAN<br>IO OC | NAGING TRUSTEE                      |           | 0                      |        | C  | ار          |               |         |             | 0           |
|          | BAY HILL [<br>BELL, PA |                           | 00            | ,                                   |           |                        |        |  |             |               |         |             |             |
|          | NA BERMAN              | 19422                     |               | LA CINC TRUCTE                      |           |                        |        |  | +           |               |         |             |             |
|          |                        | NDIVE                     | 0 00          | NAGING TRUSTEE                      |           | 0                      |        | C  | 1           |               |         |             | 0           |
|          | BAY HILL [<br>BELL, PA |                           |               | ,                                   |           |                        |        |  |             |               |         |             |             |
|          |                        |                           | l emr         | lovees (other than                  | thos      | e included on line 1   | -500   | instructions). If none, e                        | nte         | r "NOI        |         |             | —           |
|          | compensat              | ion or rive ingliest para | СП            |                                     |           | e included on line 1   | 300    | (d) Contributions to                             | T           | 1101          | <u></u> |             | —           |
| (a)      | Name and               | address of each employ    | /ee           | (b) Title, and aver                 |           | (-) (                  | _      | employee benefit                                 | 1           | <b>e)</b> Exp | ense    | accou       | ınt,        |
|          |                        | ore than \$50,000         |               | hours per week<br>devoted to positi |           | (c) Compensatio        | n      | plans and deferred                               | `           | other         | allo    | wances      | 3           |
|          |                        |                           |               | devoted to positi                   |           |                        |        | compensation                                     | _           |               |         |             |             |
| иои      | E                      |                           |               |                                     |           |                        |        |  |             |               |         |             |             |
|          |                        |                           |               |                                     |           |                        |        |  |             |               |         |             |             |
|          |                        |                           |               |                                     |           |                        |        |  |             |               |         |             |             |
|          |                        |                           |               |                                     |           |                        |        |  |             |               |         |             |             |
|          |                        |                           |               |                                     |           |                        |        |  |             |               |         |             |             |
|          |                        |                           |               |                                     |           |                        |        |  |             |               |         |             |             |
|          |                        |                           |               |                                     |           |                        |        | <del>                                     </del> | +           |               |         |             | —           |
|          |                        |                           |               |                                     |           |                        |        |  |             |               |         |             |             |
|          |                        |                           |               |                                     |           |                        |        | <u> </u>   | $\bot$      |               |         |             |             |
|          |                        |                           |               |                                     |           |                        |        |  | 1           |               |         |             |             |
|          |                        |                           |               |                                     |           |                        |        |  |             |               |         |             |             |
| Tota     | number of              | other employees paid o    | vers          | 50,000                              |           |                        |        | <del></del>                                      |             |               |         |             | 0           |

| Part VIII Information About Officers, Directors, Translation and Contractors (continued)   | ustees, Foundation Managers, Highly                       | Paid Employees,  |
|--|---|------------------|
| 3 Five highest-paid independent contractors for professional serv                          | ices (see instructions). If none, enter "NONE".           |                  |
| (a) Name and address of each person paid more than \$50,000                                | <b>(b)</b> Type of service                                | (c) Compensation |
| NONE   |   |                  |
|  |   |                  |
|  |   |                  |
|  |   |                  |
|  |   |                  |
|  |   |                  |
|  |   |                  |
|  |   |                  |
|  |   |                  |
| <b>Total</b> number of others receiving over \$50,000 for professional servi               | ces   | 0                |
| Part IX-A Summary of Direct Charitable Activities  |   |                  |
| List the foundation's four largest direct charitable activities during the tax year. Inclu | do relevant statistical information such as the number of |                  |
| organizations and other beneficiaries served, conferences convened, research paper         |   | Expenses         |
| 1  |   |                  |
| 2  |   |                  |
| 3  |   |                  |
| 4  |   |                  |
| Part IX-B Summary of Program-Related Investmen   |   |                  |
| Describe the two largest program-related investments made by the foundation d              | luring the tax year on lines 1 and 2                      | A mount          |
| 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.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. 1 purposes 1a 3.965.864 1h 57.108 1c 1d 4.022.972 Reduction claimed for blockage or other factors reported on lines 1a and 1e 2 2 3 3 Subtract line 2 from line 1d. 4.022.972 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 4 60.345 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4. 5 3.962.627 5 198.131 **Distributable Amount** (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and Part XT certain foreign organizations check here  $\blacktriangleright \Gamma$  and do not complete this part.) 198.131 1 Tax on investment income for 2014 from Part VI, line 5. . . . . . 2.217 2a Income tax for 2014 (This does not include the tax from Part VI). . . Add lines 2a and 2b. 2c 2.217 3 3 195.914 4 Λ 4 5 5 195.914 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . 7 195.914 7 Part XIII Oualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 1 Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . . . 1a 237.547 1b 0 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. 2 2 3 Amounts set aside for specific charitable projects that satisfy the За. 3b 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 237,547 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 237,547 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

| Р  | art XIII Undistributed Income (see instri   | uctions)      |                                   |                    |                     |
|----|---|---------------|-----------------------------------|--------------------|---------------------|
|    |   | (a)<br>Corpus | <b>(b)</b><br>Years prior to 2013 | <b>(c)</b><br>2013 | ( <b>d)</b><br>2014 |
| 1  | Distributable amount for 2014 from Part XI, line 7  |               |                                   |                    | 195,914             |
| 2  | Undistributed income, if any, as of the end of 2014   |               |                                   |                    |                     |
| а  | Enter amount for 2013 only  |               |                                   | 0                  |                     |
| b  | Total for prior years 20, 20, 20  |               | 0                                 |                    |                     |
| 3  | Excess distributions carryover, if any, to 2014   |               |                                   |                    |                     |
| а  | From 2009   |               |                                   |                    |                     |
| b  | From 2010 61,288  | 1             |                                   |                    |                     |
| C  | From 2011 42,755  | 1             |                                   |                    |                     |
| d  | From 2012   |               |                                   |                    |                     |
|    | From 2013   |               |                                   |                    |                     |
|    | <b>Total</b> of lines 3a through e  | 208,505       |                                   |                    |                     |
| 4  | Qualifying distributions for 2014 from Part   |               |                                   |                    |                     |
|    | XII, line 4 🕨 \$  |               |                                   |                    |                     |
|    | Applied to 2013, but not more than line 2a  |               |                                   | 0                  |                     |
|    | Applied to undistributed income of prior years (Election required—see instructions)         |               | 0                                 |                    |                     |
| C  | Treated as distributions out of corpus (Election  | 0             |                                   |                    |                     |
|    | required—see instructions)  |               |                                   |                    | 105.014             |
|    | Applied to 2014 distributable amount  | 44.622        |                                   |                    | 195,914             |
|    | Remaining amount distributed out of corpus  | 41,633        |                                   |                    |                     |
| 5  | Excess distributions carryover applied to 2014  | 0             |                                   |                    |                     |
|    | (If an amount appears in column (d), the same amount must be shown in column (a).)          |               |                                   |                    |                     |
|    | Enter the net total of each column as indicated below:                                      |               |                                   |                    |                     |
| а  | Corpus Add lines 3f, 4c, and 4e Subtract line 5   | 250,138       |                                   |                    |                     |
| b  | Prior years' undistributed income Subtract  |               | 0                                 |                    |                     |
|    | line 4b from line 2b  |               | U                                 |                    |                     |
| 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                                 |                    |                     |
| е  | Undistributed income for 2013 Subtract line   |               |                                   |                    |                     |
|    | 4a from line 2a Taxable amount—see  |               |                                   | 0                  |                     |
| _  | Instructions  |               |                                   | - v                |                     |
| Т  | lines 4d and 5 from line 1 This amount must   |               |                                   |                    |                     |
|    | be distributed in 2015  |               |                                   |                    | (                   |
| 7  | A mounts treated as distributions out of  |               |                                   |                    |                     |
|    | corpus to satisfy requirements imposed by   |               |                                   |                    |                     |
|    | section 170(b)(1)(F) or 4942(g)(3) (Election may  | 0             |                                   |                    |                     |
|    | be required - see instructions)   |               |                                   |                    |                     |
| 8  | Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) | 0             |                                   |                    |                     |
| 9  | Excess distributions carryover to 2015.   |               |                                   |                    |                     |
| •  | Subtract lines 7 and 8 from line 6a   | 250,138       |                                   |                    |                     |
| 10 | Analysis of line 9  |               |                                   |                    |                     |
| а  | Excess from 2010 61,288   |               |                                   |                    |                     |
| b  | Excess from 2011 42,755   |               |                                   |                    |                     |
| С  | Excess from 2012 104,462  |               |                                   |                    |                     |
| d  | Excess from 2013  |               |                                   |                    |                     |
| e  | Excess from 2014 41,633   |               |                                   |                    |                     |

| _        | art XIV Private Operating Four  |                       |                      | aic vii 11, qaootio            | ,                       |                        |
|----------|---|-----------------------|----------------------|--------------------------------|-------------------------|------------------------|
| а        | If the foundation has received a ruling or de   |                       |                      |                                | -                       |                        |
|          | foundation, and the ruling is effective for 20  | )14, enter the date   | e of the ruling      | ▶└─                            |                         |                        |
| b        | Check box to indicate whether the organiza  | ition is a private of | perating foundation  | described in sectio            | n <b>Г</b> 4942(j)(3) d | or <b>Г</b> 4942(j)(5) |
| 2a       | Enter the lesser of the adjusted net  | Tax year              |                      | Prior 3 years                  |                         | (e) Total              |
|          | income from Part I or the minimum<br>investment return from Part X for each               | (a) 2014              | <b>(b)</b> 2013      | (c) 2012                       | (d) 2011                | (e) local              |
|          | year listed   |                       |                      |                                |                         |                        |
| b        | 85% of line 2a  |                       |                      |                                |                         |                        |
| c        | Qualifying distributions from Part XII,   |                       |                      |                                |                         |                        |
|          | line 4 for each year listed   |                       |                      |                                |                         |                        |
| d        | A mounts 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  |                       |                      |                                |                         |                        |
| а        | "Assets" alternative test—enter   |                       |                      |                                |                         |                        |
|          | (1) Value of all assets   |                       |                      |                                |                         |                        |
|          | (2) Value of assets qualifying  |                       |                      |                                |                         |                        |
| h        | under section 4942(j)(3)(B)(i) "Endowment" alternative test— enter 2/3                    |                       |                      | 1                              |                         |                        |
| _        | of minimum investment return shown in   |                       |                      |                                |                         |                        |
|          | Part X, line 6 for each year listed   |                       |                      |                                |                         |                        |
| С        | "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   |                       |                      |                                |                         |                        |
| Pa       | rt XV Supplementary Informatio  | n (Complete tl        | his part only if     | the organization               | on had \$5,000          | or more in             |
|          | assets at any time during   | •                     | instructions.)       |                                |                         |                        |
| а        | Information Regarding Foundation Manage<br>List any managers of the foundation who ha     |                       | re than 2% of the t  | otal contributions re          | aceived by the foun     | dation                 |
| u        | before the close of any tax year (but only if   |                       |                      |                                | ·                       | dation                 |
|          | ,   |                       | . ,                  |                                |                         |                        |
| 1-       | Linkania managara ataba ta  | - 100/ C              | 4ha a4a - U - C      |                                | lu launa a sur          | h -                    |
| D        | List any managers of the foundation who ov<br>ownership of a partnership or other entity) |                       |                      |                                | iy large portion of t   | ne                     |
|          | ,   |                       |                      |                                |                         |                        |
|          |   |                       |                      |                                |                         |                        |
|          | Information Regarding Contribution, Grant   |                       |                      |                                |                         |                        |
|          | Check here 🕶 if the foundation only mal   | es contributions to   | o preselected char   | itable organizations           | and does not acce       | pt ,                   |
|          | unsolicited requests for funds If the found other conditions, complete items 2a, b, c, a  |                       | grants, etc (see in  | structions) to indivi          | duals or organization   | ons unaer              |
|          | ,   |                       |                      |                                |                         |                        |
| а        | The name, address, and telephone number   | or e-mail address     | of the person to w   | nom applications sh            | ould be addressed       |                        |
|          | THE JORDAN AND DEANNA BERMAN FA   |                       | ,                    |                                |                         |                        |
|          | PO BOX 474  |                       |                      |                                |                         |                        |
|          | SPRINGHOUSE, PA 19477   |                       |                      |                                |                         |                        |
| <u> </u> | The form in which applications should be s  | ubmitted and infi     | mation and materia   | المعاد المالية المالية المالية | do                      |                        |
| D        | The form in which applications should be s  |                       |                      | •                              |                         |                        |
| _        | WRITTEN APPLICATIONS SHOULD INC   | LUDE NAME, ADK        | LSS AND PURPO        | SE OF THE UKGAN                | IZATIUN                 |                        |
| С        | Any submission deadlines  |                       |                      |                                |                         |                        |
|          | NONE  |                       |                      |                                |                         |                        |
| -        |   |                       |                      |                                |                         |                        |
| d        | Any restrictions or limitations on awards, factors  | sucn as by geograp    | ohical areas, charit | able fields, kinds of          | institutions, or oth    | er                     |

| See Additional Data Table   | Recipient                            | If recipient is an individual, show any relationship to any foundation manager | Foundation<br>status of | Purpose of grant or | A mount |
|---|--------------------------------------|--|-------------------------|---------------------|---------|
| Name and address (home or business)  a Paid during the year See Additional Data Table  Total    Sa 237,54 | a Paid during the year               | any foundation manager<br>or substantial contributor                           |                         | contribution        |         |
| See Additional Data Table   |                                      |  |                         |                     |         |
|   |                                      |  |                         |                     |         |
| b Approved for future payment   |                                      |  |                         | ▶ 3a                | 237,54  |
|   | <b>b</b> Approved for future payment |  |                         |                     |         |
|   |                                      |  |                         |                     |         |

| Form 990-I           | <u> </u>   | na Astivitis      |                |                       |                       | Page <b>12</b>  |
|----------------------|--|-------------------|----------------|-----------------------|-----------------------|---|
|                      | Analysis of Income-Produci   |                   | usiness income | Excluded by section   | n 512, 513, or 514    | (e)   |
| -                    | n service revenue  | (a) Business code | (b)<br>A mount | (c)<br>Exclusion code | (d)<br>A mount        | Related or exempt<br>function income<br>(See<br>instructions) |
|                      |  |                   |                |                       |                       |   |
| с                    |  |                   |                |                       |                       |   |
|                      |  |                   |                |                       |                       |   |
| 2 Membe<br>3 Interes | and contracts from government agencies rship dues and assessments                              |                   |                | 14                    | 30                    |   |
|                      | nds and interest from securities   |                   |                | 17                    | 30                    |   |
| <b>a</b> Debt-       | financed property ebt-financed property  |                   |                |                       |                       |   |
| <b>6</b> Net rer     | ntal income or (loss) from personal  |                   |                |                       |                       |   |
| 8 Gain or            | nvestment income   |                   |                |                       | 440.040               |   |
| 9 Net inc            | ome or (loss) from special events  |                   |                | 14                    | 110,819               |   |
| <b>11</b> Other r    | profit or (loss) from sales of inventory<br>revenue <b>a</b>                                   |                   |                |                       |                       |   |
| с                    |  |                   |                |                       |                       |   |
| е                    |  |                   |                |                       |                       |   |
| 13 Total. A          | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)                        |                   |                | 1                     | 110,849<br>L <b>3</b> |   |
|                      | orksheet in line 13 instructions to verify ca  -B Relationship of Activities to                |                   | plishment of E | xempt Purpos          | es                    |   |
| Line No.             | Explain below how each activity for whic the accomplishment of the foundation's instructions ) |                   |                |                       |                       |   |
|                      |  |                   |                |                       |                       |   |
|                      |  |                   |                |                       |                       |   |
|                      |  |                   |                |                       |                       |   |
|                      |  |                   |                |                       |                       |   |
|                      |  |                   |                |                       |                       |   |
|                      |  |                   |                |                       |                       |   |
|                      |  |                   |                |                       |                       |   |
|                      |  |                   |                |                       |                       |   |
|                      |  |                   |                |                       |                       |   |
|                      |  |                   |                |                       |                       |   |
|                      |  |                   |                |                       |                       |   |
|                      |  |                   |                |                       |                       |   |
|                      |  |                   |                |                       |                       |   |

| Form 990-PF              | (2014)  |                       |                                    |                                     |                      |                        |   |                             |                | Pa     | ge <b>1</b> 3 |
|--------------------------|---|-----------------------|------------------------------------|-------------------------------------|----------------------|------------------------|---|-----------------------------|----------------|--------|---------------|
| Part XVI                 | Information Re  |                       |                                    |                                     | action               | s and                  | Relationships                             | With                        |                |        |               |
|                          | rganization directly or ir<br>01(c) of the Code (othe   | ndırectly e           | engage in any o                    | f the following wit                 |                      |                        |   |                             |                | Yes    | No            |
| organızat                | ions?   |                       |                                    |                                     |                      |                        |   |                             |                |        |               |
| <b>a</b> Transfers       | from the reporting foun   | dation to             | a noncharitable                    | e exempt organiza                   | ation of             |                        |   |                             |                |        |               |
| <b>(1)</b> Cash          |   |                       |                                    |                                     |                      |                        |   |                             | 1a(1)          |        | No            |
| <b>(2)</b> Othe          | rassets   |                       |                                    |                                     |                      |                        |   |                             | 1a(2)          |        | No            |
| <b>b</b> Other tra       |   |                       |                                    |                                     |                      |                        |   |                             |                |        |               |
|                          | s of assets to a noncha   |                       |                                    |                                     |                      |                        |   |                             |                |        | No            |
| <b>(2)</b> Purc          | hases of assets from a  | noncharit             | able exempt or                     | ganızatıon                          |                      |                        |   |                             | 1b(2)          |        | No            |
| <b>(3)</b> Rent          | al of facilities, equipme   | nt, or othe           | rassets                            |                                     |                      |                        |   |                             |                |        | No            |
|                          | bursement arrangemen  |                       |                                    |                                     |                      |                        |   |                             | 1b(4)          |        | No            |
|                          | s or loan guarantees.   |                       |                                    |                                     |                      |                        |   |                             | 1b(5)          |        | No            |
|                          | rmance of services or m   |                       | _                                  |                                     |                      |                        |   |                             | 1b(6)          |        | No            |
| _                        | f facilities, equipment, r  | _                     | •                                  |                                     |                      |                        |   |                             | 1c             |        | No            |
| of the god<br>in any tra | wer to any of the above<br>ods, other assets, or sei<br>nsaction or sharing arra                              | rvices givennent,     | en by the repor<br>, show in colum | ting foundation In (d) the value of | f the fou<br>the goo | ndation r<br>ds, other | received less than<br>r assets, or servio | n fair marke<br>ces receive | et value<br>ed |        |               |
| (a) Line No              | (b) Amount involved   | (c) Name              | of noncharitable e                 | xempt organization                  | (a)                  | Description            | of transfers, transact                    | ions, and sha               | ring arra      | ngemer | its           |
|                          |   |                       |                                    |                                     |                      |                        |   |                             |                |        |               |
|                          |   |                       |                                    |                                     |                      |                        |   |                             |                |        |               |
| -                        |   |                       |                                    |                                     |                      |                        |   |                             |                |        |               |
|                          |   |                       |                                    |                                     |                      |                        |   |                             |                |        |               |
|                          |   |                       |                                    |                                     |                      |                        |   |                             |                |        |               |
|                          |   |                       |                                    |                                     |                      |                        |   |                             |                |        |               |
|                          |   |                       |                                    |                                     |                      |                        |   |                             |                |        |               |
|                          |   |                       |                                    |                                     |                      |                        |   |                             |                |        |               |
|                          |   |                       |                                    |                                     |                      |                        |   |                             |                |        |               |
|                          |   |                       |                                    |                                     |                      |                        |   |                             |                |        |               |
| -                        |   |                       |                                    |                                     |                      |                        |   |                             |                |        |               |
|                          |   |                       |                                    |                                     |                      |                        |   |                             |                |        |               |
| described                | indation directly or indir<br>in section 501(c) of th<br>complete the following s<br>(a) Name of organization | e Code (o<br>schedule | ther than secti                    | •                                   | ın sectio            | •                      |   | otion of relation           | .FYe           | es F   | No            |
|                          |   |                       |                                    |                                     |                      |                        |   |                             |                |        |               |
|                          |   |                       |                                    |                                     |                      |                        |   |                             |                |        |               |
|                          |   |                       |                                    |                                     |                      |                        |   |                             |                |        |               |
| Line                     | ler penalties of perjury,   | I declare             | that I have eva                    | mined this return                   | unclud               | ng 2000r               | mpanying schedul                          | les and sta                 | tement         | c and  | to            |
| the                      | best of my knowledge a rmation of which prepare   | nd belief,            | ıt ıs true, corre                  |                                     |                      |                        | reparer (other tha                        |                             | r) is bas      | ed on  |               |
|                          | Signature of officer or ti  | rustee                |                                    | Date                                | <b>-</b> )           | Title                  |   | with the<br>below           | preparer       |        |               |
| D-:d                     | Print/Type preparer's<br>LINDA<br>GUENDELSBERGER<br>CPA   |                       | Preparer's Sig                     | gnature                             | Date                 |                        | Check if self-<br>employed ▶              | PTIN PO                     | 000911         | 51     |               |
| Paid<br>Preparer<br>Use  | Firm's name ►<br>LG LEGACY GROUP L  | .LC                   |                                    |                                     |                      |                        | Firm's EIN ▶ 46                           | 5-3435680                   | 0              |        |               |
| Only                     | Firm's address F 715 TWINING ROAD SUITE 214 DRESHER, PA Phone no (267) 540-8077                               |                       |                                    |                                     |                      |                        | 7   |                             |                |        |               |

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

| ABINGTON HEALTH FOUNDATION ABBIRTY A 19002  ABINGTON HEALTH FOUNDATION 1200 OLD YORK ROAD ABINGTON, PA 19001  ABRAMSON CANCER CENTER 3400 ABRAMSON CANCER CENTER 3400 ABRAMSON CANCER CENTER 3400 ABRAMSON CENTER FOR JEWISH LIFE 1425 HORSHAM RD NORTH WALES, PA 19104  ACT II PLAYHOUSE 56 E BUTLER AVE AMBLER, PA 19102  ABINGTON FRIENDS SCHOOL 575 WASHINGTON IN BINGTON, PA 19010  AND CONSHOHOCKEN, PA 19428  ALS ASSOCIATION 321 NORE CONSHOHOCKEN, PA 19428  ALS ASSOCIATION 321 NORE COMBINER THEATER 103 E BUTLER AVE AWBER THEATER 103 E BUTLER AVE AWBER THEATER 103 E BUTLER AVE AMBLER, PA 19002  AMBLER THEATER 103 E BUTLER AVE AWBER THEATER 103 E BUTLER AVE AWBER, PA 19002  AMBLER THEATER 103 E BUTLER AVE AWBER, PA 19002  AMBLER THEATER 103 E BUTLER AVE AWBER THEATER 103 E BUTLER AVE AWBER THEATER 103 E BUTLER AVE AMBLER, PA 19002  AMBLER, PA 19002  AMBLER, PA 19002  AUTISM SPEAKS 1 EAST 33RD STREET 4TH FLOOR NEW YORK, NY 10016  BIRTHRIGHT INTERNATIONAL PASSOCIATION NONE  CHARITY  AUGUST  CHARITY  GENERAL ADMINISTRATIVE 10,000  CHARITY  GENERAL ADMINISTRATIVE 1,000  AMBLER, PA 19002  AUTISM SPEAKS 1 EAST 33RD STREET 4TH FLOOR NEW YORK, NY 10016  BIRTHRIGHT INTERNATIONAL PASSOCIATION NONE CHARITY  CHARITY  GENERAL ADMINISTRATIVE 1,000  CHARITY  AMBLER, PA 19002  AUTISM SPEAKS 1 EAST 33RD STREET 4TH FLOOR NEW YORK, NY 10016  BIRTHRIGHT INTERNATIONAL PASSOCIATION NONE CHARITY CHARITY  GENERAL ADMINISTRATIVE 1,000  CHARITY  FULBLIC CHARITY  GENERAL ADMINISTRATIVE 1,000  CHARITY  AMBLER, PA 19002  AUTISM SPEAKS 1 EAST 33RD STREET 4TH FLOOR NEW YORK, NY 10016  BIRTHRIGHT INTERNATIONAL PASSOCIATION NONE CHARITY CHARITY  GENERAL ADMINISTRATIVE 1,000  AMBLER, PA 19002  AND CONTRACTOR AVE PHILADELPHIA, PA 19111  BONNIE KROCHCENTER BLVD PHILADELPHIA, PA 19104   |   |                          |           |                        |         |
|--|---|--------------------------|-----------|------------------------|---------|
| A PAID AUMINION OF SUBSTANTIAL CONTINUES. OF | Recipient   | show any relationship to | status of |                        | A mount |
| A DATE WITH A PLATE 7254 WILLOW ROAD MABLER, PA 19002  ABINGTON HEALTH FOUNDATION ADDRAWS ROAD ABINGTON, PA 19001  ABRAMSON CANCER CENTER 3400 CIVIC CENTER BLVD PHILADELPHIA, PA 19104  ABRAMSON CANCER CENTER 3400 CIVIC CENTER BLVD PHILADELPHIA, PA 19104  ACT II PLAYHOUSE 56 E BUTLER AVE AND ABINGTON FRIENDS SCHOOL 575 NONE  AIM ACADEMY 1200 RIVER RD COMSHOHOCKEN, PA 19428  ALS ASSOCIATION 321 NONE  AMBLER, PA 19002  AMBLER THEATER 108 E BUTLER AVE AND  | Name and address (home or business)               |                          | recipient |                        |         |
| MILLOW ROAD  ABINGTON HEALTH FOUNDATION 1200 OLD YORK ROAD ABINGTON HEALTH FOUNDATION 1200 OLD YORK ROAD ABRAMSON CANCER CENTER 3400 CHARITY  ABRAMSON CANCER CENTER 3400 CHARITY ABRAMSON CANCER CENTER 3400 CHARITY PHILADELPHIA, PA 19104  ABRAMSON CENTER FOR JEWISH LIFE 1425 HORSHAM RD NORTH WALES, PA 19454  ACT II PLAYHOUSE 56 E BUTLER AVE AWBLER, PA 19102  ABINGTON FRIENDS SCHOOL 575 NONE  PUBLIC CHARITY CHARITY  BONNE  PUBLIC CHARITY  GENERAL ADMINISTRATIVE  250  ABINGTON FRIENDS SCHOOL 575 WASHINGTON IN JENNITHOWN, PA 19046  NONE  PUBLIC CHARITY  GENERAL ADMINISTRATIVE  10,500 CHARITY  BONNE  PUBLIC CHARITY  GENERAL ADMINISTRATIVE  10,500 CHARITY  ALS ASSO CLATION 321 NORE CHARITY  NONE  PUBLIC CHARITY  GENERAL ADMINISTRATIVE  10,500 CHARITY  AND AND ALS ASSO CLATION 321 NORE CHARITY  CHARITY  CHARITY  GENERAL ADMINISTRATIVE  10,500 CHARITY  AND AND AND AND AND AND AND AND AND AN  | a Paid during the year                            |                          |           |                        |         |
| ABRAMSON CANCER CENTER 3400 ABRAMSON CANCER CENTER 3400 CIVIC CENTER BLVD PHILADELPHIA, PA 19104  ABRAMSON CENTER FOR JEWISH LIFE 1425 HORSHAM RD NONE  ABRAMSON CENTER FOR JEWISH LIFE 1425 HORSHAM RD NONE  ACT II PLAYHOUSE 56 E BUTLER AVE AMBLER, PA 19102  ABINCTON, PRIENDS SCHOOL 575 MONE  ABINCTON, PRIENDS SCHOOL 575 MONE  ABINCTON FRIENDS SCHOOL 575 MONE  CHARITY  ABINCTON FRIENDS SCHOOL 575 MONE  ALIA ASSOCIATION 321 MONE  CHARITY  ALIA ASSOCIATION 321 MONE  CHARITY  AND CHARITY  AMBLER, PA 19002  AMBLER THEATER 108 E BUTLER AVE AND LOWER GWYNEDD, PA 19002  AMBLER THEATER 108 E BUTLER AVE AMBLER, PA 19002  AMBLER, PA 19002  AMBLER, PA 19002  AMBLER, PA 19002  AMBLER YMCA 1325 MCKEAN RD NONE  CHARITY  CHARITY  CHARITY  CHARITY  CHARITY  CHARITY  CHARITY  CHARITY  CHARITY  AUTISM SPEAKS 1 EAST 33RD NONE  CHARITY  BIRTHRIGHT INTERNATIONAL POSOC CHARITY PHILADELPHIA, PA 19111  BONNIE KROLL MELANOMA MEM E PHILADELPHIA, PA 19111  BONNIE KROLL MELANOMA MEM E PHILADELPHIA, PA 19104  NONE  CHARITY  C | WILLO W ROAD                                      | NONE                     |           | GENERAL ADMINISTRATIVE | 16,100  |
| CIVIC CENTER BLVD PHILADELPHIA,PA 19104  ABRAMSON CENTER FOR JEWISH LIFE 1425 HORSHAM RD NORTH WALES,PA 19454  ACT II PLAYHOUSE 56 E BUTLER AVE  | 1200 OLD YORK ROAD                                | NONE                     |           | GENERAL ADMINISTRATIVE | 10,000  |
| LIFE 1425 HORSHAM RD NORTH WALES, PA 19454  ACT II PLAYHOUSE 56 E BUTLER AVE AVE AVE ANBLER, PA 19102  ABBINGTON FRIENDS SCHOOL 575 WASHINGTON LN JENKINTOWN, PA 19046  AIM ACADEMY 1200 RIVER RD CONSHOHOCKEN, PA 19428  ALS ASSOCIATION 321 NONE CHARITY  MONE CHARITY  PUBLIC CHARITY  GENERAL ADMINISTRATIVE  10,500  ALS ASSOCIATION 321 NONE CHARITY  MORRISTOWN RD LOWER GWYNEDD, PA 19002  AMBLER, PA 19002  AMBLER, PA 19002  AMBLER, PA 19002  AMBLER, PA 19002  AUTISM SPEAKS 1 EAST 33RD AMBLER, PA 19002  AUTISM SPEAKS 1 EAST 33RD STREET 4TH FLOOR REWYORK, PY 10016  BIRTHRIGHT INTERNATIONAL 7986 OXFORD AVE BUTLER AVE BUT | CIVIC CENTER BLVD                                 | NONE                     |           | GENERAL ADMINISTRATIVE | 1,000   |
| AVE ABBLER, PA 19102  ABINGTON FRIENDS SCHOOL 575 WASHINGTON LN JENKINTOWN, PA 19046  AIM ACADEMY 1200 RIVER RD CONSHOHOCKEN, PA 19428  ALS ASSOCIATION 321 NONE  AMBLER THEATER 108 E BUTLER AVE AVBLER, PA 19002  AMBLER, PA 19002  AUTISM SPEAKS 1 EAST 33RD STREET 4TH FLOOR NEW YORK, NY 10016  BIRTHRIGHT INTERNATIONAL 7986 OXFORD AVE PHILADELPHIA, PA 19111  BONNIE KROLL MELANOMA MEM E AMBLER, PA 19002  THE CHILDREN'S HOSPITAL OF PHILADELPHIA, PA 19104  CONREGATION BETH TOVIM 5871 DREXELE RD PHILADELPHIA, PA 19131  NONE  CHARITY  CHARITY  GENERAL ADMINISTRATIVE 15,000 CHARITY  GENERAL ADMINISTRATIVE 10,000 CHARITY CHARI | LIFE 1425 HORSHAM RD                              | NONE                     |           | GENERAL ADMINISTRATIVE | 38,500  |
| WASHINGTON LN JENKINTOWN,PA 19046  AIM ACADEMY 1200 RIVER RD CONSHOHOCKEN,PA 19428  NONE  PUBLIC CHARITY  ALS ASSOCIATION 321 NONE  CHARITY  AND BUBLIC CHARITY  PUBLIC CHARITY  AND BUBLIC CHARITY  AUTISM SPEAKS 1 EAST 33RD STREET 4TH FLOOR NONE  BIRTHRIGHT INTERNATIONAL TYPES OXFORD AVE PHILADELPHIA,PA 19111  BONNIE KROLL MELANOMA MEM E BONNIE KROLL MELANOMA MEM E BUBLIC CHARITY  AND BUBLIC CHARITY  AND BUBLIC CHARITY  CHARITY  CHARITY  BUBLIC CHARITY  GENERAL ADMINISTRATIVE  15,000 CHARITY  AND BUBLIC CHARITY  BUBLIC CHARITY  AND BUBLIC CHARITY  AND BUBLIC CHARITY  BUBLIC CHARITY  BUBLIC CHARITY  BUBLIC CHARITY  AND BUBLIC CHARITY  BUBLIC CHARIT | AVE   | NONE                     |           | GENERAL ADMINISTRATIVE | 250     |
| CONSHOHOCKEN,PA 19428  ALS ASSOCIATION 321 NONE CHARITY  AMBLER THEATER 108 E BUTLER AVE AMBLER, PA 19002  AUTISM SPEAKS 1 EAST 33RD STREET 4TH FLOOR NEW YORK, NY 10016  BIRTHRIGHT INTERNATIONAL 7986 OXFORD AVE PHILADELPHIA, PA 19111  BONNIE KROLL MELANOMA MEM E BUTLER AVE AMBLER, PA 19002  THE CHILDREN'S HOSPITAL OF PHILADELPHIA FOUNDATION 3401 CIVIC CENTER BLVD PHILADELPHIA, PA 19104  CONGREGATION BETH TOVIM 5871 DREXELRD PHILADELPHIA, PA 19131  CHARITY  CHARITY  GENERAL ADMINISTRATIVE 1,000  CHARITY  GENERAL ADMINISTRATIVE 1,000  GENERAL ADMINISTRATIVE 1,000  CHARITY  GENERAL ADMINISTRATIVE 1,000  GENERAL ADMINISTRATIVE 1,000  CHARITY  HILADELPHIA, PA 19104  CONGREGATION BETH TOVIM 5871 DREXEL RD PHILADELPHIA, PA 19131  | WASHINGTON LN                                     | NONE                     |           | GENERAL ADMINISTRATIVE | 500     |
| NORRISTOWN RD LOWER GWYNEDD, PA 19002  AMBLER THEATER 108 E BUTLER AVE AMBLER, PA 19002  AMBLER YMCA 1325 MCKEAN RD AMBLER, PA 19002  AMBLER, PA 19002  AUTISM SPEAKS 1 EAST 33RD STREET 4TH FLOOR NEW YORK, NY 10016  BIRTHRIGHT INTERNATIONAL 7986 OXFORD AVE PHILADELPHIA, PA 19111  BONNIE KROLL MELANOMA MEM E BUTLER AVE AMBLER, PA 19002  THE CHILDREN'S HOSPITAL OF PHILADELPHIA FOUNDATION 3401 CIVIC CENTER BLVD PHILADELPHIA, PA 19104  CONGREGATION BETH TOVIM 5871 DREXEL RD PHILADELPHIA, PA 19131  CONGREGATION BETH TOVIM 5871 DREXEL RD PHILADELPHIA, PA 19131  |   | NONE                     |           | GENERAL ADMINISTRATIVE | 10,500  |
| AVE AMBLER, PA 19002  AMBLER, PA 19002  AMBLER, PA 19002  AUTISM SPEAKS 1 EAST 33RD STREET 4TH FLOOR NEW YORK, NY 10016  BIRTHRIGHT INTERNATIONAL 7986 OXFORD AVE PHILADELPHIA, PA 19111  BONNIE KROLL MELANOMA MEM E BUTLER AVE AMBLER, PA 19002  THE CHILDREN'S HOSPITAL OF PHILADELPHIA, PA 19104  CONGREGATION BETH TOVIM PHILADELPHIA, PA 19104  CONGREGATION BETH TOVIM PHILADELPHIA, PA 19131  CONGREGATION BETH TOVIM PHILADELPHIA, PA 19131  CHARITY  CHARITY  CHARITY  GENERAL ADMINISTRATIVE 1,000  GENERAL ADMINISTRATIVE 1,100  GENERAL ADMINISTRATIVE 1,100  GENERAL ADMINISTRATIVE 1,100  CHARITY  GENERAL ADMINISTRATIVE 1,100  CHARITY   | NORRISTOWN RD                                     | NONE                     |           | GENERAL ADMINISTRATIVE | 30,000  |
| AMBLER, PA 19002  AUTISM SPEAKS 1 EAST 33RD STREET 4TH FLOOR NEW YORK, NY 10016  BIRTHRIGHT INTERNATIONAL 7986 OXFORD AVE PHILADELPHIA, PA 19111  BONNIE KROLL MELANOMA MEM E BUTLER AVE AMBLER, PA 19002  THE CHILDREN'S HOSPITAL OF PHILADELPHIA, PA 19104  CONGREGATION BETH TOVIM S871 DREXEL RD PHILADELPHIA, PA 19131  NONE  PUBLIC CHARITY  GENERAL ADMINISTRATIVE 1,000 GENERAL ADMINISTRATIVE 1,100  | AVE   | NONE                     |           | GENERAL ADMINISTRATIVE | 100     |
| STREET 4TH FLOOR NEW YORK, NY 10016  BIRTHRIGHT INTERNATIONAL 7986 OXFORD AVE PHILADELPHIA, PA 19111  BONNIE KROLL MELANOMA MEM E BUTLER AVE AMBLER, PA 19002  THE CHILDREN'S HOSPITAL OF PHILADELPHIA FOUNDATION 3401 CIVIC CENTER BLVD PHILADELPHIA, PA 19104  CONGREGATION BETH TOVIM 5871 DREXEL RD PHILADELPHIA, PA 19131  CHARITY  CHARITY  GENERAL ADMINISTRATIVE CHARITY  GENERAL ADMINISTRATIVE 1,100  GENERAL ADMINISTRATIVE 1,100  CHARITY  GENERAL ADMINISTRATIVE 10,045   |   | NONE                     |           | GENERAL ADMINISTRATIVE | 1,000   |
| 7986 OXFORD AVE PHILADELPHIA, PA 19111  BONNIE KROLL MELANOMA MEM E BUTLER AVE AMBLER, PA 19002  THE CHILDREN'S HOSPITAL OF PHILADELPHIA FOUNDATION 3401 CIVIC CENTER BLVD PHILADELPHIA, PA 19104  CONGREGATION BETH TOVIM 5871 DREXEL RD PHILADELPHIA, PA 19131  CHARITY  CHARITY  GENERAL ADMINISTRATIVE 1,100  GENERAL ADMINISTRATIVE 10,045  | STREET 4TH FLOOR                                  | NONE                     |           | GENERAL ADMINISTRATIVE | 300     |
| BUTLER AVE AMBLER, PA 19002  THE CHILDREN'S HOSPITAL OF PHILADELPHIA FOUNDATION 3401 CIVIC CENTER BLVD PHILADELPHIA, PA 19104  CONGREGATION BETH TOVIM 5871 DREXEL RD PHILADELPHIA, PA 19131  CHARITY  CHARITY  GENERAL ADMINISTRATIVE 10,045  | 7986 OXFORD AVE                                   | NONE                     |           | GENERAL ADMINISTRATIVE | 15,000  |
| PHILADELPHIA FOUNDATION 3401 CIVIC CENTER BLVD PHILADELPHIA, PA 19104  CONGREGATION BETH TOVIM 5871 DREXEL RD PHILADELPHIA, PA 19131  CHARITY  PUBLIC CHARITY  GENERAL ADMINISTRATIVE 10,045   | BUTLER AVE  | NONE                     |           | GENERAL ADMINISTRATIVE | 1,000   |
| 5871 DREXEL RD PHILADELPHIA, PA 19131  CHARITY   | PHILADELPHIA FOUNDATION<br>3401 CIVIC CENTER BLVD | NONE                     |           | GENERAL ADMINISTRATIVE | 1,100   |
| Total  | 5871 DREXEL RD                                    | NONE                     |           | GENERAL ADMINISTRATIVE | 10,045  |
|  | Total   |                          |           |                        | 237,547 |

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

| Recipient  Name and address (home or business)  | If recipient is an individual,<br>show any relationship to<br>any foundation manager | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | A mount |
|---|--|--------------------------------------|-------------------------------------|---------|
| a Paid during the year  | or substantial contributor   |                                      |                                     |         |
| UPENN - DORMAN LEUKEMIA RESEARCH FUND 3451 WALNUT ST 433 FRANKLIN BUILDING PHILADELPHIA, PA 19104   | NONE   | PUBLIC<br>CHARITY                    | GENERAL ADMINISTRATIVE              | 11,878  |
| FACE TO FACE 109 EAST PRICE<br>STREET<br>PHILADELPHIA,PA 19144                                      | NONE   | PUBLIC<br>CHARITY                    | GENERAL ADMINISTRATIVE              | 5,000   |
| FOUNDATION FIGHTING<br>BLINDNESS 7168 COLUMBIA<br>GATEWAY DRIVE SUITE<br>100<br>COLUMBIA, MD 21046  | NONE   | PUBLIC<br>CHARITY                    | GENERAL ADMINISTRATIVE              | 25      |
| GERMANTOWN ACADEMY 340<br>MORRIS RD<br>FORT WASHINGTON,PA 19034                                     | NONE   | PUBLIC<br>CHARITY                    | GENERAL ADMINISTRATIVE              | 500     |
| GLEN MILLS STUDENT<br>SCHOLARSHIP 185 GLEN MILLS<br>ROAD<br>GLEN MILLS,PA 19342                     | NONE   | PUBLIC<br>CHARITY                    | GENERAL ADMINISTRATIVE              | 250     |
| HEBREW FREE LOAN SOCIETY 675<br>THIRD AVENUE SUITE 1905<br>NEW YORK, NY 10017                       | NONE   | PUBLIC<br>CHARITY                    | GENERAL CHARITABLE<br>PURPOSES      | 51,400  |
| KIMMEL CENTER FOR THE PERFORMING ARTS 300 S BROAD ST PHILADELPHIA,PA 19102                          | NONE   | PUBLIC<br>CHARITY                    | GENERAL ADMINISTRATIVE              | 500     |
| MADD 511 E JOHN CARPENTER<br>FREEWAY - STE<br>700<br>IRVING,TX 75062                                | NONE   | PUBLIC<br>CHARITY                    | GENERAL ADMINISTRATIVE              | 100     |
| MAKE-A-WISH AMERICA 4742 N<br>24TH STSUITE 400<br>PHOENIX,AZ 85016                                  | NONE   | PUBLIC<br>CHARITY                    | GENERAL ADMINISTRATIVE              | 150     |
| MANNA 2323 RANSTEAD ST<br>PHILADELPHIA,PA 19103   | NONE   | PUBLIC<br>CHARITY                    | GENERAL ADMINISTRATIVE              | 125     |
| MONTGOMERY COUNTY<br>ASSOCIATION FOR THE BLIND<br>212 N MAIN ST<br>NORTH WALES,PA 19454             | NONE   | PUBLIC<br>CHARITY                    | GENERAL ADMINISTRATIVE              | 100     |
| NATIONAL FOUNDATION FOR<br>CANCER RESEARCH 4600 EAST<br>WEST HIGHWAY SUITE 525<br>BETHESDA,MD 20814 | NONE   | PUBLIC<br>CHARITY                    | GENERAL ADMINISTRATIVE              | 50      |
| NATIONAL MULTIPLE SCLEROSIS<br>SOCIETY 30 S 17TH ST 800<br>PHILADELPHIA,PA 19103                    | NONE   | PUBLIC<br>CHARITY                    | GENERAL ADMINISTRATIVE              | 250     |
| NATIONAL MUSEUM OF AMERICAN<br>JEWISH HISTORY 101 S<br>INDEPENDENCE MALL E<br>PHILADELPHIA,PA 19106 | NONE   | PUBLIC<br>CHARITY                    | GENERAL ADMINISTRATIVE              | 15,000  |
| NORMAN ROCKWELL MUSEUM 9<br>MA-183 STOCKBRIDGE<br>STOCKBRIDGE,MA 01262                              | NONE   | PUBLIC<br>CHARITY                    | GENERAL ADMINISTRATIVE              | 10,000  |
| Total   |  |                                      |                                     | 237,547 |

# 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 | Foundation<br>status of | Purpose of grant or contribution | A mount |
|--|---|-------------------------|----------------------------------|---------|
| Name and address (home or business)  | any foundation manager<br>or substantial contributor    | recipient               | Contribution                     |         |
| a Paid during the year   |   |                         |                                  |         |
| PHILABUNDANCE 3616 S<br>GALLOWAY ST<br>PHILADELPHIA,PA 19148   | NONE  | PUBLIC<br>CHARITY       | GENERAL ADMINISTRATIVE           | 300     |
| PITCH IN FOR BASEBALL 1541<br>GEHMAN ROAD<br>HARLEYSVILLE,PA 19438   | NONE  | PUBLIC<br>CHARITY       | GENERAL ADMINISTRATIVE           | 250     |
| SAMARITAN FUND SPRING HOUSE<br>- ACTS LIFE CARE RETIREMENT PO<br>BOX 90 / 375 MORRIS ROAD<br>WEST POINT,PA 19486 | NONE  | PUBLIC<br>CHARITY       | GENERAL CHARITABLE<br>PURPOSES   | 25      |
| SISTERHOOD OF TEMPLE BETH AM<br>5950 N KENDALL DRIVE<br>PINECREST,FL 33156                                       | NONE  | PUBLIC<br>CHARITY       | GENERAL ADMINISTRATIVE           | 774     |
| SOCIETY OF ILLUSTRATORS 128 E<br>63RD ST<br>NEW YORK,NY 10065  | NONE  | PUBLIC<br>CHARITY       | GENERAL ADMINISTRATIVE           | 2,050   |
| SUSAN G KOMEN FOR THE CURE<br>5005 LBJ FREEWAY SUITE 250<br>DALLAS,TX 75244                                      | NONE  | PUBLIC<br>CHARITY       | GENERAL ADMINISTRATIVE           | 100     |
| THE ATTIC YOUTH CENTER 255 S<br>16TH ST<br>PHILADELPHIA,PA 19102   | NONE  | PUBLIC<br>CHARITY       | GENERAL ADMINISTRATIVE           | 300     |
| UNITY POWER INC 6770 FIJI<br>CIRCLE<br>BOYNTON BEACH,FL 33437  | NONE  | PUBLIC<br>CHARITY       | GENERAL ADMINISTRATIVE           | 200     |
| UNITED STATES HOLOCAUST<br>MEMORIAL MUSEUM 100 RAOUL<br>WALLENBERG PL SW<br>WASHINGTON, DC 20024                 | NONE  | PUBLIC<br>CHARITY       | GENERAL ADMINISTRATIVE           | 25      |
| WOUNDED WARRIOR FOUNDATION<br>PO BOX 758517<br>TOPEKA,KS 66675   | NONE  | PUBLIC<br>CHARITY       | GENERAL ADMINISTRATIVE           | 2,000   |
| WORKS PROGRESS<br>ADMINISTRATION 1421 LINCOLN<br>STREET<br>BERKELEY,CA 94702                                     | NONE  | PUBLIC<br>CHARITY       | GENERAL ADMINISTRATIVE           | 50      |
| DANIELLA BEN TOV PO BOX<br>547817<br>ORLANDO,FL 32854  | NONE  | PUBLIC<br>CHARITY       | GENERAL ADMINISTRATIVE           | 500     |
| JEWISH NATIONAL FUND 3RD FL<br>2100 ARCH ST<br>PHILADELPHIA,PA 19103   | NONE  | PUBLIC<br>CHARITY       | GENERAL ADMINISTRATIVE           | 250     |
| Total  |   |                         |                                  | 237,547 |

# **TY 2014 Accounting Fees Schedule**

Name: THE JORDAN AND DEANNA BERMAN FAMILY

CHARITABLE FOUNDATION

| Category        | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|-----------------|--------|--------------------------|------------------------|---|
| ACCOUNTING FEES | 2,900  | 0                        |                        | 0   |

# **TY 2014 Investments Corporate Stock Schedule**

Name: THE JORDAN AND DEANNA BERMAN FAMILY

CHARITABLE FOUNDATION

| Name of Stock          | End of Year Book<br>Value | End of Year Fair<br>Market Value |
|------------------------|---------------------------|----------------------------------|
| MERRILL LYNCH EQUITIES | 243,151                   | 3,750,579                        |

### **TY 2014 Other Assets Schedule**

Name: THE JORDAN AND DEANNA BERMAN FAMILY

CHARITABLE FOUNDATION

|   | Description | Beginning of Year -<br>Book Value | End of Year - Book<br>Value | End of Year - Fair<br>Market Value |
|---|-------------|-----------------------------------|-----------------------------|------------------------------------|
| ſ | NOTE        | 0                                 | 2,340                       | 2,340                              |

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### **TY 2014 Other Decreases Schedule**

Name: THE JORDAN AND DEANNA BERMAN FAMILY

CHARITABLE FOUNDATION

| Description                      | Amount |
|----------------------------------|--------|
| UNREALIZED GAIN ON STOCK DONATED | 7,825  |

#### **TY 2014 Taxes Schedule**

Name: THE JORDAN AND DEANNA BERMAN FAMILY

CHARITABLE FOUNDATION

| Category   | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|------------|--------|--------------------------|------------------------|---|
| EXCISE TAX | 2,658  | 0                        |                        | 0   |