

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED NOV 1 9 2015

Form **990-PF**

Return of Private Foundation

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

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

OMB No 1545-0052

Department of the Treasury Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection

<u> </u>	r caler	idar year 2014 or tax year beginning	7/1/20	14	<u>, and</u>	ending	6/30/201	5	
	me of fou					A Employe	r identification numbe	r	
		CUSTER MEMORIAL FUND - U/D							
		d street (or P.O box number if mail is not delivered to street address	s)	Roc	m/suite		23-6226957		
		on, N.A P O Box 185				B Telephone	e number (see instructi	ons)	
	y or town	· · · · · · · · · · · · · · · · · · ·		ZIP code					
	tsburgi	 		<u>15230-0</u>			(215) 553-36		
FOI	reign cou	intry name Foreign province/state/county		Foreign po	stal code	C If exempt	ion application is pendi	ng, check here	· •
_	Chack	call that apply: Initial return Initial return						L	. —
G	Cilecr			former public	cnanty	·	n organizations, check		▶∟
		☐ Final return ☐ Amended					n organizations meeting		
_	Chasl	Address change Name cha		£		4	here and attach computed foundation status was to the computer of the computer		
<u></u>		type of organization: X Section 501(c)(3) exemp			J = 4° =		07(b)(1)(A), check here		້▶ 🔲
느		on 4947(a)(1) nonexempt chantable trust Other t				ļ			
ı		narket value of all assets at J Accounting meth		Cash 📙	Accrual	r .	ndation is in a 60-month		_
		f year (from Part II, col (c), Other (specific	y)			under sec	tion 507(b)(1)(B), chec	k here	▶∟
		6) \$ 15,107,245 (Part I, column (d) mus	T De On C	asii basis)	T	L	<u> </u>	Led) Diabina	
Р	art I	Analysis of Revenue and Expenses (The total of		Revenue and	(b) Ne	t investment	(c) Adjusted net	(d) Disburse for chanta	
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	'	expenses per books		ncome	income	purpose	es
				DOOKS	N 500 N	TO SERVICE AND		(cash basis	only)
	1	Contributions, gifts, grants, etc., received (attach schedule)							
	2 3	Check X if the foundation is not required to attach Sch E				4			***
	4	Interest on savings and temporary cash investments Dividends and interest from securities	` ├─	297,13		297,463			
	5a	Gross rents	 	297,13	-	231,403			प्रेंड च्ह
	b	Net rental income or (loss)					Social Calculation		
4	6a	Net gain or (loss) from sale of assets not on line 10	****	968,70					
ĭ	Ь	Gross sales price for all assets on line 6a 5,668,6	552			**			
Revenue	7	Capital gain net income (from Part IV, line 2) .	18.80			968,705	. 18 B. 18 S.	श्रुत्पक्षण्यकः	
ě	8	Net short-term capital gain		· · · · · · · · · · · · · · · · · · ·				4.600	7888
_	9	Income modifications		À &		£		6. 2	
	10a	Gross sales less returns and allowances							
	b	Less: Cost of goods sold	E		نيقانا و	المتلات		كالتحقية	
	C	Gross profit or (loss) (attach schedule)	L		1/2 1/2	\$. J \$, S. C 1
	11	Other income (attach schedule)	L					A Section	100
	12	Total. Add lines 1 through 11		1,265,83	7	1,266,168	0	A sale sale	ا داد
S	13	Compensation of officers, directors, trustees etc	_d_	8,90	1	5,341	· · · · · · · · · · · · · · · · · · ·	3	3,560
Expenses	14	Other employee salaries and wages	10		_				
ē	15	Pension plans, employee benefits Legal fees (attach schedule), 100 15 6 2015			-			<u> </u>	
×	16a	- ' ((3)) ((1) -	S	. <u>.</u>	- 			 	
9	b	Accounting fees (attach schedule)		 					
Ę	1_C	Other professional fees (attach schedule) Interest		}	-			ļ	
tra	17 18	Taxes (attach schedule) (see instructions)	<u> </u>	16,63	1	7,485		 	
and Administrativ	19	Depreciation (attach schedule) and depletion	<u> </u>		4	7,460			
Ē	20	Occupancy			 			<u> </u>	
Þ	21	Travel, conferences, and meetings	<u> </u>		†		-		
9	22	Printing and publications	<u> </u>		1				
a	23	Other expenses (attach schedule)		38	в	388			
	24	Total operating and administrative expenses.			1				
ati		Add lines 13 through 23		25,92	1	13,214	0	<u></u>	3,560
ē	25	Contributions, gifts, grants paid		681,22			ne bearing		1,221
Operating	26	Total expenses and disbursements. Add lines 24 and 25.		707,14		13,214	0		4,781
	27	Subtract line 26 from line 12.		· ·	a sa si	* *			
	a	Excess of revenue over expenses and disbursements .		558,69	5 . 4	* * *	in the same of		
	b	Net investment income (if negative, enter -0-)	36	24 A A		1,252,954	50 g 4 6 *	40 6 S	
	l c	Adjusted net income (if negative, enter -0-)			3			3	

For Paperwork Reduction Act Notice, see instructions.

HTA

Form 990-PF (2014) MUSSER CUSTER MEMORIAL FUND - U/D 23-6226957 Attached schedules and amounts in the description column Beginning of year End of year Part II **Balance Sheets** should be for end-of-year amounts only (See instructions) (b) Book Value (a) Book Value (c) Fair Market Value -130,379 -130.379 2 Savings and temporary cash investments 193,208 113,651 113.651 3 Accounts receivable Less: allowance for doubtful accounts Pledges receivable ▶ Less allowance for doubtful accounts

Grants receivable 5 Receivables due from officers, directors, trustees, and other 6 disqualified persons (attach schedule) (see instructions). . 7 Other notes and loans receivable (attach schedule) Less: allowance for doubtful accounts Inventories for sale or use 8 Assets 9 Prepaid expenses and deferred charges . 10a Investments—U.S. and state government obligations (attach schedule) Investments—corporate stock (attach schedule) . . . c Investments—corporate bonds (attach schedule) . . . Investments—land, buildings, and equipment. basis 11 Less. accumulated depreciation (attach schedule) ▶ 12 13 Investments—other (attach schedule) . . . 12,444,930 13,213,131 15.123.973 Land, buildings, and equipment basis 14 Less accumulated depreciation (attach schedule) Other assets (describe 15 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) . . . 12,638,138 13,196,403 17 Accounts payable and accrued expenses 18 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) . . . Other liabilities (describe
) 22 23 Total liabilities (add lines 17 through 22) . . . Foundations that follow SFAS 117, check here . . • • **Balances** and complete lines 24 through 26 and lines 30 and 31. 24 25 26 Fund Foundations that do not follow SFAS 117, check here ▶ 🛛 and complete lines 27 through 31. 6 27 12,638,138 13,196,403 Assets 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see instructions). 12,638,138 13,196,403 Net 31 Total liabilities and net assets/fund balances (see instructions) 12,638,138 13,196,403 Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 12,638,138 2 Enter amount from Part I, line 27a . . 2 55ປ່_695 3 Other increases not included in line 2 (itemize) ► LOSS ON CY SALES NOT SETTLED AT YEAR ENI 3 3,501 4 13,200,334 5 Decreases not included in line 2 (itemize) ► See Attached Statement

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

Form 990-PF (2014)

3,931

13,196,403

5

Enter qualifying distributions from Part XII, line 4

Part VI instructions

		R CUSTER MEMORIAL FUND - L				23-6	226957	Page 3
Part	(a) List and describe t	d Losses for Tax on Investmente kind(s) of property sold (e.g., real estate, buse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase	(c) Date a		(d) Date so (mo , day, y	
1a	See Attached Statement			D—Donation	(1110 , 40)	7. 3. 7	(mo , day, y	:
<u></u>	See Attached Statement			- 		-		<u> </u>
C	See Attached Statement							;
d	See Attached Statement							1
е	See Attached Statement							·
	(e) Gross sales price	(f) Depredation allowed (or allowable)		at or other basis expense of sale		(h) Gain (e) plus (f)	or (loss)) minus (g)	
<u>a</u>								0
<u>b</u>								0
<u> </u>	····							0
<u>d</u>								0
е			 					0
·	(i) F M V as of 12/31/69	howing gain in column (h) and owned (j) Adjusted basis as of 12/31/69	(k) Ex	cess of col (i)	col ((k), but not l	(h) gain minus less than -0-) or om ∞l (h))	
a		-						0
b		· · · · · · · · · · · · · · · · · · ·	_		_			÷ 0
с	_			-				0
d								0
е								0
2	Capital gain net income of	r inet canital inssti	lso enter in l enter -0- in l	·	2		96	<u>.</u> 8,705
3		n or (loss) as defined in sections 1 I, line 8, column (c) (see instruction						
	Part I, line 8			<u>.</u>	3			0
Part		der Section 4940(e) for Reduc						<u> </u>
	ptional use by domestic pr tion 4940(d)(2) applies, lea	rivate foundations subject to the se	ction 4940(a	ı) tax on net investn	nent incom	e)		
Was t	he foundation liable for the	e section 4942 tax on the distributa qualify under section 4940(e). Do			se period?	>	☐ Yes 🔀	;] No
1		ount in each column for each year			(IDG OD) OF	atrico.		
•	(a)		See ule ilis		l l	ities.	(d)	
Cal	Base penod years endar year (or tax year beginning ii	(b) Adjusted qualifying distributions	Net valu	(c) ie of nonchantable-use a:	ssets		bution ratio	<u>.</u>
Call	2013	851,	245	14,735	267	<u>(coi (b) di</u>	ivided by col (c))	7769
	2012		598	12,289				55871
	2011	536,		13,310				10290
	2010		673	12,646				55168
	2009	631,	448	13,620	,326		0 04	6361
				•	-			
2	Total of line 1, column (d	₹'			2		0 25	5459
3		for the 5-year base period—divide						
	number of years the foun	dation has been in existence if less	s than 5 yea	rs .	_3_	 	0 05	51092
4	Enter the net value of nor	ncharitable-use assets for 2014 fro	m Part X, lın	e5	4_		15,25	<u>4,006</u>
5	Multiply line 4 by line 3				5_	<u> </u>	779	9,358
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)			6			2,530
7	Add lines 5 and 6				7	_	79	1,888

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

684,781

Form 990-PF (2014)

MUSSER CUSTER MEMORIAL FUND - U/D

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructio	ns)		
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)	√ ≈	è	*
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	25	,059	
	here ▶ ☐ and enter 1% of Part I, line 27b	· : 🌞	Q	. 4
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		o	
3	Add lines 1 and 2	25	,059	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	25	5,059	
6	Credits/Payments	1000	10. 4	
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 7,870 7,870	- W. &	ia - 4	4 4
b	Exempt foreign organizations—tax withheld at source	Andrea Alban		
С	Tax paid with application for extension of time to file (Form 8868) 6c 6c	4.4	3	
d	Backup withholding erroneously withheld 6d	2. 集小體	***	
7	Total credits and payments. Add lines 6a through 6d	7	7,870	
8	Enter any penalty 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 9	17	,189	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . > 10		0	
11	Enter the amount of line 10 to be: Credited to 2015 estimated tax ► Refunded ► 11		0	
	VII-A Statements Regarding Activities		- 3	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	لغدا	Yes	1
_	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			١
	Instructions for the definition)?	1b	;	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	200	*	
_	published or distributed by the foundation in connection with the activities	4 -		18 40
C	Did the foundation file Form 1120-POL for this year?	1c	W	_ X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
•	(1) On the foundation. ▶\$ (2) On foundation managers. ▶\$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	2.2		
е	on foundation managers \blacktriangleright \$	100		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Y
-	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
•	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	l.	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	-	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	,	Х
	If "Yes," attach the statement required by General Instruction T			*
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.			90
	By language in the governing instrument, or	9.46		1 %; 4
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	À .	4	The same
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		****	100
	PA	19- 90	**	*
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	3 ,	* 1	9.8.
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			1
	or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If	1 1		
	"Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		<u> </u>

Form 990-PF- (2014)

23-6226957

Page 4

Form 9	90-PF (2014) MUSSER CUSTER MEMORIAL FUND - U/D	23-6226957	Р́age 5
Par	t VII-A Statements Regarding Activities (continued)		1
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	<u> </u>	
	person had advisory privileges? If "Yes," attach statement (see instructions)	. 12	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Χ
	Website address ► N/A		
14	The books are in care of ► BNY MELLON, N.A. Telephone no. ► (2)	215) 553-363	6
	Located at ► P.O BOX 185, PITTSBURGH, PA ZIP+4 ► 1		, , , , , , , , , , , , , , , , , , , ,
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here.	. •	. □
	and enter the amount of tax-exempt interest received or accrued during the year	5 N/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authorized and the contraction of the contra	ority	Yes No
	over a bank, securities, or other financial account in a foreign country?	16	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1)	lf .	
	"Yes," enter the name of the foreign country ▶		
_Par	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):		98.5
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	X No	100
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		
	<u></u>	X No	
	<u></u>	X No	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	∐ No Ma	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	V 11-	. 44
		X No	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	نقد	
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	X No	2 km
		A NO	\$ 150 M
D	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in		
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here	▶ □ 1b	X
_		_	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		X
2	were not corrected before the first day of the tax year beginning in 2014?	. 1c	
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))	339.53	***
•	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and	وي د	100
а		X No	
	If "Yes," list the years ▶ 20 , 20 , 20 , 20		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)	(2)	2
~	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2		
	all years listed, answer "No" and attach statement—see instructions)	2b	N/A
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		
•	► 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20		i* " €
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	S	A Sec
	at any time during the year?	X No	
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation of	(الاست ا	1 1 dig 1 1 1 dig 1
.=	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by t		
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lap	1200000	7.
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		* 1000
	foundation had excess business holdings in 2014)	. 3b	N/A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?	. 4a	X
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	X

Form 99	0-PF (2014)	MUSSER CUSTER MEMORIA	L FUNI	D - U/D					23-6	226957	page 6
_	VII-B	Statements Regarding Activities	or Wr	ich Form 4	720 Ma	ay Be Req	uired	continue	d)		,
5a	During the (1) Carry	e year did the foundation pay or incur ar on propaganda, or otherwise attempt to	ny amo influer	unt to: nce legislation	ı (sectio	on 4945(e))	? .	Yes	X No		* * * * * * * * * * * * * * * * * * *
		ce the outcome of any specific public e y or indirectly, any voter registration driv		(see section	•	or to carry	•	Yes	X No		.81 3
	(3) Provid	e a grant to an individual for travel, stud	ly, or o	ther similar p	urpose	s? .		Yes	X No		هد. الم
		e a grant to an organization other than an 4945(d)(4)(A)? (see instructions)	a charr	table, etc , or	ganızat	ion describe	ed in	Yes	⊠ No) _{kr}	300
		e for any purpose other than religious, oses, or for the prevention of cruelty to ch				, or educat	ional	Yes	X No		94
b		wer is "Yes" to 5a(1)–(5), did any of the section 53.4945 or in a current notice							bed in	5b	N/A
С	Organizat	ions relying on a current notice regardir wer is "Yes" to question 5a(4), does the t maintained expenditure responsibility t	ig disas founda	ster assistand ation claim ex	e chec	khere .		Yes	► [
		ttach the statement required by Regula								× 4	orago regio
6a		undation, during the year, receive any fional benefit contract?		-	rectly, t	o pay prem	iums	☐ Yes	⊠ No	k: *	
b		undation, during the year, pay premium 6b, file Form 8870	s, direc	tly or indirect	ly, on a	personal b	enefit (contract?		6b	X
7a b	At any time	during the tax year, was the foundation a paid the foundation receive any proceeds	arty to a	prohibited tax	shelter	transaction? пbutable to	the tra	Yes	⊠ No		N/A
	VIII Ir	nformation About Officers, Directed nd Contractors								ploye	es,
1	List all of	ficers, directors, trustees, foundation	mana	gers and the	ir con	pensation	(see in	struction	ns).		,i
		(a) Name and address	hou	le, and average urs per week ted to position	` (If	ompensation not paid, nter -0-)	empl	Contribution oyee benefit erred compe	plans		ense account, allowances
	/lellon, N.A		TRUS	TEE				•			1
		sburgh, PA 15230-0185		TTACHED		97,343	NONE			NONE	뎔
	/lellon, N.A		FEE								# d
РОВ	ox 185 Pitt	sburgh, PA 15230-0185	IREIM	BURSEMENT	-	<u>-88,442</u>	N/A			N/A	
											;
											•
2	Compens "NONE."	ation of five highest-paid employees	(other	than those	include	ed on line '	1—see	instructi	ons). II	none,	enter
	(a) Name and	address of each employee paid more than \$50,00	0	(b) Title, and a hours per v devoted to pe	veek	(c) Comper	nsation	(d) Contribution employee plans and compens	benefit deferred		nse account, allowances
NONE		•••••									
											1 1
											•
											•
										_	
Total	number of	other employees paid over \$50,000		 		· · ·				NONE	<u>``</u>
)-PF ₁ (2014)
											ŧ

Form 990-PF (2014			26957 Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundation Maand Contractors (continued)	anagers, Highly Paid En	nployees,
	hest-paid independent contractors for professional services (see inst	ructions). If none, enter "I	NONE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			- C C C C C C C C.
			5
Total number of	of others receiving over \$50,000 for professional services		NONE
Part IX-A	Summary of Direct Charitable Activities		6
	on's four largest direct chantable activities during the tax year. Include relevant statistical information of the conferences convened, research papers produced, etc	tion such as the number of	Expenses
1 NONE			
			ing.
2			
3			
4			;
Part IX-B	Summary of Program-Related Investments (see instructions)	·	<u> </u>
Describe the two	plargest program-related investments made by the foundation during the tax year on lines 1 and	2	Amount
1 NONE			
2			4 9
			1
, -	n-related investments. See instructions		
3 NONE			
Total. Add line:	s 1 through 3	<u> </u>	NONE
			Form 990-PF (2014)

Form 9	90-PF (2014) MUSSER CUSTER MEMORIAL FUND - U/D	23-62269	57 Page 8
Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreign	n foundatio	ns,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:	.f.	
а	Average monthly fair market value of securities	1a	_15,090,434
b	Average of monthly cash balances	1b	395,867
С	Fair market value of all other assets (see instructions)	1c	· ·
d	Total (add lines 1a, b, and c)	1d	15,486,301
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	15,486,301
4	Cash deemed held for charitable activities. Enter 1 ½ % of line 3 (for greater amount, see		
	instructions)	4	232,295
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	15,254,006
6	Minimum investment return. Enter 5% of line 5	6	762,700
Part	foundations and certain foreign organizations check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	762,700
2a	Tax on investment income for 2014 from Part VI, line 5		
b	income tax for 2014. (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	25,059
3	Distributable amount before adjustments Subtract line 2c from line 1	3	737,641
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	737,641
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	737,641
Part	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	684,781
b	Program-related investments—total from Part IX-B	1b NONI	E
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	1
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	684,781
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		•
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	684,781
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating will qualifies for the section 4940(e) reduction of tax in those years	hether the fo	undation

Form **990-PF** (2014)

Form 990-PF (2014) MUSSER CUSTER MEMORIAL FUND - U/D 23-6226957 Part XIII Undistributed Income (see instructions) (a) Corpus Years prior to 2013 2013 Distributable amount for 2014 from Part XI. 737,641 Undistributed income, if any, as of the end of 2014. a Enter amount for 2013 only . . n **b** Total for prior years 20___, 20___ Excess distributions carryover, if any, to 2014 3 . . . From 2009 **b** From 2010 c From 2011 **d** From 2012 74,352 5 3 e From 2013 130,222 f Total of lines 3a through e 204.574 Qualifying distributions for 2014 from Part XII, line 4: ▶ \$ 684.781 a Applied to 2013, but not more than line 2a . . **b** Applied to undistributed income of prior years -(Election required—see instructions) . . c Treated as distributions out of corpus (Election required—see instructions) d Applied to 2014 distributable amount 684,781 Remaining amount distributed out of corpus Excess distributions carryover applied to 2014. 52,860 52,860 (If an amount appears in column (d), the same amount must be shown in column (a)) 6 Enter the net total of each column as indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 151,714 **b** Prior years' undistributed income Subtract line 4b from line 2b 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 d Subtract line 6c from line 6b. Taxable amount—see instructions . . e Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount-see instructions . . f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions) . . Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) . Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a 151,714 10 Analysis of line 9 a Excess from 2010 . . . Excess from 2011 . . . c Excess from 2012 . . . 21,492 130,222 d Excess from 2013 . . Excess from 2014

Form **990-PF** (2014)

orm 9	90-PF (2014) MUSSER CUSTER M	EMORIAL FUND	- U/D		23-62	26957	Page 10
Part	XIV Private Operating Foundation	ons (see instruc	tions and Part V	II-A, question 9)	-	N/A	
1a	If the foundation has received a ruling of						
	foundation, and the ruling is effective for			•			
b	Check box to indicate whether the foundation			cribed in section	4942(j)	(3) or 4	942(j)(5)
	Enter the lesser of the adjusted net	Tax year	T	Prior 3 years	<u> </u>	T	
	income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) To	tal
	investment return from Part X for	(4) 2011	(2) 2010	- (0) 2012	(0) 2011	<u> </u>	
b	each year listed			 		 	0
		.	-			 	, 0
С	Qualifying distributions from Part XII,						
	line 4 for each year listed		-		****	 	0
d	Amounts included in line 2c not used directly						ų .
	for active conduct of exempt activities		 	 		<u> </u>	<u>; 0</u>
е	Qualifying distributions made directly						
	for active conduct of exempt activities.					ļ	
	Subtract line 2d from line 2c					ļ	0
3	Complete 3a, b, or c for the					l	3
	alternative test relied upon:			İ		ł	
а	"Assets" alternative test—enter.					Ī	
	(1) Value of all assets						<u> </u>
	(2) Value of assets qualifying under						Ĩ
	section 4942(j)(3)(B)(i)				-		0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in						ŗ,
	Part X, line 6 for each year listed						<u>; o</u>
C	"Support" alternative test-enter:						
	(1) Total support other than gross						
	investment income (interest, dividends, rents, payments on						L
	securities loans (section						ť
	512(a)(5)), or royalties)						Å O
	(2) Support from general public						
	and 5 or more exempt organizations as provided in	•					
	section 4942(j)(3)(B)(iii) .		}				. o
	(3) Largest amount of support from						
	an exempt organization					1	: о
	(4) Gross investment income						0
Part		(Complete this	s part only if th	e foundation had	d \$5,000 or mo	e in asse	ts at
	any time during the year—				•		
1	Information Regarding Foundation N	/lanagers:	<u> </u>				
а	List any managers of the foundation wh	no have contribute	ed more than 2% o	of the total contribut	ions received by t	he foundati	ion
	before the close of any tax year (but or	nly if they have coi	ntributed more tha	an \$5,000). (See se	ction 507(d)(2))		ě
NON	E						:
b	List any managers of the foundation wh	no own 10% or mo	ore of the stock of	a corporation (or a	n equally large po	rtion of the	
	ownership of a partnership or other ent	ity) of which the fo	oundation has a 10	0% or greater intere	est.		
NON	_						:
2	Information Regarding Contribution	Grant, Gift, Loa	n, Scholarship, e	tc., Programs:			7
	Check here ► X If the foundation or	nly makes contribu	itions to preselect	ed charitable organ	zations and does	not accept	:
	unsolicited requests for funds. If the for	undation makes gi	fts, grants, etc (se	ee instructions) to ii	ndividuals or orga	nizations	
	under other conditions, complete items	2a, b, c, and d					
а	The name, address, and telephone nur	nber or e-mail add	dress of the perso	n to whom applicati	ons should be ad	dressed [.]	
	·			• •			ŧ
TON	APPLICABLE						
b	The form in which applications should I	oe submitted and	information and m	naterials they should	l include		i;
							ÿ
	APPLICABLE						
	Annual Carl F						Ç
	APPLICABLE	a auch as bu s	mranhiad areas -	horstoble folds 1	do of mothers -	or other	
a	Any restrictions or limitations on award factors:	s, such as by geo	grapriicai areas, c	mantable fields, Kind	นอ บา แารแนนเดทร์, (or orner	
NOT	APPLICABLE						
101							

MUSSER CUSTER MEMORIAL FUND - U/D

Form 990-PF (2014)

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to any foundation manager or substantial contributor Purpose of grant or status of Amount contribution Name and address (home or business) recipient a Paid during the year See Attached Statement Total ▶ 3a 681,221 Approved for future payment NONE Total 3b NONE

23-6226957

Page 11

MUSSER CUSTER MEMORIAL FL				<u>23-622</u>		
Continuation of Part XV, Lir	ne 3a (990-PF) -	- Gran	its and Con	tributions Paid	During th	ne Year
Recipient(s) paid during the year						
Name				•		
AMERICAN NATIONAL RED CROSS E Street	BERKS COUNTY CH	<u>APTER</u>				
701 CENTER AVE						
City	· · · · · ·	State	Zip Code	Foreign Coun	trv	-
READING		PA	19601			•
Relationship	Foundation Status	•				7
NONE Purpose of grant/contribution	PC				Amount	
GENERAL OPEARTING PURPOSES					Amount	20,436
Name	· · · · · · · · · · · · · · · · · · ·					20,100
THE CHILDRENS HOME OF READING	GATTN DR VINCEN	NTIAS	ORSA			17
Street						
1010 CENTER AVE		T-2:	T=			
City READING			Zip Code 19601	Foreign Coun	try	-
Relationship	Foundation Status	PA	Tiagol	1		
NONE	PC	,				,
Purpose of grant/contribution					Amount	,
GENERAL OPERATING PURPOSES						<u>88,5ॄ59</u>
Name						5
BERK COUNTY ASSOCIATION FOR T	THE BLIND		<u> </u>			
Street 2020 HAMPEDEN BLVD						•
City		State	Zip Code	Foreign Coun	trv	
READING		PA	19604	. orongin oouni		
Relationship	Foundation Status	3				
NONE	PC					
Durnoes of grant/contribution					Amount	
Purpose of grant/contribution GENERAL OPERATING PURPOSES					Amount	40 873
GENERAL OPERATING PURPOSES					Amount	40,873
GENERAL OPERATING PURPOSES Name	READING AND BERK	ks cou	INTY ATTN: TE	RRY GORDON	Amount	40,873
GENERAL OPERATING PURPOSES	READING AND BERN	ks cou	INTY, ATTN' TE	RRY GORDON	Amount	40,873
RENERAL OPERATING PURPOSES Name VISITING NURSE ASSOCIATION OF F Street 1170 BERKSHIRE BLVD	READING AND BERM					40,873
Name VISITING NURSE ASSOCIATION OF ESTreet 1170 BERKSHIRE BLVD City	READING AND BERN	State	Zip Code	RRY GORDON Foreign Coun		40,873
Name VISITING NURSE ASSOCIATION OF F Street 1170 BERKSHIRE BLVD City READING		State PA				40,873
Name VISITING NURSE ASSOCIATION OF ESTreet 1170 BERKSHIRE BLVD City	READING AND BERN	State PA	Zip Code			40,873
Name VISITING NURSE ASSOCIATION OF F Street 1170 BERKSHIRE BLVD City READING Relationship NONE Purpose of grant/contribution	Foundation Status	State PA	Zip Code			
Name VISITING NURSE ASSOCIATION OF ESTreet 1170 BERKSHIRE BLVD City READING Relationship NONE	Foundation Status	State PA	Zip Code		try	
Name VISITING NURSE ASSOCIATION OF F Street 1170 BERKSHIRE BLVD City READING Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name	Foundation Status	State PA	Zip Code		try	
Name VISITING NURSE ASSOCIATION OF F Street 1170 BERKSHIRE BLVD City READING Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name THE LUTHERAN HOME, ATTNI EARL	Foundation Status	State PA	Zip Code		try	
Name VISITING NURSE ASSOCIATION OF F Street 1170 BERKSHIRE BLVD City READING Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name THE LUTHERAN HOME, ATTNI EARL Street	Foundation Status	State PA	Zip Code		try	
Name VISITING NURSE ASSOCIATION OF F Street 1170 BERKSHIRE BLVD City READING Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name THE LUTHERAN HOME, ATTNI EARL	Foundation Status	State PA	Zip Code 19610	Foreign Coun	try	
Name VISITING NURSE ASSOCIATION OF F Street 1170 BERKSHIRE BLVD City READING Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name THE LUTHERAN HOME, ATTNI EARL Street 960 CENTURY DR City MECHANICSBURG	Foundation Status PC W BRIGHT III	State PA	Zip Code		try	
Name VISITING NURSE ASSOCIATION OF F Street 1170 BERKSHIRE BLVD City READING Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name THE LUTHERAN HOME, ATTNI EARL Street 960 CENTURY DR City MECHANICSBURG Relationship	Foundation Status PC W BRIGHT III	State PA	Zip Code 19610	Foreign Coun	try	
Name VISITING NURSE ASSOCIATION OF F Street 1170 BERKSHIRE BLVD City READING Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name THE LUTHERAN HOME, ATTNI EARL Street 960 CENTURY DR City MECHANICSBURG Relationship NONE	Foundation Status PC W BRIGHT III	State PA	Zip Code 19610	Foreign Coun	Amount	
Name VISITING NURSE ASSOCIATION OF F Street 1170 BERKSHIRE BLVD City READING Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name THE LUTHERAN HOME, ATTNI EARL Street 960 CENTURY DR City MECHANICSBURG Relationship NONE Purpose of grant/contribution	Foundation Status PC W BRIGHT III	State PA	Zip Code 19610	Foreign Coun	try	20,436
Name VISITING NURSE ASSOCIATION OF F Street 1170 BERKSHIRE BLVD City READING Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name THE LUTHERAN HOME, ATTNI EARL Street 960 CENTURY DR City MECHANICSBURG Relationship NONE Purpose of grant/contribution	Foundation Status PC W BRIGHT III	State PA	Zip Code 19610	Foreign Coun	Amount	20,436
Name VISITING NURSE ASSOCIATION OF F Street 1170 BERKSHIRE BLVD City READING Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name THE LUTHERAN HOME, ATTNI EARL Street 960 CENTURY DR City MECHANICSBURG Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name City	Foundation Status PC W BRIGHT III Foundation Status PC	State PA	Zip Code 19610	Foreign Coun	Amount	20,436
Name VISITING NURSE ASSOCIATION OF F Street 1170 BERKSHIRE BLVD City READING Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name THE LUTHERAN HOME, ATTNI EARL Street 960 CENTURY DR City MECHANICSBURG Relationship NONE Purpose of grant/contribution	Foundation Status PC W BRIGHT III Foundation Status PC	State PA	Zip Code 19610	Foreign Coun	Amount	20,436
Name VISITING NURSE ASSOCIATION OF F Street 1170 BERKSHIRE BLVD City READING Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name THE LUTHERAN HOME, ATTNI EARL Street 960 CENTURY DR City MECHANICSBURG Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name HISTORICAL SOCIETY OF BERKS CO Street 940 CENTER AVE	Foundation Status PC W BRIGHT III Foundation Status PC	State PA	Zip Code 19610 Zip Code 17055	Foreign Coun	try Amount try	20,436
Name VISITING NURSE ASSOCIATION OF F Street 1170 BERKSHIRE BLVD City READING Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name THE LUTHERAN HOME, ATTNI EARL Street 960 CENTURY DR City MECHANICSBURG Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name HISTORICAL SOCIETY OF BERKS CO Street 940 CENTER AVE City	Foundation Status PC W BRIGHT III Foundation Status PC	State PA State PA	Zip Code 19610 Zip Code 17055	Foreign Coun	try Amount try	20,436
Name VISITING NURSE ASSOCIATION OF F Street 1170 BERKSHIRE BLVD City READING Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name THE LUTHERAN HOME, ATTNI EARL Street 960 CENTURY DR City MECHANICSBURG Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name HISTORICAL SOCIETY OF BERKS CO Street 940 CENTER AVE City READING	Foundation Status PC W BRIGHT III Foundation Status PC	State PA State PA	Zip Code 19610 Zip Code 17055	Foreign Coun	try Amount try	20,436
Name VISITING NURSE ASSOCIATION OF F Street 1170 BERKSHIRE BLVD City READING Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name THE LUTHERAN HOME, ATTNI EARL Street 960 CENTURY DR City MECHANICSBURG Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name HISTORICAL SOCIETY OF BERKS CO Street 940 CENTER AVE City READING Relationship Relationship	Foundation Status PC W BRIGHT III Foundation Status PC Foundation Status	State PA State PA	Zip Code 19610 Zip Code 17055	Foreign Coun	try Amount try	4
Name VISITING NURSE ASSOCIATION OF F Street 1170 BERKSHIRE BLVD City READING Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name THE LUTHERAN HOME, ATTNI EARL Street 960 CENTURY DR City MECHANICSBURG Relationship NONE Purpose of grant/contribution GENERAL OPERATING PURPOSES Name HISTORICAL SOCIETY OF BERKS CO Street 940 CENTER AVE City READING	Foundation Status PC W BRIGHT III Foundation Status PC	State PA State PA	Zip Code 19610 Zip Code 17055	Foreign Coun	try Amount try	20,436

MUSSER CUSTER MEMORIAL FU				23-622		_2_of_3
Continuation of Part XV, Lin	e 3a (990-PF) -	Gran	ts and Cor	tributions Paid	During t	he Year
Recipient(s) paid during the year						
Name						
OLIVET BOYS AND GIRLS CLUB						
Street						
1161 PERSHING BLVD						
City		State	Zip Code	Foreign Coun	try	
READING		PA	19611			
Relationship	Foundation Status					
NONE	IPC			<u>-</u> -	<u></u>	
Purpose of grant/contribution GENERAL OPERATING PURPOSES					Amount	20,436
Name	D ALL EN					
SALVATION ARMY, ATTN RICHARD I	J ALLEN					
440 WEST NYACK RD						
City		State	Zip Code	Foreign Coun	trv	
WEST NYACK		NY	10994	i oreign coun	a y	
Relationship	Foundation Status		1.000.			
NONE	PC					
Purpose of grant/contribution					Amount	,
GENERAL OPERATING PURPOSES					<u> </u>	13,624
Name						
EMANUEL EVANGELICAL CONGREGA	ATIONAL CHURCH					ć,
Street	THE OTHER					
210 W MAIN ST						16
City	-	State	Zip Code	Foreign Coun	trv	
ADAMSTOWN		PA	19501		•	
Relationship	Foundation Status					
NONE	PC					
Purpose of grant/contribution					Amount	
GENERAL OPERATING PURPOSES						<u> 20,436</u>
Name						
THE READING HOSPITAL & MEDICAL	CENTER ATTN. EU	GENE I	F. CARTER. JR	}		
Street						
P O. BOX 16052						
City		State	Zip Code	Foreign Coun	try	
READING		PA	19601			
Relationship	Foundation Status	<u>-</u>			·	
NONE	PC					
Purpose of grant/contribution					Amount	
GENERAL OPERATING PURPOSES					<u> </u>	112,403
Name						
ST JOSEPH MEDICAL CENTER						
Street	•					
P.O. BOX 360818						
City		State	Zip Code	Foreign Coun	try	
READING		PA	19601			
Relationship	Foundation Status					
NONE	PC					
Purpose of grant/contribution					Amount	
GENERAL OPERATING PURPOSES				 	<u> </u>	37,468
Name						
UNIVERSITY OF PA TRUSTEE ATTN	MARGARET HEER					-
Street						
3541 WALNUT STREET						7
City		State	Zip Code	Foreign Coun	try	, , , , , , , , , , , , , , , , , , ,
PHILADELPHIA		PA	19104			<u></u>
Relationship	Foundation Status					
NONE	PC					
Purpose of grant/contribution					Amount	
CENERAL OPERATING PURPOSES						1/13 057

MUSSER CUSTER MEMORIAL FU				23-622		
Continuation of Part XV, Lin	<u>e 3a (990-PF) -</u>	<u>Gran</u>	<u>ts and Con</u>	tributions Paid	l During th	<u>e Year</u>
Recipient(s) paid during the year						
Name						
BERKS COUNTY TUBERCULOSIS SO	CIETY					
Street						
P O. BOX 6249						
City		State	Zip Code	Foreign Coun	try	
WYOMISSING		PA	19610			
Relationship	Foundation Status					
NONE	PC					
Purpose of grant/contribution					Amount	
GENERAL OPERATING PURPOSES						20,436
Name						_
MEMORIAL CHURCH OF THE HOLY C	ROSS					
Street						
P.O BOX 26090						
City		State	Zip Code	Foreign Coun	try	
RICHMOND		VA_	23260		· · ·	
Relationship	Foundation Status					•
NONE	PC				T: -	
Purpose of grant/contribution					Amount	07.6.40
GENERAL OPERATING PURPOSES						27,2,49
Name						
YMCA OF READING ATTN ACCOUNT	ING DEPARTMENT					
Street						3
631 WASHINGTON ST						
City			Zip Code	Foreign Coun	try	
READING		PA	19601			
Relationship	Foundation Status					
NONE	PC				1.	
Purpose of grant/contribution					Amount	00.407
GENERAL OPERATING PURPOSES						20,437
Name						
						
Street						
0''	<u> </u>		I	<u> </u>		
City		State	Zip Code	Foreign Coun	try	
Relationship	Foundation Status	<u> </u>	L			.
Relationship	Foundation Status					
Purpose of grant/contribution	<u> </u>				Amount	
· arpoot of grantoonarbadon					/ Inount	
					<u> </u>	
Name						•
C4ma a4						
Street						
City		State	Zip Code	Foreign Coun	tn.	
City		State	Zip Code	Foreign Coun	u y	,
Relationship	Foundation Status	<u>. </u>	<u> </u>			
· · · · · · · · · · · · · · · · · · ·						
Purpose of grant/contribution					Amount	
3-2						•
Name -						
Name						·
Street	_					
Street						ź
City		State	Zip Code	Foreign Coun	trv	
,		Jule	p Jode	l Sicigii Souii	· y	_
Relationship	Foundation Status	·				
December of our office while and						
Purpose of grant/contribution					Amount	

MUSSER CUSTER MEMORIAL FUND - U/D Form 990-PF (2014) 23-6226957 Page 12 Part XVI-A Analysis of Income-Producing Activities Enter gross amounts unless otherwise indicated. Unrelated business income Excluded by section 512, 513, or 514 (e) Related or exempt (a) (b) (c) (d) function income Business code Amount Exclusion code Amount (See instructions) 1 Program service revenue: C d f g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments . 4 Dividends and interest from securities 297.132 5 Net rental income or (loss) from real estate: a Debt-financed property **b** Not debt-financed property 6 Net rental income or (loss) from personal property 8 Gain or (loss) from sales of assets other than inventory 968,705 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory . 11 Other revenue: a 12 Subtotal Add columns (b), (d), and (e) 1,265,837 13 Total. Add line 12, columns (b), (d), and (e) 13 1.265.837 (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the V accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions) NOT APPLICABLE

Print/Type preparer's name

Firm's name PRICEWATERHOUSECOOPERS LLP

Firm's address ▶ 600 GRANT STREET, PITTSBURGH, PA 15219

Shawn P. Hanlon

Paid

Preparer

Use Only

Form 990-PF (2014) MUSSER CUSTER MEMORIAL FUND - U/D 23-6226957 Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described Yes No in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political a Transfers from the reporting foundation to a nonchantable exempt organization of 1a(2) Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets . . . 1b(3) (4) Reimbursement arrangements 1b(4) Х 1b(5) (6) Performance of services or membership or fundraising solicitations Х 1b(6) Sharing of facilities, equipment, mailing lists, other assets, or paid employees . d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of nonchantable exempt organization (a) Line no. (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements NOT APPLICABLE Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations ☐ Yes X No described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? **b** If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign May the IRS discuss this return with the preparer shown belo Here 10/8/2015 VICE PRESIDENT (see instructions)? XYes No Signature of officer or trustee Date

Preparer's signature

2002C

Date

10/8/2015

Phone no

Check X If

Firm's EIN ▶ 13-4008324

self-employed P00965923

(412) 355-6000