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For calendar year 2014, or tax year beginning 12-01-2014

Department of the Treasury

Internal Revenue Service

#### DLN: 93491119000206

OMB No 1545-0052

2014

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="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Inspection about Form 990-PF and its instructions is at <a href="https://www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Insp

, and ending 11-30-2015

Name of foundation						A Employer identification number				
RA	YMOND	AND ELLEN GOLDBERG FOUNDATION				22-2787780				
Num	her and	I street (or P O box number if mail is n	not delivered to street address	) Room/suite		<b>B</b> Telephone number (see instructions)				
	BOX 38		or delivered to street address	, Room, sale		(215) 918-1252	<u>.</u>			
						, ,		hl- h		
		i, state or province, country, and ZIP or 190870387	r foreign postal code			C If exemption application is pending, check here ▶				
<b>G</b> Ch	neck a	ll that apply Initial return	Initial return of a	former public charity	у	<b>D 1.</b> Foreign or	ganizations, check h	ere 🕨 🦵		
		Final return	A mended return				rganizations meeting			
			ge Name change			•	k here and attach co Indation status was t	•		
_		/pe of organization	· · · · · — · · ·		,,		n 507(b)(1)(A), chec			
		ket value of all assets at end	J Accounting method	Cash Acci		F If the found:	ation is in a 60-mont	n termination		
of y	ear <i>(f</i>	from Part II, col. (c),	Other (specify)				n 507(b)(1)(B), chec	_		
line	16)	\$ 404,720	(Part I, column (d) must	be on cash basis.)						
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		c), and (d) may not	(a) Revenue and expenses per books	<b>(b)</b> N	Net investment (c) Adjusted net income		(d) Disbursements for charitable purposes (cash basis only)			
	1	Contributions, gifts, grants, etc	, received (attach					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		schedule)		409,871						
	2	Check ► ☐ If the foundation is	not required to attach							
		Sch B								
	3	Interest on savings and tempo	rary cash investments	2		2				
	4	Dividends and interest from se	curities	7,847		7,716				
	5a	Gross rents								
	b	Net rental income or (loss)						_		
Ę	6a	Net gain or (loss) from sale of a	assets not on line 10	221,516						
Revenue	b	Gross sales price for all assets 686,447								
	7	Capital gain net income (from F				221,516				
	8	Net short-term capital gain .								
	9	Income modifications								
	10a	Gross sales less returns and allowances								
	ь	Less Cost of goods sold								
	c	Gross profit or (loss) (attach so	chedule)							
	11	Other income (attach schedule	.)							
	12	Total. Add lines 1 through 11		639,236		229,234				
	13	Compensation of officers, direc	tors, trustees, etc	0		0		0		
	14	Other employee salaries and w	/ages							
Š Š	15	Pension plans, employee benef	fits							
Ψ	16a	Legal fees (attach schedule).								
Expenses	l	Accounting fees (attach sched	· ·	2,625		0		0		
		O ther professional fees (attach	•							
Admını strative	17	Interest		<b>∞</b> • • • • • • • • • • • • • • • • • • •		-				
Ĭ	18	Taxes (attach schedule) (see i	<i>'</i>	235		0		0		
T I	19	Depreciation (attach schedule)								
	20	Occupancy								
and #	21 22	Printing and publications	ŀ							
	23	Other expenses (attach schedu		<b>%</b> 408		0		0		
Ξ	24	Total operating and administra	ŀ							
Operating		Add lines 13 through 23	-	3,268		0		0		
ă	25	Contributions, gifts, grants paid	1	43,944				43,944		
-	26	Total expenses and disburseme								
		25		47,212		0		43,944		
	27	Subtract line 26 from line 12								
	a	Excess of revenue over expens	ŀ	592,024						
	ь	Net investment income (if nega	· · · · · · · · · · · · · · · · · · ·			229,234				
	С	Adjusted net income (if negative	ve, enter -0 -)							

Dа	rt II	Ralance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	
		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	18,427	28,231	
	2	Savings and temporary cash investments	10,810	65,376	65,376
	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 🟲			
2	8	Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges			
Д3	10a	Investments—U S and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			
		Investments—other (attach schedule)	5,612	308,352	311,113
		Land, buildings, and equipment basis	,		
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers—see the			
	10	instructions Also, see page 1, item I)	34,849	401,959	404,720
	17	Accounts payable and accrued expenses	,	,	
	18	Grants payable			
Š.		Deferred revenue			
abilities		Loans from officers, directors, trustees, and other disqualified persons			
ā	20	Mortgages and other notes payable (attach schedule)			
Ï	21	<b>.</b>			
		Other liabilities (describe)  Tatal liabilities (add lines 17 through 33)	0	0	
	23	Total liabilities (add lines 17 through 22)	0	0	
Ş		Foundations that follow SFAS 117, check here			
Fund Balances		and complete lines 24 through 26 and lines 30 and 31.			
) Jai	24	Unrestricted			
ă		Temporarily restricted			
핕	26	Permanently restricted			
Ŧ		Foundations that do not follow SFAS 117, check here 🕨 🔽			
ŏ		and complete lines 27 through 31.			
Assets	27	Capital stock, trust principal, or current funds	0	0	
SS	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	34,849	401,959	
Net	30	Total net assets or fund balances (see instructions)	34,849	401,959	
	31	Total liabilities and net assets/fund balances (see instructions)	34,849	401,959	
Pa	rt II	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 a	gree	
		,,,,,,,			34,849
2		Enter amount from Part I, line 27a		2	592,024
3		Other increases not included in line 2 (itemize)		3	0
4		Add lines 1, 2, and 3		4	626,873
5		Decreases not included in line 2 (itemize) 🟲			224,914
6		Total net assets or fund balances at end of year (line 4 minus line 5)—P	art II, column (b), lı	ne 30 . <b>6</b>	401,959

the Part VI instructions

	90-PF (2014)  Canital Gains ar	nd Losses for Tax on Inve	stment Income	<u> </u>		Page 3
ur c	(a) List and describe th	ne kınd(s) of property sold (e g , re use, or common stock, 200 shs M	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )	
1a	See Additional Data Ta	able				
b						
С						
d						
e						
(€	e) Gross sales price	<b>(f)</b> Depreciation allowe (or allowable)		t or other basis opense of sale		or (loss) ) minus (g)
а	See Additional Data Ta	able				
b						
С						
d						
e						
Со	mplete only for assets sh	owing gain in column (h) and owne	d by the foundation	n on 12/31/69	(I) Gains (Col	(h) gain minus
	FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col (ı)	col (k), but not	less than -0-) <b>or</b> om col (h))
а	See Additional Data Ta	able				
b						
С						
d						
			If gaın, also enter	ın Bart I lıno 7 i		
2	Capital gain net income		If (loss), enter -0-	· in Part I, line 7	2	221,516
3	Net short-term capital	gain or (loss) as defined in sectio	ns 1222(5) and (6	)		
	If gain, also enter in Pa in Part I, line 8 .	art I, line 8, column (c) (see instru · · · · · · · · ·	ctions) If(loss), e · · · ·	nter -0 -	3	
Part	V Qualification Un	nder Section 4940(e) for R	educed Tax or	Net Investme	nt Income	
or opt	tional use by domestic pri	vate foundations subject to the se	ection 4940(a) tax	on net investment	income )	
·	on 4940(d)(2) applies, lea	-	70 (a) tax	on not my obtainent	meeme y	
		section 4942 tax on the distribute qualify under section 4940(e) Do			eriod?	┌ Yes ┌ No
		nt in each column for each year, se			ries	
	(a)	<i>a</i> >			(d)	
	e period years Calendar or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncha	rıtable-use assets	Distribution	
уеаг (	2013	102,781		89,052	(col (b) divided	1 154168
	2013	148,064		87,123		1 699482
	2011	158,527		98,345		1 611948
	2010	55,274		202,286		0 273247
	2009	107,182		199,791		0 536471
2	Total of line 1, column	(d)			2	5 275316
3		tio for the 5-year base period—dive foundation has been in existence			3	1 05506
4	Enter the net value of n	noncharitable-use assets for 2014	from Part X, line 5	5	4	420,354
5	Multiply line 4 by line 3	3		[	5	443,500
6		ment income (1% of Part I, line 2			6	2,29
7	Add lines 5 and 6				7	445,79
8		utions from Part XII, line 4			8	43,944
-	. ,			<u> </u>	part using a 1% tax	

	990-PF (2014)  **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	Exempt operating foundations described in section 4940(d)(2), check here \ and enter "N/A"	ructio	113)	
14	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			4,585
	here Fand enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
3	Add lines 1 and 2		•	4,585
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
5	Tax based on investment income.       Subtract line 4 from line 3 If zero or less, enter -0       5			4,585
6	Credits/Payments			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a			
b	Exempt foreign organizations—tax withheld at source 6b			
c	Tax paid with application for extension of time to file (Form 8868) 6c 2,500			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d		:	2,500
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached.			7
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9			2,092
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid <b>\rightarrow</b> 10			
11	Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No
	ıt partıcıpate or ıntervene ın any political campaign?	1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions			
	for definition)?	1b		No
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
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 $\blacktriangleright$ \$0 (2) On foundation managers $\blacktriangleright$ \$0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers 🕨 \$0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	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			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	4b		
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			
	By state legislation that effectively amends the governing instrument so that no mandatory directions		] .	]
	that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
h	►PA  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			
Ь		8b	Yes	
•	General (or designate) of each state as required by General Instruction G? If "No," attach explanation.	οD	1 62	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			
	or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)?	_		Na
10	If "Yes," complete Part XIV	9		No
10	and addresses.	10		No

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►N/A			
14	The books are in care of ►THE FOUNDATION Telephone no ►(215)	918-	1252	
	Located at ►PO BOX 387 WAYNE PA ZIP+4 ►1908703	87		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here		-	<del>─</del>
13	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	مدا	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	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			- N-
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	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 Vo			
	(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)?			
	for the benefit or use of a disqualified person)?			
	if the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days ) Yes V No			
ь	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			
U	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here	15		
_	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	<u> </u>		110
_	operating foundation defined in section 4942(1)(3) or 4942(1)(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			
ь	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)	1		
	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?	1		
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)	1		
	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

Form 990-PF (2014)											Page <b>6</b>
Part VII-B Sta	_		_		nich Form 4720	May	Be Required	(cont	inue	<b>d)</b>	
			or incur any amoun				- <del>-</del>				
					islation (section 49			Yes	/ No		
• •	•		•	•	section 4955), or to			, -	<del>.</del>		
						• •		Yes			
			travel, study, or oth				·	Yes	NO		
					etc , organızatıon de • • • • • • •			V [	- Na		
			religious, charitable				,	res p	NO		
					uldren or animals?.		Г	Voc 5	Z No		
					s fail to qualify unde						
					disaster assistance					. 5b	
					ssistance check her			_			
=	· -				laim exemption fron			,			
	· · ·	-			ant?			Yes [	- No		
			y Regulations section				,	,			
					or indirectly, to pay	premi	ums on				
		•		•		•		Yes	- No		
·					ndirectly, on a perso		·	•		6b	No
If "Yes" to 6b, fi		, ,	, , , , , ,	•	,, .						
		vas tł	ne foundation a party	v to a	a prohibited tax shel	lter tra	nsaction? [	Yes	- No		
					t income attributable					7b	
Info					rustees, Founda					Empl	loyees,
	Contractors				<u>,                                      </u>					•	
1 List all officers,	directors, trustee:					1					
(a) Name an	d address		Title, and average hours per week	(c) Compensation (If not paid, enter -0-)  (d) Contributions to employee benefit plans and deferred compensation						e account,	
(a) Italiic all	a address		evoted to position					other allowances			
RAYMOND GOLDBERG		TRU	RUSTEE		0		0				
6875 QUEENFERRY BOCA RATON, FL 3		1 00	)								
ELLEN GOLDBERG		TRU	STEE		0			0			0
6875 QUEENFERRY		1 00	)								
BOCA RATON, FL 3				<u> </u>		<u> </u>			<u> </u>		
2 Compensation of	f five highest-paid	l emp	oloyees (other than t	thos	e included on line 1–	-see in			nter "	NONE."	
(a) Name and addre paid more th	ess of each employ han \$50,000	yee	<b>(b)</b> Title, and aver hours per week devoted to positi		(c) Compensatio	on	(d) Contribution employee be plans and def compensat	nefit erred			e account, owances
NONE											
						-+			1		
						+					
									-		
									<del>                                     </del>		
Total number of other	r employees paid o	vers	550,000								0

Part VIII  Information About Officers, Directors, Trusto and Contractors (continued)	ees, Foundation Managers, Hig	jhly Paid Employees,
3 Five highest-paid independent contractors for professional services (	see instructions). If none, enter "NONI	E".
(a) Name and address of each person paid more than \$50,000	<b>(b)</b> Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		<b>•</b>
Part IX-A Summary of Direct Charitable Activities		•
List the foundation's four largest direct charitable activities during the tax year. Include released organizations and other beneficiaries served, conferences convened, research papers produced.		of Expenses
1NOT APPLICABLE		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (	see instructions)	•
Describe the two largest program-related investments made by the foundation during	the tax year on lines 1 and 2	A mount
1 NOT APPLICABLE		(
2		
All other program-related investments See instructions		
3 📆		
Total. Add lines 1 through 3		<b>•</b>

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 371.701 1a 55.054 1h 1c 1d 426.755 Reduction claimed for blockage or other factors reported on lines 1a and 1e 2 2 3 3 Subtract line 2 from line 1d. 426.755 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 4 6.401 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4. 5 420.354 5 21.018 **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.) 1 21.018 Tax on investment income for 2014 from Part VI, line 5. . . . . . 4.585 2a Income tax for 2014 (This does not include the tax from Part VI). . . Add lines 2a and 2b. 2c 4.585 3 3 16.433 4 Λ 4 5 5 16.433 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . 7 7 16.433 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 43.944 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 43,944 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 43,944 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

	Olidistributed.	Liicome (see msuuc	.tions)			
			<b>(a)</b> Corpus	(b) Years prior to 2013	<b>(c)</b> 2013	<b>(d)</b> 2014
1	Distributable amount for 2014 f	rom Part XI line 7	COIPUS	rears prior to 2015	2013	16,433
	Undistributed income, if any, as	· · · · · · · · · · · · · · · · · · ·				
	Enter amount for 2013 only.				0	
		<del>  -</del>		0		
		, 20, 20		9		
	Excess distributions carryover, From 2009	97,402				
	From 2010	45,472				
	From 2011	154,402				
	From 2012	144,170				
	From 2013	98,950				
	<b>Total</b> of lines 3a through e		540,396			
	Qualifying distributions for 2014		0,0,000			
4	XII, line 4 🕨 \$					
	Applied to 2013, but not more t				0	
	Applied to undistributed income	<del></del>		0		
U	(Election required—see instructi			Ů		
c	Treated as distributions out of c	· ·	0			
_	required—see instructions)					
d	Applied to 2014 distributable a					16,433
е	Remaining amount distributed o	ut of corpus	27,511			
5	Excess distributions carryover	applied to 2014	0			0
	(If an amount appears in column	· · · —				
	same amount must be shown in c	` ''				
6	Enter the net total of each colu	mn as				
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e	Subtract line 5	567,907			
b	Prior years' undistributed incom-					
	line 4b from line 2b	<b>—</b>		٩		
C	Enter the amount of prior years'	• • • • • • • • • • • • • • • • • • •				
	income for which a notice of defi been issued, or on which the sec					
	tax has been previously assess			0		
d	Subtract line 6c from line 6b Ta					
	—see instructions			0		
е	Undistributed income for 2013					
	4a from line 2a Taxable amount				0	
_	instructions	<del>-</del>				
Т	Undistributed income for 2014 lines 4d and 5 from line 1. This is					
	be distributed in 2015					0
7	A mounts treated as distribution	s out of				
	corpus to satisfy requirements i	mposed by				
	section 170(b)(1)(F) or 4942(g		0			
_	be required - see instructions).					
8	Excess distributions carryover tapplied on line 5 or line 7 (see ii		97,402			
0	Excess distributions carryover to					
9	Subtract lines 7 and 8 from line		470,505			
10	Analysis of line 9					
	Excess from 2010	45,472				
	Excess from 2011	154,402				
	Excess from 2012	144,170				
	Excess from 2013	98,950				
	Excess from 2014	27,511				

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

c Any submission deadlines

factors

Form **990-PF** (2014)

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	A mount
	or substantial contributor	recipient		
Name and address (home or business)  a Paid during the year  See Additional Data Table	any foundation manager or substantial contributor	recipient	contribution	
T-4-1				42.04
Total		<u> </u>		43,94
			<u> </u>	

Form 990-P						Page <b>12</b>
	-A Analysis of Income-Produci			T =		(-)
-	amounts unless otherwise indicated	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	(e) Related or exempt function income (See
b c d e f g Fees a 2 Member 3 Interes investor 4 Dividen 5 Net rend	and contracts from government agencies rship dues and assessments t on savings and temporary cash nents			14 14	2 7,847	instructions )
<b>b</b> Not de <b>6</b> Net ren propert	ebt-financed property					
8 Gain or invento 9 Net inco	8 Gain or (loss) from sales of assets other than inventory			18	221,516	
<b>b</b>						
e 12 Subtota 13 Total. A	I Add columns (b), (d), and (e)dd line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify ca		· ·		229,365 13_	
Part XVI	Explain below how each activity for whice the accomplishment of the foundation's instructions )	h income is re	ported ın column (	(e) of Part XVI-A c	ontributed importa	

Form 990-P	F (2014)										Pa	ge <b>13</b>
Part XVI	I Information R Noncharitable					action	s and F	Relationships	With			
section 5	organization directly or i										Yes	No
organiza												
	s from the reporting fou									4 (4)		
• •	h									1a(1)		No
	erassets									1a(2)		No
<b>b</b> Other tra		w tabla av		~~~ n.=~+.~	m					15/1)		Na
	es of assets to a noncha chases of assets from a											No No
												No
	tal of facilities, equipme									1b(3)		No
	nbursement arrangeme ns or loan guarantees.									1b(5)		No
	ormance of services or r									1b(5)		No
	of facilities, equipment,									<b>─</b>		No
	swer to any of the above										luo	140
of the go	ods, other assets, or se ansaction or sharing arr (b) Amount involved	ervices giv angement	en by t , show	the reporti in column	ng foundation I	f the fou the goo	ndation r ds, other	eceived less than	fair marko es receive	et value ed	1	nts
												-
2 7 11 6												
describe	undation directly or indidin section 501(c) of t complete the following  (a) Name of organization	he Code (d schedule		nan sectio	n 501(c)(3)) or	ın sectio	•			.⊢ <sub>Y</sub> ∈	es F	, No
	(a) Name of Organization	11		(,	<b>)</b> Type of organiza	tion		(C) Descrip	tion of relati	OHSHIP		
the	der penalties of perjury, best of my knowledge a ormation of which prepa	and belief,	ıt ıs tr	ue, correc					n taxpaye	r) is bas	sed on	all
Here	*****				2016-04-18	_ 🛦	*****		return	IRS disci		
	Signature of officer or t	rustee			Date	<u>, , , , , , , , , , , , , , , , , , , </u>	Title		below	tr )? 🔽 🕦		
	Print/Type preparer's ELSA G JOHNSON	name	Prepa	arer's Sıgn	aature	Date 2016	-04-28	Check if self- employed ▶	PTIN P	003272	217	
Paid Preparer	Firm's name ► ELSA G JOHNSON P.	A	ı			1		Firm's EIN ► 20	-165190	7		
Use	Firm's address ▶											
Only	301 YAMATO ROAD FL 33431	SUITE 31	L20 B	OCA RAT	ON,			Phone no (561	)362-830	00		

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo , day, yr )	<b>(d)</b> Date sold (mo , day, yr )
AMEX MEALTH CARE SELECT SECTOR		2009-05-19	2015-11-18
SPDR DOW JONES INDUSTRIAL MUTUAL FUND		2009-04-02	2015-11-18
TECHNOLOGY SELECT INDEX SPDR AVG PRICE IN ACCORD		2009-05-19	2015-11-18
ALERIAN MLP EXCHANGE TRADED FUND			2015-11-18
AMEX CONSUMER STAPLES SELECT FUND 'SPDR'			2015-11-18
ENERGY SELECT SECTOR SPDR FUND ETF			2015-11-18
GUGGENHEIM S&P GLOBAL WATER INDEX ETF		2015-01-06	2015-11-18
ISHARES MSCI EAFE ETF			2015-11-18
ISHARES RUSSELL 1000 ETF			2015-11-18
MARKET VECTORS TRUST - GLOBAL AGRIBUSINESS		2015-01-06	2015-11-18

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

(e) Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)
18,300		6,507	11,793
9,530		4,325	5,205
20,382		8,210	12,172
5,600		7,213	-1,613
12,732		12,862	-130
11,951		13,161	-1,210
7,251		6,942	309
15,674		15,224	450
12,660		12,258	402
7,479		7,952	-473

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69		(I) Gains (Col (h) gain minus	
(i) F M V as of 12/31/69	(j) A djusted basıs as of 12/31/69	( <b>k)</b> Excess of col (ı) over col (j), ıf any	col (k), but not less than -0-) <b>or</b> Losses (from col (h))
			11,793
			5,205
			12,172
			-1,613
			-130
			-1,210
			309
			450
			402
			-473

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )	<b>(b)</b> How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	<b>(d)</b> Date sold (mo , day, yr )
SPDR DOW JONES INDUSTRIAL MUTUAL FUND			2015-11-18
SPDR S&P MIDCAP 400 ETF TRUST ETF			2015-11-18
TECHNOLOGY SELECT INDEX 'SPDR' AVG PRICE IN ACCORD WITH THE			2015-11-18
WISDOMTREE EUR HDGD EQ FD CMN AVG PRICE IN ACCORD WITH			2015-11-18
SPDR BARCLAYS CONVERTIBLE SECURITIES ETF			2015-11-25
ALPS ALERIAN MLP ETF		2015-08-20	2015-11-12
CALAMOS EVOLVING WORLD GROW		2015-01-08	2015-10-29
DFA GLOBAL REAL ESTATE SECURIS		2015-01-08	2015-10-29
ENERGY SELECT SECTOR SPDR ETS		2015-09-29	2015-11-12
FHLB 6 015%18 DUE		2015-06-26	2015-01-15

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

(e) Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)
353		251	102
20,047		19,709	338
260		260	0
11,523		10,136	1,387
24,422		24,363	59
4		5	-1
9,290		10,000	-710
19,579		20,000	-421
48		43	5
11,307		11,463	-156

(I) Gains (Col (h) gain minus	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69		
col (k), but not less than -0-) <b>or</b> Losses (from col (h))	( <b>k)</b> Excess of col (ı) over col (j), ıf any	(j) Adjusted basis as of 12/31/69	(i) F M V as of 12/31/69
102			
338			
0			
1,387			
59			
-1			
-710			
-421			=
5			
-156			

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )	<b>(b)</b> How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
FHLB 6,015%18 DUE		2015-10-29	2015-01-15
ISHARES CORE S&P SMALL CAP			2015-11-12
ISHARES MSCI EAFE ETF		2015-01-06	2015-11-12
ISHARES RUSSELL 1000 ETF			2015-07-01
ISHARES RUSSELL 1000 ETF			2015-11-12
MKT VCTRS J P MRGN EM LCL ORNOS			2015-07-30
PIMCO HIGH YIELD FUND INST CL		2015-01-08	2015-04-15
PIMCO HIGH YIELD FUND INST CL			2015-10-29
SELECT SECTOR HEALTH CARE SPD			2015-01-06
SPDR BARCLAYS CNV SECURITIE		2015-11-11	2015-11-12

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

(e) Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)
16,859		16,952	-93
101		98	3
27		26	1
8,137		7,801	336
92		87	5
9,235		10,023	-788
5,978		5,881	97
23,441		24,155	-714
3,509		3,171	338
40		40	0

(I) Gains (Col (h) gain minus	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69		
col (k), but not less than -0-) <b>or</b> Losses (from col (h))	( <b>k)</b> Excess of col (ı) over col (j), ıf any	(j) Adjusted basis as of 12/31/69	(i) F M V as of 12/31/69
-9			
33			
-78			
9			
-71			
33			

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo , day, yr )	<b>(d)</b> Date sold (mo , day, yr )
SPDR FUND CONSUMER STAPLES			2015-06-26
SPDR FUND CONSUMER STAPLES			2015-07-02
SPDR FUND CONSUMER STAPLES			2015-11-12
SPDR FUND MATERIALS SELECT			2015-06-26
SPDR FUND MATERIALS SELECTS		2015-09-29	2015-11-12
SPDR S&P MIDCAP 400 ETF IV		2015-01-06	2015-11-12
TECHNOLOGY SELECT SECTORSPDR S			2015-01-06
VANGUARD S/T INVESTMENT GRAD			2015-10-29
WISDOMTREE EUROPE HEDGEDEQT			2015-11-12
SELECT SECTOR HEALTH CARE			2015-01-06

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

(e) Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)
7,022		6,961	61
8,052		8,063	-11
41		40	1
8,003		7,597	406
31		27	4
180		178	2
980		937	43
14,042		14,192	-150
9		8	1
93,511		56,777	36,734

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any	col (k), but not less than -0-) <b>or</b> Losses (from col (h))
			61
			-11
			1
			406
			4
			2
			43
			-150
			1
			36,734

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

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
TECHNOLOGY SELECT SECTORSPDR ES		2014-01-02	2015-01-06
SELECT SECTOR HEALTH CARE			
SPDR DOW JONES AVG		2009-04-02	2015-11-12
TECHNOLOGY SELECT SECTOR SPDR			

(e) Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)
355		314	41
213,701		86,722	126,979
160		73	87
54,549		23,924	30,625

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (յ), ıf any	col (k), but not less than -0-) <b>or</b> Losses (from col (h))
			41
-			126,979
			87
			30,625

## 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 status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ABRAMSON CANCER CENTER 3400 CIVIC CENTER BLVD PHILADELPHIA,PA 19104			MEDICAL	10,200
ABRAMSON CENTER FOR JEWISH LIFE 1425 HORSHAM ROAD NORTH WALES,PA 194541320			PUBLIC WELFARE	7,650
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW ATLANTA,GA 30303			MEDICAL	300
BOCA RATON REGIONAL HOSPITAL DEVELOPMENT DEPARTMENT 745 MEADOWS ROAD BOCA RATON, FL 334869945			MEDICAL	1,200
BRAIN AND BEHAVIOR RESEARCH FOUNDATION 90 PARK AVE NEW YORK,NY 10016			MEDICAL	5,000
BRYN MAWR FIRE COMPANY 901 LANCASTER AVE BRYN MAWR,PA 19010			PUBLIC WELFARE	50
CHABAD STUDENT CENTER OF BOCA RATON 935 NW 5TH AVENUE BOCA RATON,FL 33432			RELIGIOUS EDUCATION	180
CONGREGATION MELROSE B'NAI ISRAEL EMANU-EL 8339 OLD YORK ROAD ELKINS PARK,PA 19027			RELIGIOUS	100
FEDERAL ENFORCEMENT HOMELAND SECURITY FNDN 435 W 57TH STREET 3H NEW YORK,NY 10019			PUBLIC WELFARE	100
FOUNDATION FIGHTING BLINDNESS 3032 EAST COMMERCIAL BLVD 107 FT LAUDERDALE,FL 33308			MEDICAL	250
FRIENDS OF YEMIN ORDER 4340 EASTWEST HIGHWAY SUITE 202 BETHESDA,MD 20814			RELIGOUS	500
FRIENDSHIP CIRCLE 754 SOUTH 9TH STREET PHILADELPHIA,PA 19147			EDUCATION	350
HAR ZION TEMPLE 1500 HAGYS FORD ROAD PENN VALLEY,PA 19072			RELLIGIOUS	10,929
HEBREW UNIVERSITY OF JERUSALEM ONE BATTERY PARK PLAZA NEW YORK,NY 10004			EDUCATION	500
IMAJNZ FOUNDATION - PROJECT ALS 801 RIVERSIDE DRIVE NEW YORK,NY 10032			MEDICAL	200
Total			🕨 3a	43,944

### 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 status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ISRAEL ALLIES FOUNDATION 1150 CONNECTICUT AVE NW ST 515 WASHINGTON,DC 20036			PUBLIC WELFARE	50
JEWISH FAMILY SERVICES 21300 RUTH AND BARON COLEMAN BLVD BOCA RATON,FL 33428			PUBLIC WELFARE	850
JEWISH UNITED FUND 30 S WELLS STREET CHICAGO,IL 60606			PUBLIC WELFARE	100
LONGPORT HISTORICAL SOCIETY 2305 ATLANTIC AVENUE LONGPORT,NJ 08403			EDUCATION	25
LONGPORT VOLUNTEER FIRE DEPARTMENT 2301 ATLANTIC AVE LONGPORT,NJ 08403			PUBIC WELFARE	500
LYMPHOMA RESEARCH FOUNDATION 115 BROADWAY SUITE 1301 NEW YORK,NY 10006			MEDICAL	1,300
LYNN CANCER INSTITUTE 701 NW 13TH STREET BOCA RATON,FL 33486			MEDICAL	150
MAIN LINE CHABAD 625 MONTGOMERY AVENUE MERION STATION,PA 19066			RELIGIOUS	1,000
MARCUS AUTISM CENTER 1920 BRIARCLIFF ROAD ATLANTA,GA 30329			MEDICAL	100
NARBERTH AMBULANCE 101 SIBLEY AVE ARDMORE,PA 19003			MEDICAL	75
NATIONAL PARKINSON FOUNDATION PO BOX 5018 HAGERSTOWN, MD 21741			MEDICAL	100
NORTON MUSEUM OF ART 1451 SOUTH OLIVE AVENUE WEST PALM BEACH, FL 33401			EDUCATION	270
PALM BEACH CTY PBA 2100 N FLORIDA MANGO ROAD WEST PALM BEACH, FL 33409			PUBLIC WELFARE	40
PAPCORPS 3848 FAU BLVD SUITE 305 BOCA RATON,FL 33431			MEDICAL	125
PENNSYLVANIA SPCA 2801 BLOOM ROAD			ANIMAL WELFARE	150

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

	into una contributiono i		ne rear of Approved for t	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
PLAY FOR PINK 60 EAST 56TH STREET NEW YORK, NY 10022			MEDICAL	100
RABBI BORUCH LEBROW 935 NW 5TH AVENUE BOCA RATON,FL 33432			RELIGIOUS	500
TARA MILLER MELANOMA FOUNDATION PO BOX 3154 MARGATE,NJ 08402			MEDICAL	200
TERRI LYNNE LOKOFF CHILD CARE FOUNDATION 100 ROSS ROAD KING OF PRUSSIA, PA 19406			PUBLIC WELFARE	100
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3535 MARKET STREET SUITE 750 PHILADELPHIA,PA 191043309			EDUCATION	500
WISTER INSTITUTE 3601 SPRUCE STREET PHILADELPHIA,PA 19104			MEDICAL	200
Total				43.944

### **TY 2014 Accounting Fees Schedule**

Name: RAYMOND AND ELLEN GOLDBERG FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROFESSIONAL FEES	2,625	0		0



# TY 2014 All Other Program Related Investments Schedule

Name: RAYMOND AND ELLEN GOLDBERG FOUNDATION

Category	Amount
NONE	0

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491119000206

### **TY 2014 Investments - Other Schedule**

Name: RAYMOND AND ELLEN GOLDBERG FOUNDATION

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
STATE OF ISRAEL BONDS	AT COST	500	500
SCHWAB ONE ACCOUNT	AT COST	307,852	310,613

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491119000206

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

Name: RAYMOND AND ELLEN GOLDBERG FOUNDATION

Description	Amount
UNREALIZED APPRECIATION IN DONATED SECURITIES	223,310
OTHER TIMING DIFFERENCE	1,604

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### **TY 2014 Other Expenses Schedule**

Name: RAYMOND AND ELLEN GOLDBERG FOUNDATION

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
WIRE FEES	100	0		0
ACCRUED INTEREST PAID	308	0		0

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### **TY 2014 Taxes Schedule**

Name: RAYMOND AND ELLEN GOLDBERG FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX ON INVESTMENT INCOME	235	0		0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491119000206

OMB No 1545-0047

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2014

Employer identification number

RAYMOND AND ELLEN G					
	22-2787780				
Organization type (check	one)				
Filers of:	Section:				
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to n any one contributor Complete Parts I and II See instructions for determining a c				
Special Rules	many one contributor. Complete Paris Fand if See instructions for determining a c	onthibutions total contributions			
•					
under sections 509 received from any o	described in section $501(c)(3)$ filing Form 990 or 990-EZ that met the $33^1B\%$ supplications and $170(b)(1)(A)(vi)$ , that checked Schedule A (Form 990 or 990-EZ), Partone contributor, during the year, total contributions of the greater of <b>(1)</b> \$5,000 or (ii) Form 990-EZ, line 1 Complete Parts I and II	ll, line 13, 16a, or 16b, and that			
during the year, tota	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive all contributions of more than \$1,000 exclusively for religious, charitable, scientific if cruelty to children or animals. Complete Parts I, II, and III	•			
during the year, cor this box is checked purpose Do not coi	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive a tributions exclusively for religious, charitable, etc., purposes, but no such contributions there the total contributions that were received during the year for an exclusively and the parts unless the <b>General Rule</b> applies to this organization because of the contributions totaling \$5,000 or more during the year	outions totaled more than \$1,000 lf usively religious, charitable, etc, ause it received nonexclusively			

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
RAYMOND AND ELLEN GOLDBERG FOUNDATION

**Employer identification number** 22-2787780

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed	·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	RAYMOND AND ELLEN GOLDBERG 6875 QUEENFERRY CIRCLE BOCA RATON, FL 33496	\$ 409,871	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization
RAYMOND AND ELLEN GOLDBERG FOUNDATION
22-2787780

art II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed		
a) No. rom Partl	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	4,827 3108 SH SPECTOR SPDR HEALTH FUND SHARES (XLV)	\$ 331,347	2014-12-24
No. om artl	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	1,863 4093 SH SPECTOR SPDR TECH SELECT (XLK)	<u> </u>	2014-12-24
No. om artl	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	2014-12-24  (d) Date received
		\$_	
a) No. From Description of	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	
		\$	
No. om rtl	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	
		\$_	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	
		\$_	

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2014)			Pa	ge <b>4</b>
	organization D AND ELLEN GOLDBERG FOUNDATION			Employer identification number 22-2787780	
Part III		from any one enter the total of nstructions )	contributor. Comple	•	or —
(a) No. from Part I	(b) Purpose of gift	(c	Use of gift	(d) Description of how gift is held	
	Transferee's name, address, an		Transfer of gift Relati	onship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c	Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and ZIP 4		P) Transfer of gift Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, address, an	• •	Transfer of gift Relati	onship of transferor to transferee	
	(b) Purpose of gift	(c	Use of gift	(d) Description of how gift is held	<u>-</u> - - -
	Transferee's name, address, an		Transfer of gift Relati	onship of transferor to transferee	