

For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017

Name of foundation BENCO FAMILY FOUNDATION FKA COHEN FAMILY CHARITABLE TRUST		A Employer identification number 13-7483658	
Number and street (or P.O. box number if mail is not delivered to street address) 295 CENTER POINTE BLVD		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code PITTSBURGH, PA 15260		B Telephone number (see instructions) (570) 825-7781	
G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change		D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation	
H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 5,208,802		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	
J Accounting method ☒ Cash ☐ Accrual ☐ Other (specify) (Part I, column (d) must be on cash basis)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	529,061			
	2 Check ☐ if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	24,858	24,858		
	4 Dividends and interest from securities	52,318	52,318		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	227,363			
	b Gross sales price for all assets on line 6a	1,218,156			
	7 Capital gain net income (from Part IV, line 2)		227,363		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	36,681	36,681		
	12 Total. Add lines 1 through 11	870,281	341,220		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	3,000	0		3,000
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	15,996	966		30
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	4,460	3,691		769
	24 Total operating and administrative expenses. Add lines 13 through 23	23,456	4,657		3,799
	25 Contributions, gifts, grants paid	355,940			355,940
	26 Total expenses and disbursements. Add lines 24 and 25	379,396	4,657		359,739
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	490,885			
	b Net investment income (if negative, enter -0-)		336,563		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1 Cash—non-interest-bearing	354,713	178,830	178,830		
	2 Savings and temporary cash investments					
	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) ▶ _____ 400,000 Less allowance for doubtful accounts ▶ _____ 0	0	400,000	400,000		
	8 Inventories for sale or use					
	9 Prepaid expenses and deferred charges					
	10a Investments—U S and state government obligations (attach schedule)					
	b Investments—corporate stock (attach schedule)	3,796,921	4,492,238	4,492,238		
	c Investments—corporate bonds (attach schedule)					
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
	12 Investments—mortgage loans					
	13 Investments—other (attach schedule)	163,182	137,734	137,734		
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
15 Other assets (describe ▶ _____)						
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	4,314,816	5,208,802	5,208,802			
Liabilities	17 Accounts payable and accrued expenses					
	18 Grants payable					
	19 Deferred revenue					
	20 Loans from officers, directors, trustees, and other disqualified persons					
	21 Mortgages and other notes payable (attach schedule)					
	22 Other liabilities (describe ▶ _____)					
	23 Total liabilities (add lines 17 through 22)	0	0			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.					
	24 Unrestricted					
	25 Temporarily restricted					
	26 Permanently restricted					
	Foundations that do not follow SFAS 117, check here ▶ ☒ and complete lines 27 through 31.					
	27 Capital stock, trust principal, or current funds	0	0			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund	0	0			
	29 Retained earnings, accumulated income, endowment, or other funds	4,314,816	5,208,802			
30 Total net assets or fund balances (see instructions)	4,314,816	5,208,802				
31 Total liabilities and net assets/fund balances (see instructions) .	4,314,816	5,208,802				

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	4,314,816
2 Enter amount from Part I, line 27a	2	490,885
3 Other increases not included in line 2 (itemize) ▶ _____	3	403,101
4 Add lines 1, 2, and 3	4	5,208,802
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	5,208,802

Part IV Capital Gains and Losses for Tax on Investment Income

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

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a See Additional Data Table			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	227,363
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 { }	3	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?



Yes



No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	415,947	4,312,632	0 096449
2015	274,482	4,012,573	0 068405
2014	336,212	3,842,531	0 087498
2013	203,386	3,081,076	0 066011
2012	136,798	2,420,011	0 056528
2 Total of line 1, column (d)			2 0 374891
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0 074978
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			4 4,749,023
5 Multiply line 4 by line 3			5 356,072
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 3,366
7 Add lines 5 and 6			7 359,438
8 Enter qualifying distributions from Part XII, line 4			8 359,739

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

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)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☒ and enter 1% of Part I, line 27b	1	3,366
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	3,366
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	3,366
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	9,254
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	14,254
8	Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	10,888
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ 10,888 Refunded ▶	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>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</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ 0 (2) On foundation managers ▶ \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ PA		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	Yes	
14	The books are in care of ► RICHARD COHEN TRUSTEE Telephone no ► (570) 825-7781			

Located at **►** 295 CENTER POINTE BLVD PITTSBURGH PA ZIP+4 **►** 18640

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ☐ and enter the amount of tax-exempt interest received or accrued during the year ► 15			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 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 ►	16	Yes	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? ☐ Organizations relying on a current notice regarding disaster assistance check here. ► ☐	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? ☐	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? ☐ Yes ☒ 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) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). ☐	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017). ☐	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 2017?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a	During the year did the foundation pay or incur any amount to				
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☒ No			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☒ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☒ No			
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	☐ Yes ☒ No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☒ No			
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?		5b		
	Organizations relying on a current notice regarding disaster assistance check here.	☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☐ Yes ☐ No			
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>				
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	No	
	<i>If "Yes" to 6b, file Form 8870</i>				
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☒ No			
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		7b		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
LAWRENCE E COHEN 295 CENTER POINTE BLVD PITTSON, PA 18640	TRUSTEE 2 00	0	0	0
SALLY COHEN 295 CENTER POINTE BLVD PITTSON, PA 18640	TRUSTEE 2 00	0	0	0
CHARLES F COHEN 295 CENTER POINTE BLVD PITTSON, PA 18640	TRUSTEE 2 00	0	0	0
RICHARD S COHEN 295 CENTER POINTE BLVD PITTSON, PA 18640	TRUSTEE 2 00	0	0	0

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

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

Total number of other employees paid over \$50,000. **0****3** Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. **0****Part IX-A** Summary of Direct Charitable Activities

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

Part IX-B Summary of Program-Related Investments (see instructions)

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

Total. Add lines 1 through 3. **0**

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	4,286,219
b	Average of monthly cash balances.	1b	135,124
c	Fair market value of all other assets (see instructions).	1c	400,000
d	Total (add lines 1a, b, and c).	1d	4,821,343
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	4,821,343
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	72,320
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	4,749,023
6	Minimum investment return. Enter 5% of line 5.	6	237,451

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	237,451
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	3,366
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	3,366
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	234,085
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	234,085
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	234,085

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	359,739
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	359,739
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	3,366
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	356,373

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				234,085
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.				6,401
b From 2013.				50,498
c From 2014.				149,649
d From 2015.				80,739
e From 2016.				218,747
f Total of lines 3a through e.	506,034			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 359,739				
a Applied to 2016, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2017 distributable amount.				234,085
e Remaining amount distributed out of corpus	125,654			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	631,688			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). . . .	6,401			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	625,287			
10 Analysis of line 9				
a Excess from 2013.				50,498
b Excess from 2014.				149,649
c Excess from 2015.				80,739
d Excess from 2016.				218,747
e Excess from 2017.				125,654

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)Form **990-PF** (2017)

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	355,940
b <i>Approved for future payment</i>				
Total			▶ 3b	0

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2017)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	***** Signature of officer or trustee	2018-11-09 Date	***** Title

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ☐	PTIN
	ALANE BOFFA		2018-11-09		P00012337
	Firm's name ▶ COHEN & COMPANY LTD				Firm's EIN ▶ 34-1912961
Firm's address ▶ OFFICES LISTED AT WWWCOHENCPACOM, OH 44115					Phone no (800) 229-1099

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

List and describe the kind(s) of property sold (e g , real estate, (a) 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)
814 664 SHS ARTRX	P		
972 006 SHS MSCFX	P		
58 388 SHS MSCFX	P		
1279 427 SHS PRASX	P		
1831 502 SHS RYSEX	P		
3799 392 SHS VMVFX	P		
783 855 SHS VHGX	P		
450 00 SHS VOO	P		
350 00 SHS BRK B	P		
302 00 SHS BRK B	P		

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
20,000		17,401	2,599
24,950		22,158	2,792
1,516		1,423	93
25,000		21,085	3,915
39,950		36,972	2,978
49,950		46,485	3,465
22,796		19,630	3,166
99,216		89,745	9,471
59,579		45,210	14,369
59,063		38,994	20,069

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			2,599
			2,792
			93
			3,915
			2,978
			3,465
			3,166
			9,471
			14,369
			20,069

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

List and describe the kind(s) of property sold (e g , real estate, (a) 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)
1250 SHS GE	P		
2100 865 SHS MSCFX	P		
1632 689 SHS RYSEX	P		
1911 315 SHS VMVFX	P		
1015 SHS VDE	P		
210 SHS VOO	P		
207 SHS VOO	P		
1000 SHS VOE	P		
697 674 SHS SEQUX	P		
512 149 SHS SEQUX	P		

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
36,492		33,840	2,652
54,532		47,892	6,640
38,612		33,128	5,484
24,950		23,385	1,565
95,908		98,134	-2,226
48,458		41,881	6,577
50,045		41,282	8,763
109,891		91,743	18,148
119,950		86,024	33,926
89,950		74,818	15,132

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			2,652
			6,640
			5,484
			1,565
			-2,226
			6,577
			8,763
			18,148
			33,926
			15,132

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

List and describe the kind(s) of property sold (e.g., real estate, (a) 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.)
143 423 SHS SEQUX	P		
740 521 SHS VSEQX	P		
1756 852 SHS VHGX	P		
74 072 SHS VHGX	P		
CAPITAL GAINS DIVIDENDS	P		

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
24,950		20,971	3,979
24,950		14,907	10,043
49,950		41,918	8,032
2,154		1,767	387
45,344			45,344

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
			3,979
			10,043
			8,032
			387
			45,344

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
A GIFT OF SMILES4836 E TRINDLE RD MECHANICSVILLE, PA 17050	NONE	PC	CHARITABLE	1,500
ABINGTON HOSPICE225 NEWTOWN RD WARMINSTER, PA 18974	NONE	PC	CHARITABLE	250
ALLIE BRODIE LEGACY SCHOLARSHIP FUND C/O UNIVERSITY OF ALABAMA TUSCALOOSA, AL 35487	NONE	PC	CHARITABLE	250
Total ▶ 3a				355,940

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
AMERICAN CANCER SOCIETY PO BOX 22718 OKLAHOMA CITY, OK 73123	NONE	PC	CHARITABLE	200
AMERICAN FRIENDS OF REUTH 600 COLUMBUS AVE NEW YORK, NY 10024	NONE	PC	CHARITABLE	1,800
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	PC	CHARITABLE	550
Total ▶ 3a				355,940

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AUTISM AWARENESS OF NEPA PO BOX 100 LUZERNE, PA 18709	NONE	PC	CHARITABLE	151
BENEVIS FOUNDATION 1090 NORTHCHASE PARKWAY SUITE 150 ATLANTA, GA 300676407	NONE	PC	CHARITABLE	30,000
BIG BROTHERSBIG SISTERS OF AMERICA 450 E JOHN CARPENTER FWY IRVING, TX 75062	NONE	PC	CHARITABLE	20
Total 				355,940
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BLUE CHIP FARM ANIMAL REFUGE 974 LOCKVILLE RD DALLAS, PA 18612	NONE	PC	CHARITABLE	80
CANCER RESEARCH INSTITUTE ONE EXCHANGE PLAZA NEW YORK, NY 10006	NONE	PC	CHARITABLE	250
CASA667 SOUTH RIVER ST PLAINS, PA 18705	NONE	PC	CHARITABLE	5,000
Total ▶ 3a				355,940

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CEOWEINBERG FOOD BANK 185 RESEARCH DRIVE PITTSTON, PA 18640	NONE	PC	CHARITABLE	580
CF CHARITIES6097 EASTON RD PIPERSVILLE, PA 18947	NONE	PC	CHARITABLE	10,000
CHAI LIFELINE151 WEST 30TH STREET NY, NY 10001	NONE	PC	CHARITABLE	300
Total ▶ 3a				355,940

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
CHILDREN'S CANCER RESEARCH FUND 7301 OHMS LN MINNEAPOLIS, MN 55439	NONE	PC	CHARITABLE	550
COLON CANCER ALLIANCE 1025 VERMONT AVE NW SUITE 1066 WASHINGTON, DC 20005	NONE	PC	CHARITABLE	250
COMMUNITY SERVICES FOR CHILDREN 1520 HANOVER AVE ALLENTOWN, PA 18109	NONE	PC	CHARITABLE	1,000
Total ▶ 3a				355,940

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
CR FOUNDATION 3707 N CANYON RD BLDG 7 PROVO, UT 84604	NONE	PC	CHARITABLE	500
CRADLE TO CRAYONS30 CLIPPER RD CONSHOHOCKEN, PA 19428	NONE	PC	CHARITABLE	660
CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD BETHESDA, MD 20814	NONE	PC	CHARITABLE	186
Total ▶ 3a				355,940

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DANA FARBER MARATHON CHALLENGE 450 BROOKLINE AVE BOSTON, MA 02215	NONE	PC	CHARITABLE	100
DENTAL LIFELINE NETWORK 1800 15TH STREET SUITE 100 DENVER, CO 80202	NONE	PC	CHARITABLE	16,937
DENTAL TRADE ALLIANCE FOUNDATION 4350 FAIRFAX DR 220 ARLINGTON, VA 22203	NONE	PC	CHARITABLE	14,000
Total ▶ 3a				355,940

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
DESTINY CARE FOUNDATION 12364 PERRIS BLVD MORENO VALLEY, CA 92557	NONE	PC	CHARITABLE	100
DONORSCHOOSEORG134 W 37TH ST NEW YORK, NY 10018	NONE	PC	CHARITABLE	25
ELLIE REYNOLDS ALS FOUNDATION 302 OLD BARN CIRCLE PHOENIXVILLE, PA 19460	NONE	PC	CHARITABLE	50
Total ▶ 3a				355,940

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EPILEPSY FOUNDATION OF EASTERN PA 919 WALNUT STREET 7A PHILADELPHIA, PA 191075237	NONE	PC	CHARITABLE	174
EVERHART MUSEUM OF NATURAL HISTORY 1901 MULBERRY ST SCRANTON, PA 18510	NONE	PC	CHARITABLE	500
FAMILY SERVICE ASSOCIATION OF NEPA 31 WEST MARKET ST WILKESBARRE, PA 18701	NONE	PC	CHARITABLE	100
Total 3a				355,940

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FIRST UNITED METHODIST CHURCH 408 WYOMING AVE WEST PITTSTON, PA 18643	NONE	PC	CHARITABLE	100
FREE CLINIC ASSOCIATION OF PA 980 EAST PENN DRIVE WEST CHESTER, PA 19380	NONE	PC	CHARITABLE	500
FSA-NEPA WALKRUN31 W MARKET ST WILKESBARRE, PA 18701	NONE	PC	CHARITABLE	145
Total ▶ 3a				355,940

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GREENWICH VILLAGE SOCIETY 232 EAST 11 STREET NEW YORK, NY 10003	NONE	PC	CHARITABLE	350
HELPS INTERNATIONAL 16610 DALLAS PKWY SUITE 2025 DALLAS, TX 75248	NONE	PC	CHARITABLE	250
HERE FOR THE GIRLS INC 1309 JAMESTOWN RD 204 WILLIAMSBURG, VA 23185	NONE	PC	CHARITABLE	56
Total ▶ 3a				355,940

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
HOSPICE OF THE SACRED HEART 600 BALTIMORE DRIVE 7 WILKESBARRE, PA 18702	NONE	PC	CHARITABLE	25
HOUSTON SPCA900 PORTWAY DR HOUSTON, TX 77024	NONE	PC	CHARITABLE	100
HURON AREA SENIOR CENTER 290 7TH ST SW B HURON, SD 57350	NONE	PC	CHARITABLE	100
Total ▶ 3a				355,940

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
INTERNATIONAL LIFE FOUNDATION INC 707 TENNESSEE AVE SAINT CLOUD, FL 34769	NONE	PC	CHARITABLE	10,000
INTERNATIONAL PEMPHIGUS & PEMPHIGOLD FOUNDATION 1331 GARDEN HIGHWAY STE 100 SACRAMENTO, CA 95833	NONE	PC	CHARITABLE	500
JANET WEIS CHILDREN'S HOSPITAL 100 N ACADEMY AVE DANVILLE, PA 17822	NONE	PC	CHARITABLE	237
Total ► 3a				355,940

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JDRF ONE WALK26 BROADWAY 14TH FL NEW YORK, NY 10004	NONE	PC	CHARITABLE	250
JEWISH COMMUNITY ALLIANCE 60 SOUTH RIVER ST WILKESBARRE, PA 18702	NONE	PC	CHARITABLE	41,000
JUNIOR ACHEIVEMENT OF NEPA 1122 OAK ST PITTSTON, PA 18640	NONE	PC	CHARITABLE	1,000
Total ▶ 3a				355,940

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KEEP A BREAST FOUNDATION 811 TRACTION AVE 2A LOS ANGELES, CA 90013	NONE	PC	CHARITABLE	26,783
LCCC FOUNDATION 1333 SOUTH PROSPECT ST NANTICOKE, PA 186343899	NONE	PC	CHARITABLE	15,000
LEADERSHIP LACKAWANNA 222 MULBERRY ST SCRANTON, PA 18501	NONE	PC	CHARITABLE	350
Total ▶ 3a				355,940

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
LEADERSHIP WILKES-BARRE 2 PUBLIC SQUARE WILKESBARRE, PA 18701	NONE	PC	CHARITABLE	2,377
LEUKEMIA AND LYMPHOMA SOCIETY 6111 OAK TREE BLVD SUITE 130 INPEDENCE, OH 44131	NONE	PC	CHARITABLE	100
LUNGEVITY FOUNDATION 218 S WABASH AVE SUITE 540 CHICAGO, IL 60604	NONE	PC	CHARITABLE	614
Total ▶ 3a				355,940

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LUZERNE COUNTY ADVOCACY CENTER 187 HANOVER ST WILKESBARRE, PA 18702	NONE	PC	CHARITABLE	372
LUZERNE COUNTY COMMUNITY COLLEGE 1333 SOUTH PROSPECT ST NANTICOKE, PA 18634	NONE	PC	CHARITABLE	100
LUZERNE COUNTY HEAD START 23 BEEKMAN ST WILKESBARRE, PA 18702	NONE	PC	CHARITABLE	3,325
Total ► 3a				355,940

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
MARCH OF DIMES 1275 MAMARONECK AVE WHITE PLAINS, NY 10605	NONE	PC	CHARITABLE	166
MATERNAL & FAMILY HEALTH SERVICES 15 PUBLIC SQUARE 600 WILKESBARRE, PA 18701	NONE	PC	CHARITABLE	700
MISERICORDIA UNIVERSITY 301 LAKE STREET DALLAS, PA 18612	NONE	PC	CHARITABLE	250
Total ▶ 3a				355,940

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MISSION RESTORE 120 EAST 87TH STREET SUITE P4B NEW YORK, NY 10128	NONE	PC	CHARITABLE	500
MORE THAN MEPO BOX 438 BERNARDSVILLE, NJ 07924	NONE	PC	CHARITABLE	2,500
NATIONAL MS SOCIETYPO BOX 4527 NEW YORK, NY 10163	NONE	PC	CHARITABLE	172
Total ▶ 3a				355,940

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NATIONAL PARKINSON FOUNDATION 200 SE 1ST ST SUITE 800 MIAMI, FL 33131	NONE	PC	CHARITABLE	189
NEPA BSA72 MONTAGE MOUNTAIN RD MOOSIC, PA 185071776	NONE	PC	CHARITABLE	250
NEPA PHILHARMONICPO BOX 4525 SCRANTON, PA 18505	NONE	PC	CHARITABLE	1,500
Total ▶ 3a				355,940

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NORTH POCONO PUBLIC LIBRARY 1315 CHURCH STREET MOSCOW, PA 18444	NONE	PC	CHARITABLE	250
NORTHEAST REGIONAL CANCER INSTITUTE 334 JEFFERSON AVE SCRANTON, PA 18510	NONE	PC	CHARITABLE	182
OPERATION GRATITUDEPO BOX 260257 ENCINO, CA 914260257	NONE	PC	CHARITABLE	123
Total ▶ 3a				355,940

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PANCREATIC CANCER ACTION NETWORK 1500 ROSECRANS AVENUE SUITE 200 MANHATTAN BEACH, CA 90266	NONE	PC	CHARITABLE	500
PHILLIPS EXETER ACADEMY 20 MAIN STREET EXETER, NH 038332460	NONE	PC	CHARITABLE	10,000
RONALD MCDONALD HOUSE OF SCRANTON 332 WHEELER AVE SCRANTON, PA 18510	NONE	PC	CHARITABLE	200
Total ▶ 3a				355,940

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ROUGH ROAD RESCUE INC 9126 S HWY 51 PERRYVILLE, MO 63775	NONE	PC	CHARITABLE	100
RUTGERS UNIVERSITY FOUNDATION 120 ALBANY ST PLAZA TOWER 1 SUITE 201 NEW BRUNSWICK, NJ 08901	NONE	PC	CHARITABLE	12,000
SALVATION ARMY 17 SOUTH PENNSYLVANIA AVENUE WILKESBARRE, PA 18701	NONE	PC	CHARITABLE	100
Total ▶ 3a				355,940

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SHADOART PRODUCTIONS 503 S FRONT ST 260 COLUMBUS, OH 43215	NONE	PC	CHARITABLE	250
SPCA OF LUZERNE COUNTY 524 EAST MAIN ST WILKESBARRE, PA 18702	NONE	PC	CHARITABLE	600
ST JUDE'S CHILDREN'S HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	PC	CHARITABLE	100
Total ▶ 3a				355,940

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST LUKE'S RECOVERY RESOURCE CENTER 40 MCBRIDE RD MECHANICVILLE, NY 12118	NONE	PC	CHARITABLE	25
ST VINCENT DE PAUL SOUP KITCHEN 39 EAST JACKSON ST WILKESBARRE, PA 18701	NONE	PC	CHARITABLE	187
STEP BY STEP FOUNDATION 744 KIDDER ST WILKESBARRE, PA 18702	NONE	PC	CHARITABLE	1,000
Total ▶ 3a				355,940

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SUSAN G KOMEN 125 NORTH WASHINGTON AVE 260 SCRANTON, PA 18503	NONE	PC	CHARITABLE	171
TEACH FOR AMERICA-NEW JERSEY PO BOX 398447 SAN FRANCISCO, CA 941398447	NONE	PC	CHARITABLE	3,000
TEMPLE ISRAEL OF WILKES-BARRE 239 SOUTH RIVER STREET WILKESBARRE, PA 18702	NONE	PC	CHARITABLE	1,000
Total ▶ 3a				355,940

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE CHILDREN'S ORAL HEALTH INSTITUTE 9199 REISTERSTOWN RD SUITE 203A OWINGS MILLS, MD 21117	NONE	PC	CHARITABLE	10,000
THE JUDE ZAYAC FOUNDATION PO BOX 482 DUNMORE, PA 18512	NONE	PC	CHARITABLE	186
THE LUZERNE FOUNDATION 34 SOUTH RIVER ST WILKESBARRE, PA 18702	NONE	PC	CHARITABLE	2,500
Total ▶ 3a				355,940

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREE SUITE 305 PHILADELPHIA, PA 19104	NONE	PC	CHARITABLE	10,000
UKULELE KIDS CLUB INC 10097 CLEARY BLVD SUITE 110 PLANTATION, FL 33324	NONE	PC	CHARITABLE	40
UNITED NEIGHBORHOOD CENTERS OF NEPA 425 ALDER ST SCRANTON, PA 18505	NONE	PC	CHARITABLE	445
Total ▶ 3a				355,940

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNITED WAY OF WYOMING VALLEY 100 N PENNSYLVANIA AVE WILKESBARRE, PA 18701	NONE	PC	CHARITABLE	65,771
VETERANS ORG OF RESOURCE & RECOVERY FOR THE HOMELESS PO BOX 1754 EUSTIS, FL 32727	NONE	PC	CHARITABLE	100
VOLUNTEERS OF AMERICA 25 NORTH RIVER ST WILKESBARRE, PA 18702	NONE	PC	CHARITABLE	208
Total ► 3a				355,940

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WATCHTOWER900 RED MILLS ROAD WALLKILL, NY 125895200	NONE	PC	CHARITABLE	100
WATER FOR LIFE 75-5851 KUAKINI HWY 75 KAILUA KONA, HI 96740	NONE	PC	CHARITABLE	5,000
WAYSIDE WAIFS 3901 MARTHA TRUMAN RD KANSAS CITY, MO 64137	NONE	PC	CHARITABLE	100
Total ▶ 3a				355,940

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WIKIMEDIA FOUNDATION INC PO BOX 98204 WASHINGTON, DC 200908204	NONE	PC	CHARITABLE	200
WILKES UNIVERSITY 84 WEST SOUTH ST WILKESBARRE, PA 18701	NONE	PC	CHARITABLE	85
WILKES-BARRE FAMILY YMCA 40 WEST NORTHAMPTON STREET WILKESBARRE, PA 18701	NONE	PC	CHARITABLE	250
Total ▶ 3a				355,940

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WOMEN'S RESOURCE CENTER PO BOX 975 SCRANTON, PA 18501	NONE	PC	CHARITABLE	50
WVIA PUBLIC MEDIA100 WVIA WAY PITTSTON, PA 18640	NONE	PC	CHARITABLE	10,000
WYOMING SEMINARY ANNUAL FUND 201 NORTH SPRAGUE AVENUE KINGSTON, PA 187043593	NONE	PC	CHARITABLE	25,000
Total ▶ 3a				355,940

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WYOMING VALLEY CHILDREN'S ASSOCIATION 1133 WYOMING AVE FORTY FORT, PA 18704	NONE	PC	CHARITABLE	193
Total 				355,940
3a				

TY 2017 Accounting Fees Schedule**Name:** BENCO FAMILY FOUNDATION

FKA COHEN FAMILY CHARITABLE TRUST

EIN: 13-7483658**Accounting Fees Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING & AUDIT EXPENSE	3,000	0		3,000

TY 2017 Investments Corporate Stock Schedule**Name:** BENCO FAMILY FOUNDATION

FKA COHEN FAMILY CHARITABLE TRUST

EIN: 13-7483658

Name of Stock	End of Year Book Value	End of Year Fair Market Value
SCOTTRADE INVESTMENT ACCOUNT	561	561
TD AMERITRADE INVESTMENT ACCOUNT	3,468,887	3,468,887
PRIDEROCK	400,765	400,765
GKC STRATEGIC VALUE	205,663	205,663
SPRING LAKE INVESTMENT	400,000	400,000
STABILIS	16,362	16,362

TY 2017 Investments - Other Schedule

Name: BENCO FAMILY FOUNDATION
FKA COHEN FAMILY CHARITABLE TRUST

EIN: 13-7483658

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
AMBIT BRIDGE LOAN FUND INTERNATIONAL INVESTMENT	FMV	137,734	137,734

TY 2017 Other Expenses Schedule

Name: BENCO FAMILY FOUNDATION
FKA COHEN FAMILY CHARITABLE TRUST

EIN: 13-7483658

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MISCELLANEOUS EXPENSES	769	0		769
BANK CHARGE	675	675		0
OTHER PORTFOLIO EXPENSE	3,016	3,016		0

TY 2017 Other Income Schedule

Name: BENCO FAMILY FOUNDATION
FKA COHEN FAMILY CHARITABLE TRUST

EIN: 13-7483658

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
PRIDEROCK MDOF INCOME	32,007	32,007	32,007
GKC STRATEGIC INCOME	4,674	4,674	4,674

TY 2017 Other Increases Schedule**Name:** BENCO FAMILY FOUNDATION

FKA COHEN FAMILY CHARITABLE TRUST

EIN: 13-7483658

Description	Amount
UNREALIZED GAIN/LOSS ON INVESTMENT	403,101

TY 2017 Taxes Schedule

Name: BENCO FAMILY FOUNDATION
FKA COHEN FAMILY CHARITABLE TRUST

EIN: 13-7483658

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	966	966		0
PA REGISTRATION	30	0		30
FEDERAL TAXES	15,000	0		0

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	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	OMB No 1545-0047 2017
	Name of the organization BENCO FAMILY FOUNDATION FKA COHEN FAMILY CHARITABLE TRUST	Employer identification number 13-7483658

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust not 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

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization BENCO FAMILY FOUNDATION FKA COHEN FAMILY CHARITABLE TRUST	Employer identification number 13-7483658
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Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BENCO DENTAL SUPPLY CO	\$ 30,000	Person ☒
	295 CENTERPOINT BLVD		Payroll ☐
	PITTSTON, PA18640		Noncash ☐ (Complete Part II for noncash contributions)
2	RICHARD S COHEN	\$ 223,058	Person ☐
	39 BRIANS PLACE		Payroll ☐
	PLAINS TOWNSHIP, PA18640		Noncash ☒ (Complete Part II for noncash contributions)
3	DORRANCE FINANCIAL COMPANY	\$ 56,403	Person ☒
	295 CENTERPOINT BLVD		Payroll ☐
	PITTSTON, PA18640		Noncash ☐ (Complete Part II for noncash contributions)
4	CHARLES F COHEN	\$ 219,400	Person ☒
	1495 SHELBOURNE COURT		Payroll ☐
	ALLENTOWN, PA18104		Noncash ☐ (Complete Part II for noncash contributions)
-		\$	Person ☐
			Payroll ☐
			Noncash ☐ (Complete Part II for noncash contributions)
-		\$	Person ☐
			Payroll ☐
			Noncash ☐ (Complete Part II for noncash contributions)

Name of organization BENCO FAMILY FOUNDATION FKA COHEN FAMILY CHARITABLE TRUST	Employer identification number 13-7483658
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Part II **Noncash Property** (See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	1,134 SHS BRK B	\$ 223,058	2017-12-11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of organization BENCO FAMILY FOUNDATION FKA COHEN FAMILY CHARITABLE TRUST	Employer identification number 13-7483658
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee