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2017

OMB No 1545-0052

Form 990-PF

Department of the Treasury Internal Revenue Service

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 www.irs.gov/form990pf.

Open to Public Inspection

For	caler	ndar year 2017, or tax year beginning 01-01-20	17 , ar	nd end	ling 12-31-	2017	
		indation N FAMILY CHARITABLE TRUST			A Employer id	entification numbe	r
	HLDMAN	VIAMILI CHARITABLE INOSI			23-6869549		
		d street (or P O box number if mail is not delivered to street address) MERCE WAY	Room/suite		B Telephone nu	mber (see instruction	ns)
		n, state or province, country, and ZIP or foreign postal code DWN, PA 18083	1		C If exemption	application is pendin	g, check here
G CI	neck al	I that apply 🔲 Initial return 🔲 Initial return of a	former public charity		D 1. Foreign or	ganizations, check he	ere 🗆
		Final return Amended return	. ,			ganizations meeting	
		\square Address change $\ \square$ Name change			•	k here and attach co	· -
_		pe of organization \square Section 501(c)(3) exempt private in				indation status was t n 507(b)(1)(A), chec	
		n 4947(a)(1) nonexempt charitable trust U Other taxable					
of	year <i>(f</i>	xet value of all assets at end from Part II, col (c),	Cash Accru	ıaı		ition is in a 60-montl n 507(b)(1)(B), chec	
Pa	rt 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) Ne	et investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach					,
	2	schedule) Check ▶ ☑ If the foundation is not required to attach					
		Sch B					
	3	Interest on savings and temporary cash investments	5,055	i	5,055		
	4	Dividends and interest from securities	149,887	'	149,887		
Revenue	5a .	Gross rents					
	b 6a	Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10	61,418				
			,	1			
	b 7	Gross sales price for all assets on line 6a 2,104,208 Capital gain net income (from Part IV, line 2)			61,418		
	8	Net short-term capital gain			,		
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	216,360		216,360		
	13	Compensation of officers, directors, trustees, etc					
	14	Other employee salaries and wages					
ses	15	Pension plans, employee benefits					
en en	16a	Accounting fees (attach schedule)	9 1,000		500		500
and Administrative Expenses	b c	Other professional fees (attach schedule)	1,000		300		300
١٧e	17	Interest					
rat	18	Taxes (attach schedule) (see instructions)	4,662	!	2,331		2,331
nı st	19	Depreciation (attach schedule) and depletion			, :-		,
Ξ	20	Occupancy					
I Ac	21	Travel, conferences, and meetings					
anc	22	Printing and publications					
bu	23	Other expenses (attach schedule)	8,850		4,425		4,425
Operating	24	Total operating and administrative expenses.					
<u>pe</u>		Add lines 13 through 23	14,512	-	7,256		7,256
S	25	Contributions, gifts, grants paid	236,050				236,050
	26	Total expenses and disbursements. Add lines 24 and 25	250,562	!	7,256		243,306
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	-34,202				
	Ь	Net investment income (If negative, enter -0-)			209,104		
	С	Adjusted net income(If negative, enter -0-)					
For	Paper	work Reduction Act Notice, see instructions.		Ca	t No 11289	(For	m 990-PF (2017)

		Less allowance for doubtful accounts 🚩		l		
	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				
Assets	9	Prepaid expenses and deferred charges				
As	10a	Investments—U S and state government obligations (attach schedule)				
	ь	Investments—corporate stock (attach schedule)	3,099,174	% J	2,818,306	
	С	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment basis ▶				

3,494,495

1,099,408

5,320,396

1,117,500

4,662,299

4,662,299

4,662,299

4,662,299

2

3

4

5

6

4,696,501

4,662,299

4,662,299 Form 990-PF (2017)

-34,202

4,696,501

4,696,501

4,696,501

Less accumulated depreciation (attach schedule) ▶ 12 13 1,352,489 14 Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) Other assets (describe > _ 15 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) 4,696,501 17

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Capital stock, trust principal, or current funds

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

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

Other liabilities (describe ▶_

Unrestricted

Temporarily restricted

Permanently restricted . . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) -

18

19

20

21

22 23

24

25

28 29

31

Part III

2

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		How acquired P—Purchase D—Donation	Date acquired (mo , day, yr)	Date sold (mo , day, yr)
1aSee Additional Data Tabl	e				
b					
c					
d					
e					
	(f)		(g)	(h)
(e) Gross sales price	Depreciation allowed	Cost or	other basis	Gain c	r (loss)
	(or allowable)	plus exp	ense of sale	(e) plus (f) mınus (g)
a See Additional Data Tabl	e				
b					
С					
d					
e					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69		I)
(i)	(i)		(k)		h) gain minus
F M V as of 12/31/69	Adjusted basis as of 12/31/69		s of col (ı) l (j), ıf any		less than -0-) or om col (h))
a See Additional Data Tabl		0461 601	1 (j), ii aiiy		55. (,)
b	<u> </u>				
c					
d					
e					
	1	If gain, also enter in F	Part I line 7		
·	gain or (loss) gain or (loss) gain or (loss) as defined in sections art I, line 8, column (c) (see instructions in the column (c) (see instructions)	ons) If (loss), enter -0	, ,	3	-21,898
Part V Qualification l	Jnder Section 4940(e) for Re	educed Tax on Net	Investment Ir	icome	
-	rivate foundations subject to the sec				
If section 4940(d)(2) applies, le	•	15 15 (a) tax on 11		,	
	e section 4942 tax on the distributant qualify under section 4940(e) Do			r Y	es 🔽 No
<u>'</u>	nount in each column for each year,			es	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	ple-use assets	(d) Distribution rat (col (b) divided by o	
2016	242,554		4,823,610	(cor (b) divided by c	0 050285
2015	216,439		4,766,504		0 045408
2014	195,654		4,847,795		0 040359
2013	131,005		4,561,237		0 028721
2012	140,184		4,171,822		0 033603
2 Total of line 1, column (d)				0 198376
3 Average distribution ratio	ofor the 5-year base period—divide adation has been in existence if less	the total on line 2 by 5			0 039675
	ncharitable-use assets for 2017 fron		4		5,261,092
5 Multiply line 4 by line 3			5		208,734
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		2,091
7 Add lines 5 and 6			7		210,825
	ons from Part XII, line 4 ,				243,306
	eater than line 7, check the box in Pa			ng a 1% tax rate Se	

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

7b

Down WIII	Information About Officers,	Directors, Trustees,	Foundation Managers,	Highly Paid Employees,
bart ATTT	and Contractors			

List all officers, directors, truste	oc f	oundation managers as	nd 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
BRUCE WALDMAN 1646 COUNTRY ROAD 1646 COUNTRY ROAD BETHLEHEM, PA 180155717	TRU! 0 75	STEE	0	0	O
JESSICA WALDMAN 380 HOPI PLACE 380 HOPI PLACE BOULDER, CO 80303	TRU:	STEE	0	0	0
MARK WALDMAN 6415 MEETINGHOUSE ROAD 6415 MEETINGHOUSE ROAD NEW HOPE, PA 18938	TRU:	STEE	0	0	0
2 Compensation of five highest-pa	ıid er	nployees (other than t	l hose included on line 1	L—see instructions). If nor	ie, enter "NONE."
(a) Name and address of each employee p more than \$50,000		Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE					
Total number of other employees paid ov 3 Five highest-paid independent of					E".
(a) Name and address of each perso	n pai	d more than \$50,000	(b) Typ	e of service	(c) Compensation
NONE			_		
			-		
Total number of others receiving over \$5 Part IX-A Summary of Direct		<u> </u>	<u> </u>		
Part IX-A Summary of Direct List the foundation's four largest direct charitable			ude relevant statistical inform	nation such as the number of	
organizations and other beneficiaries served, cor					Expenses
2					
3					
4					
Part IX-B Summary of Progra	m-R	elated Investments	(see instructions)		
Describe the two largest program-related inv	estme	ents made by the foundation d	uring the tax year on lines 1	and 2	Amount
1 N/A 2					
All other program-related investments	See	Instructions			
Total. Add lines 1 through 3 .					
Totali Add iiies I tillougil 3	• •			· · · · · · · ·	

2

3a 3h

4

5

243.306

2.091

241.215

Form 990-PF (2017)

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

3

4

5

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

b Total for prior years

a From 2012. **b** From 2013. . . . c From 2014. . . d From 2015. e From 2016.

Рa

260,964

12,860

248,104

Form **990-PF** (2017)

Page 9

	•	
rt XIII	Undistributed Income (see instruc	tions)
		(a) Corpus

Distributable amount for 2017 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2017

a Enter amount for 2016 only.

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e. 4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ a Applied to 2016, but not more than line 2a

b Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election **d** Applied to 2017 distributable amount. . . .

e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

6 Enter the net total of each column as

be distributed in 2018 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) 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. . c Excess from 2015. . . . d Excess from 2016. . . e Excess from 2017. . .

Subtract lines 7 and 8 from line 6a

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must

indicated below:

same amount must be shown in column (a))

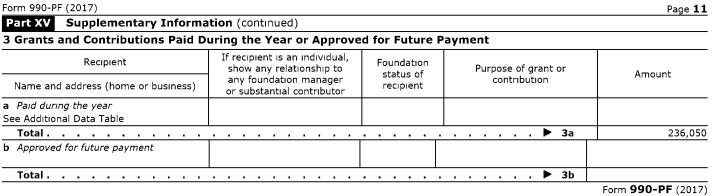
(b)

Years prior to 2016

(c)

2016

230,446



nter gross	amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt
_	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
		-				
		+				
е						
_	and contracts from government agencies					
3 Intere	rship dues and assessments st on savings and temporary cash ments			14	5,055	
	ds and interest from securities.			14	149,887	
	tal income or (loss) from real estate				·	
	financed property					
	ebt-financed property					
	ntal income or (loss) from personal property					
	nvestment income	 				
	or (loss) from sales of assets other than cory			14	996	60,422
	ome or (loss) from special events					
Gross p	profit or (loss) from sales of inventory					
	evenue a					
						
2 Subtati	al Add columns (h) (d) and (e)				155,938	60,422
3 Total.	Add line 12, columns (b), (d), and (e)			13	B	216,360
	orksheet in line 13 instructions to verify calcu -B Relationship of Activities to th		ment of Exem	pt Purposes		
ine No. ▼	Explain below how each activity for which the accomplishment of the foundation's ex instructions)					

orm 99	90-PF (2	2017)										Page 13
Part	XVII	Information Re Exempt Organia		ransf	ers To a	nd Transa	ction	s and Relatio	nships With Noi	ncharitabl	е	
		anization directly or in Code (other than sectio								on 501	Ye	s No
a Tran	nsfers fi	rom the reporting foun	dation to a n	onchai	rıtable exe	mpt organiz	ation o	of				
(1)	Cash.									. 1a(1)	No
(2)	Other	assets								. 1a(2)	No
b Oth	er trans	sactions										
(1)	Sales	of assets to a nonchari	table exemp	t organ	nızatıon.					1b(1)	No
(2)	Purcha	ases of assets from a n	oncharitable	exem	pt organiz	ation				1b(2)	No
(3)	Renta	l of facilities, equipmer	nt, or other a	ssets.						1b(3)	No
(4)	Reımb	ursement arrangemen	ts							. 1b(4)	No
(5)	Loans	or loan guarantees.								. 1b(5)	No
(6)	Perforn	mance of services or m	embership o	r fundr	raising soli	citations				. 1b(6)	No
c Sha	ring of	facılıtıes, equipment, n	nailing lists,	other a	assets, or p	paid employe	ees.			. 1	:	No
of tl	he good ny tran:	er to any of the above ls, other assets, or ser- saction or sharing arra (b) Amount involved	vices given b ngement, sh	y the row in o	reporting f column (d	oundation I	f the fo	oundation receive goods, other asse	ed less than fair mar	ket value ved		ante
(a) Line	110	(b) Amount involved	(C) Name of	Попспа	intable exem	npt organizatio		(u) Description of	transfers, transactions	, and snaring a	mangen	ients
3 7 11		1 1 1		1 11		1.1						
des	cribed ii	dation directly or indire n section 501(c) of the mplete the following so	Code (other							🗆 Y	es [✓ No
		(a) Name of organization			(b	Type of orga	nızatıor	ı	(c) Description	of relationshi)	
	I 114.		T d L	4 T I		al the same to be seen				t t		
	of my	r penalties of perjury, / knowledge and belief n preparer has any kno	, it is true, c									
Sign Here	*	****				2018-05-10		*****		May the IR: return with the pr		ı
	s	ignature of officer or t	rustee			Date		Title		below (see instr)	√ γ _€	s 🗆 No
		Print/Type preparer's	name	Prepa	arer's Sign	ature		Date	Check if self-	PTIN POO	371853	
Paid		MATTHEW B SEARI CPA	LES					2018-05-10	employed ▶ ☐	۲00	,, <u>1</u> 003	

Preparer | Firm's name ► MILLERSEARLES LLC Use Only Firm's EIN ▶27-0590899 Firm's address ▶ 840 W HAMILTON ST SUITE 320 Phone no (610) 437-1000 ALLENTOWN, PA 181012438

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, (d) (b) (c) How acquired (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation Р SEE ATTACHED 2017-01-31 2017-09-22 Р SEE ATTACHED 2011-04-25 2017-12-29 AMER FINANCIAL GP INC HLDG CO Р 2005-02-07 2017-07-31 Р FIVE STAR SENIOR LIVING INC 2010-06-21 2017-12-06 DKYPEOPLE FRUIT JUICE INC Ρ 2017-04-06 2010-08-09 Ρ VERSAR INC 2010-06-21 2017-11-15 ISHARES GOLD TRUST Ρ 2017-01-31 2017-12-31 Р ISHARES SILVER SHARES 2017-01-31 2017-12-31 Р QUORUM INVESTMENT 2009-10-13 2017-12-31 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) (f) 335,832 357,730 -21,898 1,492,944 1,706,513 213,569 41,792 8,559 33,233 12,656 30,257 -17,601 2,742 25,835 -23,093 2,205 50,993 -48,788 299 299 1,173 1,173 75.000 -75,000 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -21,898 213,569 33,233 -17,601 -23,093 -48,788 -75,000

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	Amount			
Name and address (home or business)	any foundation manager or substantial contributor	recipient		<u> </u>			
a Paid during the year							
A WOMAN'S PLACE A WOMAN'S PLACEPO BOX 299 PO BOX 299 DOYLESTOWN, PA 18901	NONE		UNRESTRICTED USE BY DONEE	1,000			
ALLENTOWN ART MUSEUM ALLENTOWN ART MUSEUM 31 N FIFTH STREET 31 N FIFTH STREET ALLENTOWN, PA 18101	NONE		UNRESTRICTED USE BY DONEE	5,000			
ALZHEIMER'S ASSOCIATION ALZHEIMER'S ASSOCIATION 399 MARKET STREET 399 MARKET STREET PHILADELPHIA, PA 19106	NONE		UNRESTRICTED USE BY DONEE	2,000			
AMERICAN FEDERATN FOR AIDS RESEARCH AMERICAN FEDERATION FOR AIDS RESEARCH 120 WALL STREET 120 WALL STREET NEW YORK, NY 10005	NONE		UNRESTRICTED USE BY DONEE	1,000			
AXYS AXYSPO BOX 861 PO BOX 861 MENDENHALL, PA 19357	NONE		UNRESTRICTED USE BY DONEE	4,000			
Total				236,050			

orm 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	Amount		
Name and address (home or business)	any foundation manager or substantial contributor	recipient				
a Paid during the year						
BIXBY SCHOOL BIXBY SCHOOL4760 TABLE MESA DRIVE 4760 TABLE MESA DRIVE BOULDER, CO 80301	NONE		UNRESTRICTED USE BY DONEE	2,000		
BOULDER COMMUNITY HEALTH FOUNDATION BOULDER COMMUNITY HEALTH FOUNDATION PO BOX 9019 PO BOX 9019 BOULDER, CO 803019019	NONE		UNRESTRICTED USE BY DONEE	2,500		
BUCKINGHAM FRIENDS SCHOOL BUCKINGHAM FRIENDS SCHOOL PO BOX 159 PO BOX 159 LAHASKA, PA 18931	NONE		UNRESTRICTED USE BY DONEE	7,000		
CAIR CAIR453 NEW JERSEY AVE SE 453 NEW JERSEY AVD SE WASHINGTON, DC 20003	NONE		UNRESTRICTED USE BY DONEE	1,000		
CAMP RAINBOW FOUNDATION CAMP RAINBOW FOUNDATION 13990 OLIVE BL STE 201 13990 OLIVE BL STE 201 CHESTERFIELD, MO 63017	NONE		UNRESTRICTED USE BY DONEE	2,000		
Total				236,050		

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	Amount				
Name and address (home or business)	any foundation manager or substantial contributor	recipient						
a Paid during the year								
CHILDREN'S HOME OF EASTON CHILDREN'S HOME OF EASTON 2000 SOUTH 25TH STREET 2000 SOUTH 25TH STREET EASTON, PA 18042	NONE		UNRESTRICTED USE BY DONEE	5,000				
CHILDREN'S HOSPITAL CO FOUNDATION CHILDREN'S HOSPITAL COLORADO FOUNDATION 13123 EAST 16TH AVENUE 13123 EAST 16TH AVENUE AURORA, CO 80045	NONE		UNRESTRICTED USE BY DONEE	2,500				
CHILDREN'S HOSPITAL PA FOUNDATION CHILDREN'S HOSPITAL PHILADELPHIA FOUNDATION PO BOX 781352 PO BOX 781352 PHILADELPHIA, PA 191781352	NONE		UNRESTRICTED USE BY DONEE	1,000				
COLORADO THERAPEUTIC RIDING CENTER COLORADO THERAPEUTIC RIDING CENTER 11968 MINERAL ROAD 11968 MINERAL ROAD LONGMONT, CO 80504	NONE		UNRESTRICTED USE BY DONEE	5,000				
COMMUNITY FOODBANK OF NEW JERSEY COMMUNITY FOODBANK OF NEW JERSEY 31 EVANS TERMINAL 31 EVANS TERMINAL HILLSIDE, NJ 07205	NONE		UNRESTRICTED USE BY DONEE	3,000				

Total . 3a

Form 990PF Part XV Line 3 - Gran	ts 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	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CONCORDIA CHAMBER PLAYERS CONCORDIA CHAMBER PLAYERS PO BOX 95 PO BOX 95 NEW HOPE, PA 18938	NONE		UNRESTRICTED USE BY DONEE	3,000
COPPERBRIDGE FOUNDATION COPPERBRIDGE FOUNDATION 373 NE 125TH ST LEVEL ONE 373 NE 125TH ST LEVEL ONE NORTH MIAMI, FL 33161	NONE		UNRESTRICTED USE BY DONEE	10,000
CURE CITIZENS UNITED FOR RESEARCH IN EPILEPSY PO BOX 74008164 PO BOX 74008164 CHICAGO, IL 60654	NONE		UNRESTRICTED USE BY DONEE	1,000
DOCTORS WITHOUT BORDERS USA DOCTORS WITHOUT BORDERS USA PO BOX 5023 PO BOX 5023 HAGERSTOWN, MD 217415023	NONE		UNRESTRICTED USE BY DONEE	1,000
DOYLESTOWN COUNTY THEATRE DOYLESTOWN COUNTRY THEATRE PO BOX 779 PO BOX 779 DOYLESTOWN, PA 18901	NONE		UNRESTRICTED USE BY DONEE	1,000

Total . . 3a

1 76	1		
			Amount
any foundation manager or substantial contributor	recipient	Contribution	
NONE		UNRESTRICTED USE BY DONEE	3,000
NONE		UNRESTRICTED USE BY DONEE	1,000
NONE		UNRESTRICTED USE BY DONEE	1,000
NONE		UNRESTRICTED USE BY DONEE	2,000
NONE		UNRESTRICTED USE BY DONEE	5,000
	NONE NONE NONE	show any relationship to any foundation manager or substantial contributor NONE NONE NONE NONE	show any relationship to any foundation manager or substantial contributor NONE UNRESTRICTED USE BY DONEE NONE UNRESTRICTED USE BY DONEE NONE UNRESTRICTED USE BY DONEE UNRESTRICTED USE BY DONEE UNRESTRICTED USE BY DONEE UNRESTRICTED USE BY DONEE

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	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
HUMANE FARMING HUMANE FARMINGPO BOX 3577 PO BOX 3577 SAN RAFAEL, CA 94912	NONE		UNRESTRICTED USE BY DONEE	1,000
INSTITUTE FOR THE ACHIEVEMENT OF HU INSTITUTE FOR THE ACHIEVEMENT OF HUMAN POTENTIAL 8801 STENTON AVENUE 8881 STENTON AVENUE WYNDMOOR, PA 19038	NONE		UNRESTRICTED USE BY DONEE	3,000
JAZZ FOUNDATION OF AMERICA JAZZ FOUNDATION OF AMERICA 322 WEST 48TH STREET 322 WEST 48TH STREET NEW YORK, NY 10036	NONE		UNRESTRICTED USE BY DONEE	2,000
JEWISH COMMUNITY CENTER OF BOULDER JEWISH COMMUNITY CENTER OF BOULDER 3800 KALMIA AVENUE 3800 KALMIA AVENUE BOULDER, CO 80310	NONE		UNRESTRICTED USE BY DONEE	500
LEHIGH VALLEY HOSPITAL LEHIGH VALLEY HOSPITALPO BOX 1883 PO BOX 1883 ALLENTOWN, PA 18103	NONE		UNRESTRICTED USE BY DONEE	12,500
Total				236,050

Form 990PF Part XV Line 3 - Grant	ts and Contributions Paid	During the `	Year or Approved for Future I	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
LEHIGH VALLEY SUMMERBRIDGE LEHIGH VALLEY SUMMERBRIDGE 4313 GREEN POND ROAD 4313 GREEN POND ROAD BETHLEHEM, PA 18017	NONE		UNRESTRICTED USE BY DONEE	1,500
MAYO CLINIC JACKSONVILLE DEV OFFICE MAYO CLINIC JACKSONVILLE DEVELOPMENT OFFICE 4500 SAN PABLO ROAD 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	NONE		UNRESTRICTED USE BY DONEE	2,500
MCEP MAASAI CULTURAL EXCHANGE PROJECT PO BOX 222 PO BOX 222 POINT PLEASANT, PA 18950	NONE		UNRESTRICTED USE BY DONEE	1,000
MEALS ON WHEELS MEALS ON WHEELS4240 FRITCH DRIVE 4240 FRITCH DRIVE BETHLEHEM, PA 18020	NONE		UNRESTRICTED USE BY DONEE	1,000
MEMORIAL SLOAN KETTERING MEMORIAL SLOAN KETTERING 885 2ND AVE 7TH FLOOR 885 2ND AVE 7TH FLOOR NEW YORK, NY 100172201	NONE		UNRESTRICTED USE BY DONEE	5,000

236,050

Total . .

Form 990PF Part XV Line 3 - Gran	ts and Contributions Paid	During the	Year or Approved for Future P	ayment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
MOISHE HOUSE MOISHE HOUSE 5007 PROVIDENCE ROAD 5007 PROVIDENCE ROAD CHARLOTTE, NC 28226	NONE		UNRESTRICTED USE BY DONEE	1,000
MORAVIAN ACADEMY MORAVIAN ACADEMY 4313 GREEN POND ROAD 4313 GREEN POND ROAD BETHLEHEM, PA 18017	NONE		UNRESTRICTED USE BY DONEE	2,500
MORAVIAN VILLAGE OF BETHLEHEM MORAVIAN VILLAGE OF BETHLEHEM 526 WOOD STREET 526 WOOD STREET BETHLEHEM, PA 18018	NONE		UNRESTRICTED USE BY DONEE	1,000
NEW BETHANY MINISTRIES NEW BETHANY MINISTRIES 337 WYANDOTTE STREET 337 WYANDOTTE STREET BETHLEHEM, PA 18015	NONE		UNRESTRICTED USE BY DONEE	1,000
NEW HOPE LIBRARY NEW HOPE LIBRARY 93 WEST FERRY STREET 93 WEST FERRY STREET NEW HOPE, PA 18938	NONE		UNRESTRICTED USE BY DONEE	2,000
Total				236,050

Form 990PF Part XV Line 3 - Gran	ts and Contributions Paid	During the \	ear or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
NEW JERSEY SEEDS NEW JERSEY SEEDS494 BROAD STREET 494 BROAD STREET NEWARK, NJ 07102	NONE		UNRESTRICTED USE BY DONEE	1,000
NORTHAMPTON COMM COLL FDN NORTHAMPTON COMMUNITY COLLEGE FOUNDATION 3835 GREEN POND ROAD 3835 GREEN POND ROAD BETHLEHEM, PA 18020	NONE		UNRESTRICTED USE BY DONEE	65,000
NORTHAMPTON COUNTY HISTORICAL NORTHAMPTON COUNTY HISTORICAL AND GENEALOGICAL SOC 342 NORTHAMPTON STREET 342 NORTHAMPTON STREET EASTON, PA 18042	NONE		UNRESTRICTED USE BY DONEE	1,500
NORTHWESTERN UNIVERSITY NORTHWESTERN UNIVERSITY WEINBERG COLLEGE OF ARTS 1201 DAVIS STREET 1201 DAVIS STREET EVANSTON, IL 60201	NONE		UNRESTRICTED USE BY DONEE	1,000
NORWESCAP NORWESCAP350 MARSHALL STREET 350 MARSHALL STREET PHILLIPSBURG, NJ 08865	NONE		UNRESTRICTED USE BY DONEE	10,000

236,050

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NYUMBANI CHILDREN OF GOD RELIEF NONE UNRESTRICTED USE BY DONEE 2,000 NYUMBANI CHILDREN OF GOD RELIEF FUND INC 1001 PENNSYLVANIA AVENUE 1001 PENNSYLVANIA AVENUE WASHINGTON, DC 20004 PERKIOMEN SCHOOL NONE 10,000 UNRESTRICTED USE BY DONEE PERKIOMEN SCHOOL 200 SEMINARY STREET 200 SEMINARY STREET PENNSBURG, PA 18073 PLANNED PARENTHOOD OF NE PA NONE UNRESTRICTED USE BY DONEE 3,000 PLANNED PARENTHOOD OF NE **PENNSYLVANIA** PO BOX 813 PO BOX 813 TREXLERTOWN, PA 18087 PROJECT OF EASTON NONE UNRESTRICTED USE BY DONEE 2,000 PROJECT OF FASTON320 FERRY STREET 320 FERRY STREET EASTON, PA 18042 ROLLING HARVEST NONE UNRESTRICTED USE BY DONEE 2,000 ROLLING HARVEST3920 RIVER ROAD 3920 RIVER ROAD

236,050

Total

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Form 990PF Part XV Line 3 - Grant	s 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	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
SAFE HARBOR EASTON INC SAFE HARBOR EASTON INC 536 BUSHKILL DRIVE 536 BUSHKILL DRIVE EASTON, PA 18042	NONE		UNRESTRICTED USE BY DONEE	1,000
STATE THEATRE STATE THEATRE 453 NORTHAMPTON STREET 453 NORTHAMPTON STREET EASTON, PA 18042	NONE		UNRESTRICTED USE BY DONEE	1,000
THE GEORGE SCHOOL THE GEORGE SCHOOLPO BOX 4438 PO BOX 4438 NEWTOWN, PA 18940	NONE		UNRESTRICTED USE BY DONEE	1,000
THIRD STREET ALLIANCE THIRD STREET ALLIANCE FOR WOMEN & CHILDREN 41 NORTH THIRD STREET 41 NORTH THIRD STREET EASTON, PA 18042	NONE		UNRESTRICTED USE BY DONEE	1,000
UNITED FRIENDS SCHOOL UNITED FRIENDS SCHOOL 1018 WEST BROAD STREET 1018 WEST BROAD STREET QUAKERTOWN, PA 18951	NONE		UNRESTRICTED USE BY DONEE	500
Total				236,050

Form 990PF Part XV Line 3 - Grant	ts 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	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
UNITED NEGRO COLLEGE FUND UNITED NEGRO COLLEGE FUND 211 NORTH 13TH STREET 211 NORTH 13TH STREET PHILADELPHIA, PA 19107	NONE		UNRESTRICTED USE BY DONEE	1,000
VALLEY YOUTH HOUSE VALLEY YOUTH HOUSE 829 W LINDEN STREET 829 W LINDEN STREET ALLENTOWN, PA 18101	NONE		UNRESTRICTED USE BY DONEE	2,500
VISITING NURSES ASSOC OF ST LUKES VISITING NURSES ASSOC OF ST LUKES 1510 VALLEY CTER PARKWAY 1510 VALLEY CENTR PARKWAY BETHLEHEM, PA 18017	NONE		UNRESTRICTED USE BY DONEE	1,000
WHYY PHILADELPHIA WHYY PHILADELPHIA 150 NORTH 6TH STREET 150 NORTH 6TH STREET PHILADELPHIA, PA 19106	NONE		UNRESTRICTED USE BY DONEE	1,000
WORD UP COMMUNITY BOOKSHOP WORD UP COMMUNITY BOOKSHOP 2113 AMSTERDAM AVE 2113 AMSTERDAM AVE NEW YORK, NY 10032	NONE		UNRESTRICTED USE BY DONEE	2,000
Total				236,050

ts and Contributions Paid	During the	Year or Approved for Future P	ayment
If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
any foundation manager or substantial contributor	recipient		
NONE		UNRESTRICTED USE BY DONEE	1,000
NONE		UNRESTRICTED USE BY DONEE	5,000
NONE		UNRESTRICTED USE BY DONEE	5,000
NONE		UNRESTRICTED USE BY DONEE	5,000
NONE		UNRESTRICTED USE BY DONEE	300
	If recipient is an individual, show any relationship to any foundation manager or substantial contributor NONE NONE NONE	If recipient is an individual, show any relationship to any foundation manager or substantial contributor NONE NONE NONE	show any relationship to any foundation manager or substantial contributor NONE UNRESTRICTED USE BY DONEE NONE UNRESTRICTED USE BY DONEE NONE UNRESTRICTED USE BY DONEE UNRESTRICTED USE BY DONEE UNRESTRICTED USE BY DONEE UNRESTRICTED USE BY DONEE

Form 990PF Part XV Line 3 - Gran	ts 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	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
THOMAS JEFFERSON UNIV HOSPITAL THOMAS JEFFERSON UNIVERSITY HOSPITAL 125 S 9TH ST SUITE 600 125 S 9TH ST SUITE 600 PHILADELPHIA, PA 19107	NONE		UNRESTRICTED USE BY DONEE	250
WXPN - MUSICIANS ON CALL WXPN - MUSICIANS ON CALL 223 TALLY HO DRIVE	NONE		UNRESTRICTED USE BY DONEE	500



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efile GRAPHIC print - DO NOT PROCE	SS As Filed D	ata -	D	LN: 93491134009018	
TY 2017 Accounting Fees Schedule					
	me: WALDMA	N FAMILY CHARITA 549	BLE TRUST		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
ACCOUNTING FEES	1,000	500		500	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491134009018
TY 2017 Investments Corporat	e Stock Sche	dule
Name: \	WALDMAN FAMIL	Y CHARITABLE TRUST

23 0003343		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCK	2,818,306	3,494,495
CAPITAL SECURITIES		

FTN: 23-6869549

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491134009018		
TY 2017 Investments - Other Schedule					
Name: \	WALDMAN FAMIL	Y CHARITABLE TRUST			

name:	WALDMAN FAMILY CHARLIABLE I RUST
EIN:	23-6869549
Investments Other Schedule 2	

EIN: 23-6869549					
Investments Other Schedule 2					
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value		
BOND MUTUAL FUND	FMV	815,024	762,356		
INVESTMENT	AT COST				
MUTUAL FUNDS	FMV	302,476	337,052		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491134009018
TY 2017 Other Expenses Schedule				
Name:	WALDMAN FAM	ILY CHARITABLE	TRUST	
EIN:	23-6869549			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				

8,840

4,420

4,420

		4	
Description	Revenue and	Net Investment	Adjust
	Expenses per	Income	Inc

MISCELLANEOUS EXPENSES

BANK FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	DLN: 93491134009018		
TY 2017 Taxes Schedule				
				1
Name:	e: WALDMAN FAMILY CHARITABLE TRUST			
EIN:	23-6869549			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES PAID	1,864	932		932
FEDERAL ESTIMATED PAYMENT	2,500	1,250	1	1,250
2015 FEDERAL TAX DUE FORM 990-PF	298	149	<u> </u>	149