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DLN: 93491318029729

2018

OMB No 1545-0052

Return of Private Foundation

Form 990-PF Department of the Treasury

Internal Revenue Service

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. ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

| For | caler | ndar year 2018, or tax year | beginning 01-01-20 | 18 , a | nd ending | 12-31- | 2018 | |
|-----------------------------|----------|---|---------------------------------|-----------------------|---------------|------------|---|----------------------------------|
| | | indation and Patricia Levitt Family | | | A Em | ployer ıd | entification numbe | r |
| Ch | arıtable | Foundation Inc | | | 20-81 | 40755 | | |
| Num | ber and | street (or P O box number if mail is n | ot delivered to street address) | Room/suite | B Tele | ephone nu | ımber (see ınstructio | ns) |
| PO Box 90708 (856) 596-0500 | | | | | | | | |
| City | or town | , state or province, country, and ZIP or | foreign postal code | 1 | | | | |
| Cam | den, NJ | 08101 | | | C ir e | xemption | application is pendin | g, check here |
| G Ch | neck al | l that apply 🔲 Initial return | \square Initial return of a | former public charity | D 1. | oreign or | ganizations, check h | ere 📘 🗍 |
| | | ☐ Final return | Amended return | | | | rganizations meeting | |
| | | ✓ Address chan | ge 🔲 Name change | | | | k here and attach co | · - |
| H Ch | eck ty | pe of organization 🗹 Section ! | 501(c)(3) exempt private | foundation | | | undation status was n 507(b)(1)(A), ched | |
| | Section | 4947(a)(1) nonexempt charitable | e trust 🔲 Other taxabl | e private foundation | | | | |
| | | et value of all assets at end | J Accounting method | 🗹 Cash 🔲 Accru | | | ation is in a 60-mont n 507(b)(1)(B), chec | |
| | | rom Part II, col (c), ▶\$ 61,367 | Other (specify) | | | dei sectio | 11 307(D)(1)(B), Cliec | k nere – – |
| | | | (Part I, column (d) must | be on cash basis) | | | | |
| Pa | rt I | Analysis of Revenue and | • | (a) Revenue and | (b) Net inve | ctmont | (c) Adjusted net | (d) Disbursements for charitable |
| | | of amounts in columns (b), (c), and (equal the amounts in column (a) (see | | expenses per books | inco | | income | purposes |
| | | Contributions, gifts, grants, etc., | | I | | | | (cash basis only) |
| | 1 | schedule) | received (attach | 1,525,000 | | | | |
| | 2 | Check ▶ ☐ If the foundation is i | not required to attach | | | | | |
| | | Sch B | | | | | | |
| | 3 | Interest on savings and tempora | · | | 1 | 4 | | |
| | 4 | Dividends and interest from secu | irities | | | | | |
| | 5a | Gross rents | | | | | | |
| ь | b | Net rental income or (loss) Net gain or (loss) from sale of as | esets not on line 10 | | | | | |
| Ę | 6a | - , , | | | | | | |
| Revenue | р 7 | Gross sales price for all assets or Capital gain net income (from Pa | | | | | | |
| ~ | 8 | Net short-term capital gain | | | | | | |
| | 9 | Income modifications | | | | | | |
| | 10a | Gross sales less returns and allow | I | | | | | |
| | ь | Less Cost of goods sold | | | | | | |
| | С | Gross profit or (loss) (attach sch | edule) | | | | | |
| | 11 | Other income (attach schedule) | | 42,068 | 3 | | | |
| | 12 | Total. Add lines 1 through 11 | | 1,567,072 | 2 | 4 | | |
| | 13 | Compensation of officers, director | ors, trustees, etc | (| | | | |
| | 14 | Other employee salaries and was | ges | | | | | |
| Ş | 15 | Pension plans, employee benefits | 5 | | | | | |
| nse | 16a | Legal fees (attach schedule) . | | | | | | |
| Expenses | ь | Accounting fees (attach schedule | e) | | | | | |
| e G | С | Other professional fees (attach s | chedule) | | | | | |
| ₹ | 17 | Interest | | | | | | |
| stra | 18 | Taxes (attach schedule) (see ins | tructions) | | | | | |
| ≣ | 19 | Depreciation (attach schedule) a | nd depletion | | | | | |
| and Administrative | 20 | Occupancy | | | | | | |
| ۷ ت | 21 | Travel, conferences, and meeting | gs | | | | | |
| ä | 22 | Printing and publications | | | | | | |
| bu | 23 | Other expenses (attach schedule | :) | 52,184 | 1 | | | 52,184 |
| Operating | 24 | Total operating and administr | rative expenses. | | | | | |
| <u>5</u> | | Add lines 13 through 23 | | 52,184 | 1 | 0 | | 52,184 |
| 0 | 25 | Contributions, gifts, grants paid | | 1,479,950 | | | | 1,479,950 |
| | 26 | Total expenses and disburser | ments. Add lines 24 and | , | | | | : |
| | 27 | Subtract line 26 from line 12 | | 1,532,134 | + | 0 | | 1,532,134 |
| | 2/ a | Excess of revenue over exper | nses and | | | | | |
| | " | disbursements | | 34,938 | 3 | | | |
| | b | Net investment income (if neg | • | | | 4 | | |
| | С | Adjusted net income (if negati | <u> </u> | | | | | 000 PF (2010) |

26,429

100

26,329

26,329

26,429

61,367

100

100

61,267

61,267

61,367

2

3

4

5

6

Investments—U S and state government obligations (attach schedule)

Investments—corporate stock (attach schedule) Investments—corporate bonds (attach schedule)

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

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule) ▶

Less accumulated depreciation (attach schedule) ▶

Total assets (to be completed by all filers—see the

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

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

Land, buildings, and equipment basis ▶

instructions Also, see page 1, item I)

Other assets (describe > _

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) ▶ _____

Grants payable

| | | Less allowance for doubtful accounts ▶ |
|-----|---|---|
| | 4 | Pledges receivable ► |
| | | Less allowance for doubtful accounts ▶ |
| | 5 | Grants receivable |
| | 6 | Receivables due from officers, directors, trustees, and other |
| | | disqualified persons (attach schedule) (see instructions) . |
| | 7 | Other notes and loans receivable (attach schedule) |
| | | Less allowance for doubtful accounts ▶ |
| S | 8 | Inventories for sale or use |
| set | 9 | Prepaid expenses and deferred charges |

9 10a

b

C

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

28

29

31 Part III

Liabilities

Balances

Fund

ö

Assets 27

Net 30

2

26,329 34,938 61,267

61,267 Form 990-PF (2018)

61,367

| | | e the kınd(s) of property sold (e g , irehouse, or common stock, 200 shs | | How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr |
|----------|---|---|---|---|--|---|
| 1a | | | | | | |
| - | | | | | | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | Cost or | (g) other basis pense of sale | Gain | (h) or (loss) f) minus (g) |
| a b | | | | | | |
| с | | | | | | |
| d | | | | | | |
| <u>е</u> | | | | | | |
| | Complete only for assets | showing gain in column (h) and ow | ned by the foundation | on 12/31/69 | | (1) |
| | (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | (k) s of col (ı) l (j), ıf any | Gains (Col col (k), but not | (h) gain minus t less than -0-) o rom col (h)) |
| а | | | | | | |
| b | | | | | | |
| с | | | | | | |
| d | | | | | | |
| e | | | | | | |
| 2 | Capital gain net income | | If gain, also enter in F If (loss), enter -0- in | | 2 | |
| 3 | | gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instruction | | 0- | } | |
| Part | V Qualification L | Jnder Section 4940(e) for Re | duced Tax on Net | t Investment | Income | |
| | - | rivate foundations subject to the sec | | | | |
| If secti | on 4940(d)(2) applies, le | eave this part blank | ` ' | | · — | |
| | | e section 4942 tax on the distributat ot qualify under section 4940(e) Do | | | od? LJ Y | ′es ☑ No |
| 1 | Enter the appropriate an | nount in each column for each year, | see instructions before | e making any ent | ries | |
| | (a) se period years Calendar (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharital | ble-use assets | (d) Distribution ra (col (b) divided by | |
| | 2017 | 1,096,475 | | 102,695 | | 10 677005 |
| | 2016 | 1,498,376 | | 71,410 | | 20 98272 |
| | 2015 | 1,026,058 | | 27,067 | | 37 90808 |
| | 2014 2013 | 664,277 697,664 | | 83,571 53,701 | | 7 948654 12 991639 |
| | Total of line 1, column (| · · · · · · · · · · · · · · · · · · · | | ' | 2 | 90 508098 |
| | · · · · · · | o for the 5-vear base period—divide t | the total on line 2 by 5 | — | - | <u> </u> |
| | _ | ndation has been in existence if less t | , | | 3 | 18 10162 |
| | | ncharitable-use assets for 2018 from | | 4 | 1 | 91,830 |

Page 3

Page **6**

| Form | 990-PF (2018) | | | | | | | | | F | age (|
|--------------|-------------------|-------------------------------------|--------|--|---|---------------------------------------|----------|----------|----------|---|-------|
| Pa | rt VIII-B Sta | atements Regard | ling | Activities for Which | Form 4720 May Be | Required (continue | ed) | | | | |
| 5a | During the year | r did the foundation p | oay o | r incur any amount to | | | | | | Yes | No |
| | | | | ttempt to influence legisl | | ☐ Yes | ✓ | No | | | |
| | | | | public election (see sect | • | | | | | | |
| | | • • • • • | | egistration drive? | | ·· · 🗌 Yes | ✓ | No | | | |
| | | | | avel, study, or other sim | • | . 🗌 Yes | ✓ | No | | | |
| | | - | | her than a charitable, etc | | | _ | | | | |
| | | | | ctions | | · · L Yes | ✓ | No | | | |
| | | | | ention of cruelty to childr | | | | | | | |
| b | | | • | iny of the transactions fa | | ⊔ Yes | ✓ | No | | | |
| _ | • | | | nt notice regarding disas | | • | | | 5b | | |
| | | | | regarding disaster assist | | | | 1 | | | |
| c | - | | | does the foundation clain | | | | | | | |
| | tax because it r | maintained expenditi | ıre re | sponsibility for the grant? | · | · · □ Yes | | No | | | |
| | If "Yes," attach | the statement requi | red b | y Regulations section 53 | 4945-5(d) | □ res | ш | NO | | | |
| 6a | Did the foundat | tion, during the year, | rece | ive any funds, directly or | indirectly, to pay premit | ums on | | | | | |
| | a personal bene | efit contract? | | | | · Ves | ✓ | No | | | |
| b | Did the foundat | tion, during the year, | pay | premiums, directly or ind | lirectly, on a personal be | nefit contract? | | 140 | 6b | | No |
| | If "Yes" to 6b, f | | | | | | | | | | |
| 7a | | | | foundation a party to a p | | ⊔ Yes | ✓ | No | | | |
| | | | | ceeds or have any net in | | | • | | 7b | | No |
| 8 | | • | | .960 tax on payment(s) o | | | _ | | | | |
| | | | | ar? | | | | No | | | |
| Pa | | ormation About (Contractors | Offic | ers, Directors, Trust | tees, Foundation Ma | anagers, Highly Pa | id Er | nplo | yees, | , | |
| | | | | | 1.11 2 | | | | | | |
| _1_ | List all officers | s, airectors, truste | | oundation managers ar b) Title, and average | (c) Compensation (If | (d) Contributions | | Τ | | | |
| | (a) Name a | nd address | ` | hours per week | not paid, enter | employee benefit plan | s and | | | ise acc Ilowano | |
| | | | | devoted to position | -0-) | deferred compensat | ion | <u> </u> | circi di | - I I I I I I I I I I I I I I I I I I I | |
| See | Addıtıonal Data T | able | - | | | | | | | | |
| | | | | | | | | - | | | |
| | | | 1 | | | | | | | | |
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| | | | | | | | | | | | |
| | | | 1 | | | | | | | | |
| 2 | Compensation | of five highest-pa | id en | ployees (other than t | hose included on line | 1—see instructions). | If no | ne, e | nter " | NONE. | ** |
| <i>7</i> - \ | NI | e ll | | (b) Title, and average | | (d) Contributions employee benefit | | (-) | - | | |
| (a) | | ss of each employee aan \$50,000 | paid | hours per week | (c) Compensation | plans and deferre | | | | se acco lowance | |
| | | | | devoted to position | | compensation | | | | | |
| | | | | | | | | | | | |
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| | | | | | i | I | | | | | |
| | | | | | | | | | | | |
| | I number of othe | er employees paid ov | er \$5 | 0,000 | | | | | | | |

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|--|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly and Contractors (continued) | Paid Employees, |
| 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter | er "NONE". |
| (a) Name and address of each person paid more than \$50,000 (b) Type of service | (c) Compensation |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total number of others receiving over \$50,000 for professional services | • |
| 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 | ber of _ |
| organizations and other beneficiaries served, conferences convened, research papers produced, etc | Expenses |
| 1 THE FOUNDATION WAS CREATED TO PROVIDE EDUCATIONAL SCHOLAR- SHIPS | 700,700 |
| 2 PROVIDE CHARITABLE DONATIONS TO REGISTERED 501(C)(3) ORGANIZATIONS WHOSE CHARITABLE PURPOSE FOCUS ON PET RELATED ISSUES | ES 638,750 |
| 3 PROVIDE DONATIONS FOR ANY OTHER CHARITABLE, LITERARY, SCIENTIFIC AND EDUCATIONAL PURPOSES | 140,500 |
| 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 | . ▶ |
| | Form 990-PF (2018) |

2h

2c

3

4

5

6

1a

1b

2

3a 3b

4

5

4.592

4.592

4.592

1,532,134

1.532.134

1,532,134

Form 990-PF (2018)

Income tax for 2018 (This does not include the tax from Part VI). . .

Distributable amount before adjustments Subtract line 2c from line 1.

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

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

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

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

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

3

4 5

6

1

2

3

4

5

Part XII

2018

Page 9

4,592

4,592

Form **990-PF** (2018)

| Form 990-PF (20 | 018) | |
|-----------------|----------------------|--------------------|
| Part XIII | Undistributed Income | (see instructions) |

b Total for prior years

a From 2013.

b From 2014. **c** From 2015.

d From 2016.

e From 2017.

1 Distributable amount for 2018 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only.

Excess distributions carryover, if any, to 2018

f Total of lines 3a through e.

d Applied to 2018 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the

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 2017 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 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 2013 not

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . .

c Excess from 2016. . . .

d Excess from 2017. . . e Excess from 2018. . .

b Excess from 2015. .

6 Enter the net total of each column as

indicated below:

4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 1,532,134
 a Applied to 2017, but not more than line 2a
 b Applied to undistributed income of prior years (Election required—see instructions).
 c Treated as distributions out of corpus (Election required—see instructions).

2016, 2015, 2014

694,979 660,098

1.024.705

1,494,807 1,091,340

660.098

1,024,705

1.494.807

1,091,340

1,527,542

(a)

Corpus

4.965.929

1,527,542

6,493,471

694.979

5,798,492

(b)

Years prior to 2017

(c)

2017

See Additional Data Table



| inter gros | s amounts unless otherwise indicated | Unrelated bu | isiness income | Excluded by section | 512, 513, or 514 | (e) Related or exempt |
|---|--|-------------------------|---------------------------------|-------------------------------------|----------------------|--|
| 1 Progra | n service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions) |
| a <u>VO</u> I | DED/REFUNDED GRANTS | | | | | 42,068 |
| b | | | | | | |
| | _ | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | and contracts from government agencies ership dues and assessments. | | | | | |
| | st on savings and temporary cash | | | | | |
| | ments | | | | | |
| 4 Divide | nds and interest from securities | | | 14 | | 1 |
| 5 Net re | ntal income or (loss) from real estate | | | | | |
| | -financed property | | | | | |
| | debt-financed property | | | | | |
| | ntal income or (loss) from personal property investment income. | | | | | |
| | r (loss) from sales of assets other than | | | | | |
| invent | , , | | | | | |
| 9 Net in | come or (loss) from special events | | | | | |
| | profit or (loss) from sales of inventory | | | | | |
| . 1 Other | revenue a | | | | | |
| | | | | | | |
| | | | | | | |
| | | 1 | | | | |
| | | | | | | |
| е | | | | | | 10.000 |
| e • Subto | tal Add columns (b), (d), and (e). | | | 13 | , | |
| e 2 Subto 3 Total. | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) | | | 13 | | |
| e 2 Subto 3 Total. (See w | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu | lations) | | | | |
| e 2 Subto 3 Total. (See w Part XV Line No. | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which | lations) ne Accomplish | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribut | ted importantly to | 42,072 |
| e 2 Subto 3 Total. (See w Part XV | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the | lations) ne Accomplish | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribut | ted importantly to | 42,072 |
| e 2 Subto 3 Total. (See w Part XV Line No. | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Torksheet in line 13 instructions to verify calculated and the second sec | lations) ne Accomplish | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribut | ted importantly to | 42,072 |
| e 2 Subto 3 Total. (See w Part XV Line No. | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Torksheet in line 13 instructions to verify calculated and the second sec | lations) ne Accomplish | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribut | ted importantly to | 42,072 |
| e 2 Subto 3 Total. (See w Part XV Line No. | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Torksheet in line 13 instructions to verify calculated and the second sec | lations) ne Accomplish | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribut | ted importantly to | 42,072 |
| e 2 Subto 3 Total. (See w Part XV Line No. | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Torksheet in line 13 instructions to verify calculated and the second sec | lations) ne Accomplish | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribut | ted importantly to | 42,072 |
| e 2 Subto 3 Total. (See w Part XV Line No. | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Torksheet in line 13 instructions to verify calculated and the second sec | lations) ne Accomplish | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribut | ted importantly to | 42,072 |
| e 2 Subto 3 Total. (See w Part XV Line No. | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Torksheet in line 13 instructions to verify calculated and the second sec | lations) ne Accomplish | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribut | ted importantly to | 42,072 |
| e 2 Subto 3 Total. (See w Part XV Line No. | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Torksheet in line 13 instructions to verify calculated and the second sec | lations) ne Accomplish | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribut | ted importantly to | 42,072 |
| e 2 Subto 3 Total. (See w Part XV Line No. | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Torksheet in line 13 instructions to verify calculated and the second sec | lations) ne Accomplish | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribut | ted importantly to | 42,072 |
| e 2 Subto 3 Total. (See w Part XV Line No. | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Torksheet in line 13 instructions to verify calculated and the second sec | lations) ne Accomplish | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribut | ted importantly to | 42,072 |
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| orm 990 | -PF (2018) | | | | | | Pa | ge 1 3 |
|----------------------|--|--------------------------------|--|-----------------------------|----------------------|-----------------------|--------|---------------|
| Part X | Information Re Exempt Organi | | fers To and Transact | ions and Relationship | s With Noncharit | table | | |
| | ne organization directly or in hther than section 501(c)(3) | | | | ribed in section 501 | | Yes | No |
| a Trans | fers from the reporting four | idation to a noncha | ırıtable exempt organizatio | on of | | | | |
| (1) | Cash | | | | | 1a(1) | | No |
| (2) | Other assets | | | | | 1a(2) | | No |
| b Other | transactions | | | | | | | |
| (1) | Sales of assets to a nonchar | ıtable exempt orga | nization | | | 1b(1) | | No |
| (2) | Purchases of assets from a r | noncharitable exem | npt organization | | | 1b(2) | | No |
| (3) | Rental of facilities, equipmei | nt, or other assets. | | | | 1b(3) | | No |
| (4) | Reimbursement arrangemer | nts | | | | 1b(4) | | No |
| (5) | Loans or loan guarantees. | | | | | 1b(5) | | No |
| (6) P | erformance of services or m | embership or fund | raising solicitations | | | 1b(6) | | No |
| c Sharii | ng of facilities, equipment, r | mailing lists, other | assets, or paid employees | | | 1c | | No |
| in any (a) Line N | y transaction or sharing arra | | column (d) the value of the column (d) the column (| (d) Description of transfer | | rıng arra | ngemer | nts |
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| descr | e foundation directly or indir ibed in section 501(c) (othe s," complete the following s (a) Name of organization | r than section 501(chedule | | | | No No | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Under penalties of perjury, of my knowledge and belief which preparer has any kno | , it is true, correct, | | | | | | |
| Sign Here | ***** | | 2019-11-15 | ***** | return | ne IRS di he prepa | | |
| ' | Signature of officer or t | rustee | Date | Title | | nstr)? [| ✓ Yes | □ No |

Print/Type preparer's name Preparer's Signature Date PTIN Check if self-P01232938 employed ▶ □ Noreen Nicolo CPA Paid **Preparer** Firm's name ► BDO USA LLP Fırm's EIN ▶ **Use Only** Firm's address ▶ 1801 MARKET STREET SUITE 1700

Phone no (215) 564-1900 PHILADELPHIA, PA 19103 Form **990-PF** (2018)

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation MICHAEL J LEVITT EXEC VICE PRES /SECRETARY PO Box 90708 Camden, NJ 08101

| , | | | | |
|----------------------------------|--------------------|---|---|---|
| PATRICIA LEVITT | PRES /CHAIRMAIN OF | 0 | 0 | 0 |
| PO Box 90708 Camden, NJ 08101 | BOARD/TREAS 0 | | | |
| ANDREW J BOCCHINO | VICE PRES /ASSIST | 0 | 0 | 0 |
| PO Box 90708 Camden, NJ 08101 | SECRETARY 0 | | | |

PAUL CHAN **TRUSTEE** ٥ ٥ 3030 ATLANTIC AVENUE ATLANTIC CITY, NJ 08401

JOSEPH PURCELL TRUSTEE

PO Box 90708 Camden, NJ 08101

PHEOBE WASHBURN **TRUSTEE**

354 Broome Street Apt 5B New York, NY 10013

a The name, address, and telephone number of the person to whom applications should be addressed Michael J Levitt

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

PO Box 90708 Camden, NJ 08101

b The form in which applications should be submitted and information and materials they should include

FOUNDATION, AND THE AMOUNT INVESTED PLUS ANY INVESTMENT INCOME WILL BE PAI

(896) 596-0500

GRANT SCHOLARSHIPS FOR COLLEGE TUITION THE RESIDENT'S APPLICATION MUST INCLUDE THE FOLLOWING 1) OFFICIAL HIGH SCHOOL TRANSCRIPTS, 2) PROOF OF ACCEPTANCE TO AN UNDERGRADUATE COLLEGE OR UNIVERSITY, 3) THREE ONE-PAGE CHARACTER REFEREENCES, INCLUDING AT LEAST ONE REFERENCE FROM A TEACHER, AND 4) AN ESSAY OR PRESENTATION FOCUSING ON THE RESIDENT'S EXPECTED FIELD OF STUDY THE FOUNDATION RESERVES THE RIGHT TO REQUEST ANY ADDITIONAL INFORMATION IT DEEMS NECESSARY TO COMPLETE THE PROCESSING OF APPLICATIONS

c Any submission deadlines NO SUBMISSION DEADLINES

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

THE FOUNDATION WILL GRANT SCHOLARSHIPS FOR COLLEGE TUITION TO RESIDENTS OF LOW-INCOME AND MID-INCOME COMMUNITITES

RESIDENTS INCLUDE THOSE INDIVIDUALS WHOSE NAMES APPEAR ON THE MOST RECENT OWNER'S CERTIFICATION OR COMPLIANCE WITH HUD'S TENANT ELIGIBITY AND RENT PROCEDURES FORM. IN ORDER TO BE ELIGIBLE, THE GROSS INCOME OF THE HOUSEHOLD OF THE RECIPIENT MUST FALL WITHIN RANGE OF THE LOW-INCOME AND MID-INCOME LIMITS OF THE COUNTY IN WHICH THE RECIPIENT RESIDES

IN ADDITION, THE RESIDENT MUST HAVE A MINIMIM OF A C OR 2 0 CUMULATIVE GRADE POINT AVERAGE AT THE HIGH SCHOOL OR COLLEGE LEVEL THE SCHOLARSHIPS WILL BE APPLIED TOWARDS THE PAYMENT OF TUITION EXPENSES FOR ONE YEAR OF COLLEGE THE

STUDENT MAY ELECT TO ACCEPT ONLY A PORTION OF SUCH GRANT IN THE FIRST YEAR AND APPLY THE REST TOWARDS SUBSEQUENT YEARS IF THE STUDENT MAKES THIS ELECTION THE REST OF THE SCHOLARSHIP WILL BE INVESTED ON THE STUDENT'S BEHALF BY THE

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: a The name, address, and telephone number of the person to whom applications should be addressed

Patricia Levitt PO Box 90708

Camden, NJ 08101 (896) 596-0500

b The form in which applications should be submitted and information and materials they should include GRANT SCHOLARSHIPS FOR COLLEGE TUITION THE RESIDENT'S APPLICATION MUST INCLUDE THE FOLLOWING 1) OFFICIAL HIGH SCHOOL TRANSCRIPTS, 2) PROOF OF ACCEPTANCE TO AN UNDERGRADUATE COLLEGE OR UNIVERSITY, 3) THREE ONE-PAGE CHARACTER

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Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: a The name, address, and telephone number of the person to whom applications should be addressed

Andrew J Bocchino PO Box 90708 Camden, NJ 08101

(896) 596-0500

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Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: a The name, address, and telephone number of the person to whom applications should be addressed

PO Box 90708 Camden, NJ 08101 (896) 596-0500

Paul Chan

GRANT SCHOLARSHIPS FOR COLLEGE TUITION THE RESIDENT'S APPLICATION MUST INCLUDE THE FOLLOWING 1) OFFICIAL HIGH SCHOOL TRANSCRIPTS, 2) PROOF OF ACCEPTANCE TO AN UNDERGRADUATE COLLEGE OR UNIVERSITY, 3) THREE ONE-PAGE CHARACTER REFEREENCES, INCLUDING AT LEAST ONE REFERENCE FROM A TEACHER, AND 4) AN ESSAY OR PRESENTATION FOCUSING ON THE RESIDENT'S EXPECTED FIELD OF STUDY THE FOUNDATION RESERVES THE RIGHT TO REQUEST ANY ADDITIONAL INFORMATION IT DEEMS

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Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: a The name, address, and telephone number of the person to whom applications should be addressed Joseph Purcell

PO Box 90708 Camden, NJ 08101 (896) 596-0500

b The form in which applications should be submitted and information and materials they should include

SCHOOL TRANSCRIPTS, 2) PROOF OF ACCEPTANCE TO AN UNDERGRADUATE COLLEGE OR UNIVERSITY, 3) THREE ONE-PAGE CHARACTER REFEREENCES, INCLUDING AT LEAST ONE REFERENCE FROM A TEACHER, AND 4) AN ESSAY OR PRESENTATION FOCUSING ON THE RESIDENT'S EXPECTED FIELD OF STUDY THE FOUNDATION RESERVES THE RIGHT TO REQUEST ANY ADDITIONAL INFORMATION IT DEEMS NECESSARY TO COMPLETE THE PROCESSING OF APPLICATIONS

GRANT SCHOLARSHIPS FOR COLLEGE TUITION THE RESIDENT'S APPLICATION MUST INCLUDE THE FOLLOWING 1) OFFICIAL HIGH

c Any submission deadlines NO SUBMISSION DEADLINES

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Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: a The name, address, and telephone number of the person to whom applications should be addressed Phoebe Washburn PO Box 90708 Camden, NJ 08101

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(896) 596-0500

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FOUNDATION. AND THE AMOUNT INVESTED PLUS ANY INVESTMENT INCOME WILL BE PAI

YEARS IF THE STUDENT MAKES THIS ELECTION THE REST OF THE SCHOLARSHIP WILL BE INVESTED ON THE STUDENT'S BEHALF BY THE

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

| Name and address (home or business) | any foundation manager or substantial contributor | recipient | |
|-------------------------------------|--|-----------|--|
| a Paid during the year | | | |

| a raid during the year | | | | |
|---|------|----|-------------|-------|
| GATEWAY COMMUNITY COLLEGE 20 CHURCH ST | NONE | PC | SCHOLARSHIP | 1,000 |
| NEW HAVEN, CT 06510 | 1 | | | |

| NEW HAVEN, CT 06510 | | | | |
|---|------|----|--------------|-------|
| SQUASH SMARTSc/o LENFEST CENTER 3890 NORTH 10TH STREET PHILADELPHIA. PA 19140 | NONE | PC | UNRESTRICTED | 1,500 |

| SQUASH SMARTSc/o LENFEST CENTER 3890 NORTH 10TH STREET PHILADELPHIA, PA 19140 | NONE | PC | UNRESTRICTED | 1,500 |
|---|------|----|--------------|-------|
| WEST CHESTER UNIVERSITY | NONE | PC | Scholarship | 2,000 |

| 3890 NORTH 10TH STREET PHILADELPHIA, PA 19140 | | | | |
|--|------|----|-------------|------|
| WEST CHESTER UNIVERSITY 628 SOUTH HIGH STREET | NONE | PC | Scholarship | 2,00 |

| PHILADELPHIA, PA 19140 | | | | |
|---|------|----|-------------|-------|
| WEST CHESTER UNIVERSITY 628 SOUTH HIGH STREET | NONE | PC | Scholarship | 2,000 |
| WEST CHESTER, PA 19383 | | | | |

| WEST CHESTER UNIVERSITY 528 SOUTH HIGH STREET WEST CHESTER, PA 19383 | NONE | PC | Scholarship | 2,00 |
|--|------|----|-------------|------|
| | | | | |

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|---------------------------------------|------|------|-----------|
| Total | | ▶ 3a | 1,479,950 |

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 THE COOPER FOUNDATION NONE PC UNRESTRICTED 45.000

| 200 FEDERAL STREET SUITE 146 CAMDEN, NJ 08103 | | | | |
|---|------|----|-------------|-------|
| RINGLING COLLEGE OF ART AND DESIGN | NONE | PC | Scholarship | 3,000 |

| DESIGN 2700 N TAMIAMI TRAIL SARASOTA, FL 34234 | | | | 5,555 |
|--|------|----|-------------|--------|
| DREXEL UNIVERSITY | NONE | PC | SCHOLARSHIP | 11,000 |

| SARASOTA, FL 34234 | | | | |
|---|------|----|-------------|--------|
| DREXEL UNIVERSITY 3141 CHESTNUT STREET PHILADELPHIA, PA 19104 | NONE | PC | SCHOLARSHIP | 11,000 |

| DREXEL UNIVERSITY 3141 CHESTNUT STREET PHILADELPHIA, PA 19104 | NONE | PC | SCHOLARSHIP | 11,00 |
|---|------|----|-------------|-----------|
| Total | | | ▶ 3a | 1,479,950 |

Recipient If recipient is an individual, Purpose of grant or Foundation 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 NONE PC SCHOLARSHIP 25,000 ROWAN UNIVERSITY 201 MULLICA HILL ROAD GLASSBORO N1 08028

| 02.00001.07.10 00020 | | | | |
|---|------|----|--------------|--------|
| EAST CAROLINA UNIVERSITYE 5TH ST GREENVILLE, NC 27858 | NONE | PC | SCHOLARSHIP | 2,000 |
| TRUSTEES OF UNIV OF PENN 4351 WALNUT STREET PHILADELPHIA PA 19104 | NONE | PC | UNRESTRICTED | 50,000 |

Total . .

1,479,950

▶ 3a

Recipient Purpose of grant or If recipient is an individual, Foundation 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 THE MICHAELS ORG EDUCATIONAL NONE PC UNRESTRICTED 448.999 **FOUNDATION** 3 EAST STOW ROAD PO BOX 994

| MARLTON, NJ 08053 | | | | |
|--|------|-----|-------------|-------|
| HILLSBOROUGH COMMUNITY COLLEGE 1206 N PARK RD PLANT CITY, FL 33563 | NONE | PC | SCHOLARSHIP | 1,000 |
| BARTON COMMUNITY COLLECT | NONE | DC. | CCHOLARCHIR | 1 000 |

| LANT CITT, FL 33303 | | | | |
|--|------|----|-------------|-------|
| BARTON COMMUNITY COLLEGE 245 NE 30TH RD GREAT BEND, KS 67560 | NONE | PC | SCHOLARSHIP | 1,000 |
| | | | | |

Total .

1,479,950

Purpose of grant or Recipient If recipient is an individual, Foundation 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 CALIFORNIA STATE UNIVERISTY - PA NONE PC **SCHOLARSHIP** 2,500 250 UNIVERSITY AVE CALIFORNIA, PA 15419 GEORGIA STATE UNIVERSITY NONE PC SCHOLARSHIP 1,500 GEODGIA STATE LINIVEDSITY

| PO BOX 3965 ATLANTA, GA 30302 | | | | |
|--|------|----|-------------|--------|
| SAINT PATRICKS COLLEGE 60 PARK PARADE SHORNCLIFFE QLD 4017 AS | NONE | PC | SCHOLARSHIP | 12,000 |

Total .

▶ 3a

1,479,950

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 | | | | |
| UNIVERSITY OF OKLAHOMA 660 PARRINGTON OVAL NORMAN. OK 73019 | NONE | PC | SCHOLARSHIP | 3,000 |

| LINEVERSITY OF HOLY SPACE | NONE | D.C. | CCUOLARCUTE | 1 500 |
|--|------|------|-------------|-------|
| SAINT JOHNS UNIVERSITY 800 UTOPIA PARKWAY QUEENS, NY 11439 | NONE | PC | SCHOLARSHIP | 4,000 |
| , , , , , , , , , , , , , , , , , , , | | | | |

| QUEENS, NY 11439 | | | | |
|---|------|----|-------------|-------|
| UNIVERSITY OF HOLY CROSS 4123 WOODLAND DR NEW ORLEANS, LA 70131 | NONE | PC | SCHOLARSHIP | 1,500 |

| UNIVERSITY OF HOLY CROSS 4123 WOODLAND DR NEW ORLEANS, LA 70131 | NONE | PC | SCHOLARSHIP | 1,500 |
|---|------|----|-------------|-----------|
| Total | | | ▶ 3a | 1,479,950 |

Recipient Foundation Purpose of grant or If recipient is an individual, 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 MARYMOUNT UNIVERSITY NONE PC SCHOLARSHIP 1,000 2807 N GLEBE RD ARLINGTON, VA 22207

| MONTCLAIR STATE UNIVERSITY 1 NORMAL AVE MONTCLAIR, NJ 07043 | NONE | PC | SCHOLARSHIP | 1,500 |
|---|------|----|-------------|-------|
| | | | | |

| MONTCLAIR, NJ 07043 | | | | |
|--|------|----|-------------|-------|
| TEMPLE UNIVERSITY1801 N BORAD ST PHILADELPHIA, PA 19122 | NONE | PC | SCHOLARSHIP | 3,000 |

1,479,950

▶ 3a

| MONTCLAIR, NJ 07043 | | | | |
|----------------------------------|------|----|-------------|------|
| TEMPLE UNIVERSITY1801 N BORAD ST | NONE | PC | SCHOLARSHIP | 3,00 |
| PHILADELPHIA PA 19122 | | | | |

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 EAST STROUDSBURG UNIVERSITY OF NONE PC **SCHOLARSHIP** 2,000 **PENNSYLVANIA** 200 PROSPECT ST

| EAST STROUDSBURG, PA 18301 | | | | |
|--|------|----|--------------|-------|
| UNIVERSITY OF CALIFORNIA - DAVIS 1 SHIELDS AVE DAVIS, CA 95616 | NONE | PC | SCHOLARSHIP | 3,500 |
| CHESAPEAK CATS AND DOGS 326 WYE MILLS ROAD | NONE | PC | UNRESTRICTED | 2,000 |

| DAVIS, CA 95616 | | | | |
|---|------|----|--------------|-----------|
| CHESAPEAK CATS AND DOGS 326 WYE MILLS ROAD QUEENSTOWN, MD 21658 | NONE | PC | UNRESTRICTED | 2,000 |
| Total | | | ▶ 3a | 1,479,950 |

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 | | | | |
|---|------|----|--------------|---------|
| BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON ROAD KANAB UT 84741 | NONE | PC | UNRESTRICTED | 509,250 |

| KANAB, UT 84741 | | | | |
|---|------|----|--------------|-------|
| NJ AID FOR ANIMALSPO BOX 4 CEDAR BROOK, NJ 08018 | none | PC | UNRESTRICTED | 7,000 |

| NJ AID FOR ANIMALSPO BOX 4 CEDAR BROOK, NJ 08018 | none | PC | UNRESTRICTED | 7,000 |
|---|------|-----|---------------|-------|
| DCDCARGO FACT FRIE AVE | NONE | DC. | LINDECTRICTED | 7.500 |

| CEDAR BROOK, NJ 08018 | | | | |
|------------------------|------|----|--------------|-------|
| PSPCA350 EAST ERIE AVE | NONE | PC | UNRESTRICTED | 7,500 |

| ' | PSPCA350 EAST ERIE AVE NONI PHILADELPHIA, PA 19134 | NE | PC | UNRESTRICTED | 7,500 |
|---|---|----|----|--------------|-------|
|---|---|----|----|--------------|-------|

| PHILADELPHIA, PA 19134 | | | |
|------------------------|------|------|-----------|
| Total | | ▶ 3a | 1,479,950 |

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

| INCLIS FOUNDATION | NONE | DC. | LINDECTRICTED | 1 000 |
|---|------|-----|---------------|-------|
| TALBOT HUMANE SOCIETY PO BOX 1143 7894 OCEAN GATEWAY EASTON, MD 21601 | NONE | PC | UNRESTRICTED | 1,500 |
| a Paid during the year | | | | |

| INGLIS FOUNDATION 2600 BELMONT AVE PHILADELPHIA, PA 19131 | NONE | PC | UNRESTRICTED | 1,000 |
|---|------|----|--------------|--------|
| PUPPIES BEHIND BARS 263 WEST 38TH STREET | NONE | PC | UNRESTRICTED | 10,000 |

| PHILADELPHIA, PA 19131 | | | | |
|--|------|----|--------------|--------|
| PUPPIES BEHIND BARS 263 WEST 38TH STREET 4TH FLOOR NEW YORK, NY 10018 | NONE | PC | UNRESTRICTED | 10,000 |

| | | | | 1 |
|--|------|----|--------------|--------|
| PUPPIES BEHIND BARS 263 WEST 38TH STREET 4TH FLOOR NEW YORK, NY 10018 | NONE | PC | UNRESTRICTED | 10,000 |
| | | | | |

Total .

1,479,950

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

| Name and address (home or business) | any foundation manager or substantial contributor | recipient | |
|-------------------------------------|--|-----------|--|
| a Paid during the year | | | |
| | | | |

| FREEDOM SERVICE DOGS 7183 S DILLION COURT | NONE | PC | UNRESTRICTED | 15,000 |
|--|------|----|--------------|--------|
| ENGLEWOOD, CO 80112 | | | | |

| ENGLEWOOD, CO 80112 | | | | |
|---|------|----|--------------|-------|
| DELMARVA CAT CONNECTION PO BOX 1323 OCEAN PINES, MD 21811 | NONE | PC | UNRESTRICTED | 1,000 |

| PO BOX 1323 OCEAN PINES, MD 21811 | NONE | PC | UNKESTRICTED | 1,000 |
|---|------|----|--------------|-------|
| KITTY COTTAGE 317 WEST JOHNSON HIGHWAY | NONE | PC | UNRESTRICTED | 1,000 |

| OCEAN PINES, MD 21811 | | | | I |
|--|------|----|--------------|-------|
| KITTY COTTAGE 317 WEST JOHNSON HIGHWAY EAST NORRITON, PA 19401 | NONE | PC | UNRESTRICTED | 1,000 |
| | | | | |

| 317 WEST JOHNSON HIGHWAY EAST NORRITON, PA 19401 | None | - | ONNESTIMETED | 1,00 |
|---|------|---|--------------|-----------|
| Total | | | ▶ 3a | 1,479,950 |

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 contribution status of

| Name and address (home or business) | any foundation manager or substantial contributor | recipient | |
|-------------------------------------|--|-----------|--|
| a Paid during the year | | | |

| NORTHEAST ANIMAL RESCUE PO BOX 52395 PHILADELPHIA, PA 19115 | NONE | PC | UNRESTRICTED | 1,000 |
|---|------|----|--------------|-------|

| THE OLE HIN, IN 19115 | | | | |
|---|------|----|--------------|-------|
| PEACEABLE KINGDOM 1049 MACARTHUR ROAD WHITEHALL, PA 18052 | NONE | РС | UNRESTRICTED | 2,000 |

| 1049 MACARTHUR ROAD WHITEHALL, PA 18052 | | | | · |
|--|------|----|--------------|-------|
| HUMANE SOCIETY OF OCEAN CITY 1 SHELTER ROAD | NONE | PC | UNRESTRICTED | 7,000 |

| HUMANE SOCIETY OF OCEAN CITY 1 SHELTER ROAD OCEAN CITY, NJ 08226 | DNE | PC | UNRESTRICTED | 7,000 |
|--|-----|----|--------------|-------|

Total .

1,479,950

Recipient If recipient is an individual, Purpose of grant or Foundation 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 NONE PC UNRESTRICTED 3,000 ANIMAL HAVEN200 CENTRE STREET NEW YORK, NY 10013

| , | | | | |
|---|------|----|--------------|-------|
| PITCH IN FOR BASEBALL 1541 GEHMAN ROAD HARLEYSVILLE, PA 19438 | NONE | PC | UNRESTRICTED | 1,000 |
| ST CHARLES BORREMEO PARISH 2226 RIVERTON ROAD | NONE | PC | UNRESTRICTED | 2,500 |

| ST CHARLES BORREMEO PARISH 2226 RIVERTON ROAD CINNAMINSON, NJ 08077 | NONE | PC | UNRESTRICTED | 2,500 |
|---|------|----|--------------|-----------|
| Total | | | ▶ 3a | 1,479,950 |

Recipient Foundation Purpose of grant or If recipient is an individual, 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 NATIONAL DISASTER SEARCH DOG NONE PC UNRESTRICTED 10,000 **FOUNDATION** 6800 WHEELER CANYON ROAD

CANTA DALILA CA 93060

Total . .

| SANTA PAULA, CA 93000 | | | | |
|--|------|----|--------------|-------|
| PUPPIES & MORE RESCUE 131 NAVY LANE MARLTON, NJ 08053 | NONE | PC | UNRESTRICTED | 3,000 |
| NATIONAL MILL DOG RESCUE PO BOX 88468 COLORADO SPRINGS, CO 80908 | NONE | PC | UNRESTRICTED | 3,500 |

1,479,950

Recipient If recipient is an individual, Purpose of grant or Foundation 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 NEW LEASH ON LIFEPO BOX 326 NONE PC UNRESTRICTED 5,000 NARBERTH, PA 19072

| THE PUPPY RESCUE MISSION PO BOX 1516 CELINA, TX 75009 | NONE | PC | UNRESTRICTED | 2,000 |
|---|------|----|--------------|-------|
| MORRIS ANIMAL REFUGE 1242 LOMBARD STREET PHILADELPHIA, PA 19147 | NONE | PC | UNRESTRICTED | 2,000 |

Total . .

1,479,950

▶ 3a

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 CROSSING ANIMAL SANCTUARY NONE PC UNRESTRICTED 1.000

1008 WASHINGTON CROSSING ROAD

| WASHINGTON CROSSING, PA 18940 | | | | |
|---|------|----|--------------|-------|
| ANIMAL OUTREACH OF CAPE MAY COUNTY 600 PARK BLVD UNIT 3 | NONE | PC | UNRESTRICTED | 2,000 |

| 600 PARK BLVD UNIT 3 WEST CAPE MAY, NJ 08204 | | | | |
|---|------|----|--------------|-------|
| ANIMAL WELFARE ASSOCIATION 509 CENTENNIAL BLVD | NONE | PC | UNRESTRICTED | 3,000 |

| ANIMAL WELFARE ASSOCIATION 509 CENTENNIAL BLVD VOORHEES, NJ 08043 | NONE | PC | UNRESTRICTED | 3,000 |
|---|------|----|--------------|-----------|
| Total | | | ▶ 3a | 1,479,950 |

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 | | | | |
| GUIDING EYES FOR THE BLIND | NONE | PC | UNRESTRICTED | 3,000 |

| YORKTOWN HEIGHTS, NY 10598 | | | | |
|---|------|----|--------------|-------|
| ANIMAL ADOPTION CENTER 501 N BERLIN ROAD | NONE | PC | UNRESTRICTED | 5,000 |

| ANIMAL ADOPTION CENTER 501 N BERLIN ROAD LINDENWOOD, NJ 08021 | NONE | PC | UNRESTRICTED | |
|---|------|-------|---------------|--|
| COVENANT OF DIVINE LOVE | NONE | PC PC | LINRESTRICTED | |

Total .

| LINDENWOOD, NJ 08021 | | | | |
|--|------|----|--------------|-------|
| COVENANT OF DIVINE LOVE 2212 GREEN STREET | NONE | PC | UNRESTRICTED | 1,000 |

| 21.13 21.111 0 0 3 / 113 0 0 0 2 2 | | | | i |
|--|------|----|--------------|-------|
| COVENANT OF DIVINE LOVE 2212 GREEN STREET PHILADELPHIA, PA 19130 | NONE | PC | UNRESTRICTED | 1,000 |
| | | | | |

| 2212 GREEN STREET PHILADELPHIA, PA 19130 | | |
|---|--|--|
| | | |

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 contribution status of any foundation manager

| Name and address (nome or business) | or substantial contributor | <u>'</u> | | |
|-------------------------------------|----------------------------|----------|--------------|-------|
| a Paid during the year | | | | |
| PETS OF THE HOMELESS | NONE | PC | UNRESTRICTED | 1,000 |

recipient

| 116 EAST 7TH STREET SUITE 204 CARSON CITY, NV 89701 | | | | |
|--|------|----|--------------|-------|
| COMMUNITY CATS COALITION 5 WINDSWEPT DRIVE | NONE | PC | UNRESTRICTED | 1,000 |

| 1 | COMMUNITY CATS COALITION 5 WINDSWEPT DRIVE BERLIN, MD 21811 | NONE | PC | UNRESTRICTED | 1,000 |
|---|---|------|----|--------------|-------|
| | ADVENTIST COMMUNITY SERVICES | NONE | PC | UNRESTRICTED | 500 |

| BERLIN, MD 21811 | | | | |
|---|------|----|--------------|-----|
| ADVENTIST COMMUNITY SERVICES 9705 PATUXENT WOODS DRIVE COLUMBIA, MD 21046 | NONE | PC | UNRESTRICTED | 500 |

| ADVENTIST COMMUNITY SERVICES 9705 PATUXENT WOODS DRIVE COLUMBIA, MD 21046 | NONE | PC | UNRESTRICTED | 50 |
|---|------|----|--------------|-----------|
| Total | | | ▶ 3a | 1,479,950 |

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 FOUNDATION FOR FIGHTING NONE PC UNRESTRICTED 10,000

BLINDNESS

Total .

| 7168 COLUMBIA GATEWAY DRIVE STE 10 COLUMVIA, MD 21046 | | | | |
|---|------|----|--------------|--------|
| ST CRIOX AWA32 CLIFTON HALL KINGSHILL, VI 00850 | NONE | PC | UNRESTRICTED | 10,000 |

| KINGSHILL, VI 00850 | | | | |
|---|------|----|--------------|--------|
| BAYWATER ANIMAL RESCUE 4930 BUCKTOWN ROAD CAMBRIDGE, MD 21613 | NONE | PC | UNRESTRICTED | 10,000 |
| | | | | í |

Recipient If recipient is an individual, Purpose of grant or Amount Foundation show any relationship to contribution status of any foundation manager recipient

| l | Name and address (home or business) | or substantial contributor | | |
|---|-------------------------------------|----------------------------|--|--|
| I | a Paid during the year | | | |
| | | | | |

LNONE

CAMBEN COUNTY COLLECE

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

| 200 N BROADWAY CAMDEN, NJ 08102 | NONE | PC | SCHOLARSHIP | |
|------------------------------------|------|----|--------------|--|
| CUMBERI AND COUNTY SPCA | NONE | PC | UNRESTRICTED | |

| CUMBERLAND COUNTY SPCA 1244 N DELSEA DR VINELAND, NJ 08360 | NONE | PC | UNRESTRICTED | 1,000 |
|--|------|----|--------------|-------|

| 1244 N DELSEA DR VINELAND, NJ 08360 | | | | - , |
|--|------|----|-------------|------------|
| PROVIDENCE ANIMAL SHELTER 555 SANDY BANK ROAD | NONE | PC | UNRESTICTED | 7,000 |

CCHOLARCHIR

7,500

| VINELAND, NO 00000 | | | | |
|---|------|----|-------------|-------|
| PROVIDENCE ANIMAL SHELTER 555 SANDY BANK ROAD MEDIA, PA 19063 | NONE | PC | UNRESTICTED | 7,000 |
| | | | | |

| 555 SANDY BANK ROAD MEDIA, PA 19063 | NONE | PC | UNKESTICIED | 7,00 |
|--|------|----|-------------|-----------|
| Total | | | ▶ 3a | 1,479,950 |

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 HUMANE SOCIETY OF SOMERSET NONE PC UNRESTRICTED 1,000 COUNTY PO BOX 493

PRINCESS ANNE, MD 21853

Total .

| | * | | | | |
|---|--|------|----|--------------|-------|
| | SALISBURY UNIVERSITY 1101 CAMDEN AVE SALISBURY, MD 21801 | NONE | PC | SCHOLARSHIP | 2,500 |
| I | POLITZ DAY SCHOOL | NONE | PC | UNRESTRICTED | 5,000 |

| SALISBURY, MD 21801 | | | | |
|--|------|----|--------------|-------|
| POLITZ DAY SCHOOL 720 COOPER LANDING ROAD CHERRY HILL N1 08002 | NONE | PC | UNRESTRICTED | 5,000 |

| - · · · · · · · · · · · · · · · · · · · | | | | |
|---|------|----|--------------|------|
| POLITZ DAY SCHOOL | NONE | PC | UNRESTRICTED | 5,00 |
| 720 COOPER LANDING ROAD | | | | |
| CHERRY HILL, NJ 08002 | | | | 1 |

Recipient Purpose of grant or If recipient is an individual, Foundation 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 CAMP JABBORWOCKYPO BOX 1357 NONE PC UNRESTRICTED 3,000 VINEYARD HAVEN, MA 02568 8 000 COLDEV BEACOM COLLECE NONE DC. CCUOLABOUTD

| 4701 LIMESTONE ROAD WILMINGTON, DE 19808 | NONE | | SCHOLARSHIP | 0,000 |
|--|------|----|-------------|-------|
| ROSEMONT COLLEGE 1400 MONTGOMERY AVE BRYN MAWR, PA 19010 | NONE | PC | SCHOLARSHIP | 5,000 |

Total

1,479,950

▶ 3a

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

Total.

| | or substantial continuator | | | |
|------------------------|----------------------------|----|-------------|------|
| a Paid during the year | | | | |
| MONMOUTH UNIVERSITY | NONE | PC | SCHOLARSHIP | 7,00 |

| WEST LONG BRANCH, NJ 07764 | | | | |
|---|------|----|-------------|----|
| NEW YORK UNIVERSITY 70 WASHINGTON SQUARE | NONE | PC | SCHOLARSHIP | 10 |
| NEW YORK NY 10013 | | | | |

| NEW YORK UNIVERSITY 70 WASHINGTON SQUARE NEW YORK, NY 10012 | NONE | PC | SCHOLARSHIP | 10,000 |
|---|------|----|-------------|--------|
| SHIPPENSBURG UNIVERSITY 1871 OLD MAIN DRIVE | NONE | PC | SCHOLARSHIP | 4,000 |

| NEW YORK, NY 10012 | | | | |
|--|------|----|-------------|-------|
| SHIPPENSBURG UNIVERSITY 1871 OLD MAIN DRIVE SHIPPENSBURG, PA 17257 | NONE | PC | SCHOLARSHIP | 4,000 |

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 ALZHEIMER'S FOUNDATION OF NONE PC UNRESTRICTED 1.000 **AMERICA**

| 322 8TH AVE NEW YORK, NY 10001 | | | | |
|--|------|----|-------------|-------|
| PENNSYLVANIA COLLEGE OF TECHNOLOGY 1 COLLEGE AVE | NONE | PC | SCHOLARSHIP | 1,000 |

| PENNSYLVANIA COLLEGE OF | NONE | PC | SCHOLARSHIP | 1,000 |
|-------------------------|------|----|-------------|-------|
| TECHNOLOGY | | | | |
| 1 COLLEGE AVE | | | | |
| WILLIAMSPORT, PA 17701 | | | | |
| | | | | |

| 1 COLLEGE AVE WILLIAMSPORT, PA 17701 | | | | |
|---|------|----|-------------|-------|
| MORAVIAN COLLEGE1200 MAIN STREET | NONE | PC | SCHOLARSHIP | 2,000 |

1,479,950

| WILLIAMSPORT, PA 17/01 | | | | i |
|----------------------------------|------|----|-------------|------|
| MORAVIAN COLLEGE1200 MAIN STREET | NONE | PC | SCHOLARSHIP | 2,00 |
| BETHLEHEM, PA 18018 | | | | |

| MORAVIAN COLLEGE1200 MAIN STREET | NONE | PC | SCHOLARSHIP | 2,0 |
|----------------------------------|------|----|-------------|-----|
| BETHLEHEM, PA 18018 | | | | |

Total .

Recipient Purpose of grant or If recipient is an individual, Foundation 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 TOWSON UNIVERSITY8000 YORK ROAD NONE PC SCHOLARSHIP 2,500 TOWSON, MD 21252

| RUTGERS UNIVERSITY 303 COOPER STREET CAMDEN, NJ 08102 | NONE | PC | SCHOLARSHIP | 7,500 |
|---|------|----|-------------|-------|
| DELAWARE STATE UNIVERSITY 1200 N DUPONT HWY DOVER, DE 19901 | NONE | PC | SCHOLARSHIP | 2,500 |

Total . .

1,479,950

▶ 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, Purpose of grant or Foundation 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 UNIVERSITY OF MARYLAND NONE PC **SCHOLARSHIP** 3.500

| COLLEGE PARK, MD 20742 | | | | |
|--|------|----|-------------|-------|
| MISSISSIPPI STATE UNIVERSITY BS HOOD ROAD | NONE | PC | SCHOLARSHIP | 1,000 |

| | BS HOOD ROAD STARKVILLE, MS 39759 | NONE | | SCHOLARSHIP | 1,000 |
|---|--------------------------------------|------|----|-------------|-------|
| 1 | SUNY NEW PALTZ1 HAWK DR | NONE | PC | SCHOLARSHIP | 2.000 |

| STARKVILLE, MS 39759 | | | | |
|--|------|----|-------------|-------|
| SUNY NEW PALTZ1 HAWK DR NEW PALTZ, NY 12561 | NONE | PC | SCHOLARSHIP | 2,000 |

1,479,950

| SUNY NEW PALTZ1 HAWK DR NEW PALTZ, NY 12561 | NONE | PC | SCHOLARSHIP | 2,00 |
|--|------|----|-------------|------|
|--|------|----|-------------|------|

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Purpose of grant or Recipient If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager

or substantial contributor

Name and address (home or business)

2000 PRENNINGTON RD EWING TOWNSHIP, NJ 08618

Total .

recipient

| a Paid during the year | | | | |
|--|------|----|-------------|--------|
| SOUTHWESTERN OKLAHOMA STATE UNIVERSITY 100 E CAMPUS DRIVE WEATHERFORD, OK 73096 | NONE | PC | SCHOLARSHIP | 10,500 |
| ALBRIGHT COLLEGE1621 N 13TH ST READING, PA 19604 | NONE | PC | SCHOLARSHIP | 10,000 |
| THE COLLEGE OF NEW JERSEY | NONE | PC | SCHOLARSHIP | 7,000 |

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 COMMUNITY COLLEGE OF NONE PC **SCHOLARSHIP** 6.500 PHILADELPHIA 1700 SPRING GARDEN ST

PHILADELPHIA, PA 19130

Total .

| , , | | | | |
|--|------|----|-------------|-------|
| STOCKTON UNIVERSITY 101 VERA KING FARRIS DR GALLOWAY, NJ 08205 | NONE | PC | SCHOLARSHIP | 7,500 |
| DELGADO COMMUNITY COLLEGE | NONE | PC | SCHOLARSHIP | 6,500 |

| GALLOWAY, NJ 08205 | | | | |
|---|------|----|-------------|-------|
| DELGADO COMMUNITY COLLEGE 615 CITY PARK AVE NEW ORLEANS, LA 70119 | NONE | PC | SCHOLARSHIP | 6,500 |

Recipient Purpose of grant or If recipient is an individual, Foundation 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 COCHISE COLLEGE901 COLOMBO AVE NONE PC 4,500 SCHOLARSHIP SIERRA VISTA, AZ 85635 3 500

| | UNIVERSITY OF ARIZONA UNIVERSITY OF ARIZONA TUCSON, AZ 85721 | NONE | PC | SCHOLARSHIP | 2,500 |
|---|--|------|----|-------------|-------|
| П | RIDER UNIVERSITY 2083 LAWRENCEVILLE RD | NONE | PC | SCHOLARSHIP | 4,000 |

| 1000011,712 00721 | | | | |
|--|------|----|-------------|------|
| RIDER UNIVERSITY 2083 LAWRENCEVILLE RD LAWRENCEVILLE, NJ 08648 | NONE | PC | SCHOLARSHIP | 4,00 |
| | | | | |

Total . .

1,479,950

▶ 3a

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 UNIVERSITY OF SOUTH FLORIDA NONE PC **SCHOLARSHIP** 3,000 4202 E FOWLER AVE TAMPA, FL 33620

| CALIFORNIA STATE UNIVERSITY- NORTHRIDGE 18111 NORDHOFF ST NORTHRIDGE, CA 91330 | NONE | PC | SCHOLARSHIP | 1,500 |
|---|------|----|-------------|-------|
| SOUTH SUBURBAN COLLEGE | NONE | PC | SCHOLARHSIP | 3.000 |

| NORTHRIDGE, CA 91330 | | | | |
|---|------|----|-------------|-------|
| SOUTH SUBURBAN COLLEGE 15800 STATE ST SOUTH HOLLAND, IL 60473 | NONE | PC | SCHOLARHSIP | 3,000 |

Total .

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 | | | | |
| WEBER STATE UNIVERSITY | NONE | PC | SCHOLARSIP | 1,500 |

| 3848 HARRISON BLVD OGDEN, UT 84408 | | | | |
|--|------|----|-------------|------|
| BARUCH COLLEGE55 LEXINGTON AVE NEW YORK, NY 10010 | NONE | PC | SCHOLARSHIP | 2,00 |

| BARUCH COLLEGE55 LEXINGTON AVE NEW YORK, NY 10010 | NONE | PC | SCHOLARSHIP | 2,000 |
|--|------|----|-------------|-------|
| SOUTHERN UNION STATE COMMUNITY COLLEGE | NONE | PC | SCHOLARSHIP | 3,500 |

| * | | | | |
|---|------|----|-------------|-------|
| SOUTHERN UNION STATE COMMUNITY COLLEGE | NONE | PC | SCHOLARSHIP | 3,500 |
| 1701 LAFAYETTE PARKWAY OPELIKA, AL 36801 | | | | |

| OPELIKA, AL 36801 | | | ▶ 3a | 1,479,950 |
|-----------------------------------|-------|-----|-------------|-----------|
| COLLEGE 1701 LAFAYETTE PARKWAY | | | | 5,55 |
| SOUTHERN UNION STATE COMMUNITY | INONE | LPC | SCHOLARSHIP | 3,500 |

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

Name and address (home or business)

Total .

| a Paid during the year VA COMMONWEALTH UNIVERSITY 907 FLOYD AVE RICHMOND, VA 23284 NONE PC SCHOLARSHIP 1,000 | | or substantial contributor | | | |
|--|------------------------|----------------------------|----|-------------|-------|
| 907 FLOYD AVE | a Paid during the year | | | | |
| | 907 FLOYD AVE | NONE | PC | SCHOLARSHIP | 1,000 |

recipient

| 3710 PARIS RD CHALMETTE, LA 70043 | | | | |
|--------------------------------------|------|----|-------------|-------|
| NUNEZ COMMUNITY COLLEGE | NONE | PC | SCHOLARSHIP | 1,500 |
| ' | | | | |

| CHALMETTE, LA 70043 | | | | |
|--|------|----|-------------|-------|
| GEORGIAN COURT UNIVERSITY 900 LAKEWOOD AVE | NONE | PC | SCHOLARSHIP | 7,500 |

| CHALMETTE, LA 70043 | | | | I |
|---|------|----|-------------|------|
| GEORGIAN COURT UNIVERSITY 900 LAKEWOOD AVE LAKEWOOD, NJ 08701 | NONE | PC | SCHOLARSHIP | 7,50 |

Recipient If recipient is an individual, Purpose of grant or Foundation 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 PAWS100 N 2ND STREET NONE PC UNRESTRICTED 10,000

| PHILADELPHIA, PA 19106 | | | | |
|--|------|----|--------------|-------|
| RAMAPO-BERGEN ANIMAL REFUGE INC 2 SHELTER LANE OAKLAND, NJ 07436 | NONE | PC | UNRESTRICTED | 3,000 |
| | | | | |

| MARY RYAN FOUNDATION 426 CARLISLE AVE PHOENIXVILLE, PA 19460 | NONE | PC | UNRESTRICTED | 5,000 |
|--|------|----|--------------|-----------|
| Total | | | ▶ 3a | 1,479,950 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year GOOD SHEPHERD CAT SANCTUARY NONE PC UNRESTRICTED 1.000

| 32300 LANDING LANE DELMAR, MD 21875 | | | | |
|--|------|----|--------------|-------|
| ST JUDES CHILDRENS HOSPITAL 501 ST JUDE PLACE | NONE | PC | UNRESTRICTED | 1,000 |

| 501 ST JUDE PLACE Memphis, TN 38105 | | | | · |
|--|------|----|-------------|--------|
| WYE316 S Commerce St | none | PC | Scholarship | 10,000 |

| riempnis, IN 38105 | | | | |
|---|------|----|-------------|--------|
| VYE316 S Commerce St Centreville, MD 21617 | none | PC | Scholarship | 10,000 |

1,479,950

▶ 3a

| WYE316 S Commerce St | none | PC | Scholarship | 10,00 |
|-----------------------|------|----|-------------|-------|
| Centreville, MD 21617 | | | | I |

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 ORANGEBURG CALHOUN TECHNICAL NONE PC **SCHOLARSHIP** 2,000 COLLEGE 3250 ST MATTHEWS RD ດດ

| ORANGEBURG, SC 29118 | | | | |
|--|------|----|-------------|-------|
| HONOLULU COMMUNITY COLLEGE 874 Dillingham Blvd Honolulu, HI 96817 | NONE | PC | SCHOLARSHIP | 1,500 |
| UNIVERSITY OF LIMERICK- IRELAND V94 T9PX Limerick, Limerick V94 T9PX | NONE | PC | SCHOLARSHIP | 4,701 |

▶ 3a

1,479,950

EI

Total .

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)

| L _I | DTUEDN VIDCINIA COMMUNITY | NONE | DC. | CCHOLARCHID | 3 500 |
|----------------|---|----------------------------|-----|-------------|-------|
| а | Paid during the year | | | | |
| l IN | affie and address (florife of business) | or substantial contributor | | | |

| NORTHERN VIRGINIA COMMUNITY | NONE | PC | SCHOLARSHIP | 2,500 |
|-----------------------------|------|----|-------------|-------|
| COLLEGE | | | | |
| 8333 LITTLE RIVER TURNPIKE | | | | |
| ANNANDALE, VA 22003 | | | | |

| Total | ▶ 3a | 1,479,950 |
|---|----------|-----------|
| 8333 LITTLE RIVER TURNPIKE ANNANDALE, VA 22003 | | |

lefile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491318029729 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2018 Depreciation Schedule **Name:** Michael J and Patricia Levitt Family Charitable Foundation Inc. **EIN:** 20-8140755

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLI | N: 93491318029729 | | |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|--|
| TY 2018 Other Expenses Schedule | | | | | | |
| | | | | | | |
| Name: | Michael J and Pa | atrıcıa Levitt Fam | nily | | | |
| | Charitable Foundation Inc | | | | | |
| EIN: | 20-8140755 | | | | | |
| Other Expenses Schedule | | | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | |
| CONSULTING EXPENSE | 44,265 | | | 44,265 | | |
| MISCELLANEOUS EXPENSE | 5,339 | | | 5,339 | | |
| LEGAL EXPENSE | 2,500 | | | 2,500 | | |
| FEES & LICENSES | 80 | | | 80 | | |

Name: Michael J and Patricia Levitt Family

Charitable Foundation Inc.

Description

EIN: 20-8140755 Other Income Schedule

42,068

Net Investment

Income

Voided/Refunded Grants

Revenue And

Expenses Per Books

Adjusted Net Income

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data | - | DLI | N: 93491318029729 | |
|--------------------------------------|--------------------------|------------------------|---|-------------------|--|
| TY 2018 Taxes Schedule | | | | | |
| | | | | | |
| Nam | e: Michael Jan | id Patricia Levitt Fa | amıly | | |
| | Charıtable F | oundation Inc | | | |
| EII | ;) | | | | |
| Category | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | |
| FEDERAL TAXES | | | | | |

| efile GRAPHIC print - De | NOT PROCESS As File | ed Data - | | | DLN: 93491318029729 |
|---|---|--|---|--|--|
| Schedule B Schedule of Contributors | | | | | OMB No 1545-0047 |
| (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service | | Attach to Form 990 www.irs.gov/Form99 | , 990-EZ, or 990-PF <u>0</u> for the latest informa | tion | 2018 |
| Name of the organization | | | | Employer | identification number |
| Charitable Foundation Inc Organization type (chec | k ana) | | | 20-814075 | 5 |
| Organization type (chec | k one) | | | | |
| Filers of: | Section: | | | | |
| Form 990 or 990-EZ | ☐ 501(c)() (enter r | number) organizatio | on . | | |
| | 4947(a)(1) nonexe | empt charitable trus | t not treated as a priv | ate foundation | |
| | ☐ 527 political organ | nization | | | |
| Form 990-PF | ☑ 501(c)(3) exempt | private foundation | | | |
| | 4947(a)(1) nonexe | empt charitable trus | t treated as a private | foundation | |
| | ☐ 501(c)(3) taxable | private foundation | | | |
| | tion filing Form 990, 990-EZ property) from any one cont | | | | |
| Special Rules | | | | | |
| under sections 50 received from any | on described in section 501(9(a)(1) and 170(b)(1)(A)(vi) one contributor, during the th, or (ii) Form 990-EZ, lin | , that checked School year, total contribu | edule A (Form 990 or tions of the greater of | 990-EZ), Part II, line 13 | 3, 16a, or 16b, and that |
| during the year, to | on described in section 501(otal contributions of more the ne prevention of cruelty to c | an \$1,000 <i>exclusiv</i> e | e <i>ly</i> for religious, charit | able, scientific, literary, | |
| during the year, of If this box is chect purpose Don't co | on described in section 501(ontributions exclusively for i ked, enter here the total cor mplete any of the parts unle le, etc, contributions totalin | eligious, charitable atributions that were ess the General Ru | , etc , purposes, but re received during the y i le applies to this orga | io such contributions tot year for an <i>exclusively</i> r inization because it rece | taled more than \$1,000 religious, charitable, etc , eived <i>nonexclusively</i> |
| 990-EZ, or 990-PF), but i | that isn't covered by the Go t must answer "No" on Part rm 990PF, Part I, line 2, to o | IV, line 2, of its Fo | rm 990, or check the l | oox on line H of its | |
| For Paperwork Reduction Ad for Form 990, 990-EZ, or 990 | t Notice, see the Instructions PF | Ca | t No 30613X | Schedule B (Form 99 | 0, 990-EZ, or 990-PF) (2018) |

| Name of organi Michael J and Pat Charitable Founda | rıcıa Levitt Family | Employer identification 20-8140755 | Employer identification number 20-8140755 | | | |
|---|--|---------------------------------------|--|--|--|--|
| Part I | Contributors (See instructions) Use duplicate copies of Part I if ad | ditional space is needed | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 1 | Michael J Patricia Levitt PO Box 90708 Camden, NJ 08101 | \$ 1,525,000 | Person Payroll Noncash (Complete Part II for noncash contributions) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | s | Person Payroll Noncash (Complete Part II for noncash contributions) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$_ | Person Payroll Noncash (Complete Part II for noncash contributions) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| - | | | Person | | | |

| Schedule B (Form 9 | 90, 990-EZ, or 990-PF) (2018) | | Page 3 | |
|--|---|--|--------------------------------|--|
| Name of organizati Michael J and Patricia | Levitt Family | Employer identification number | | |
| Charitable Foundation | | 20-81 | .40755 | |
| Part II | Noncash Property | | | |
| (a) No. from Part I | (See instructions) Use duplicate copies of Part II if additional space is needed (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 | |
| = | | | | |
| | | Schedule B (Form 9 | 990, 990-EZ, or 990-PF) (2018) | |

| Schedule B (Form | 990, 990-EZ, or 990-PF) (2018) | | Page 4 |
|---|--|---|--|
| Name of organizat Michael J and Patrici Charitable Foundation | a Levitt Family | | Employer identification number 20-8140755 |
| than \$1, organiza the year | 000 for the year from any one contributo | r. Complete columns (a) through exclusively religious, charing the state of the st | d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, and | (e) Transfer of gift ZIP 4 | t Relationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, and | (e) Transfer of gift ZIP 4 | t Relationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, and | (e) Transfer of gift | t Relationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, and | (e) Transfer of gift | t Relationship of transferor to transferee |
| | | | Schedule B (Form 990. 990-EZ. or 990-PF) (2018) |