RETROACTIVE REINSTATEMENT

ORIGINAL For Taxing Authorities

on For it

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 www.irs.gov/Form990PF for instructions and the latest information.

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<del>20</del>18

For	alen	dar year 2018 or tax year beginning		, and ending		
Nar	ne of	foundation		A Employer identification number		
		AND WENDY COLEMAN FAM			82-3315556	
		nd street (or P O box number if mail is not delivered to str	eet address)	Room/suite	B Telephone number	••
		BERWYN BAPTIST ROAD			215-785-46	
		wn, state or province, country, and ZIP or foreign	C If exemption application is pr	ending, check here		
		WYN, PA 19312		<del></del>	B 4 B	
G	neck	all that apply: Initial return		ormer public charity	D 1. Foreign organizations	, check here
		Final return	Amended return		Foreign organizations me check here and attach co	eting the 85% test,
<del>u</del> c	hook	Address change  type of organization: X Section 501(c)(3)	Name change exempt private foundation	- OIT		
7	_	ction 4947(a)(1) nonexempt charitable trust	Other taxable private found	ation OH	E If private foundation state under section 507(b)(1)	
<u> </u>	_		nting method: X Cash	Accrual	1	
		art II, col. (c), line 16)	Other (specify)	Noordan	F If the foundation is in a t under section 507(b)(1)	
<b>(,,</b>			lumn (d) must be on cash bas	is.)	Under 3000011 307 (B)(1)	(D), check here
	rt I	Analysis of Revenue and Expenses	(a) Payagua and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) )	expenses per books	income	income	for charitable purposes (cash basis only)
_	1	Contributions, gifts, grants, etc., received	73,035.	all services at the Y	DOWN N/ATREAD	ASSET STREET
	2	Check if the foundation Is a	では、一般を いっとにはの	<b>第四条四次四条。为</b>		<b>网络克斯斯 1000 1000 1000 1000 1000</b>
	3	Interest on savings and temporar cash investments	124.	124.		STATEMENT: 1M
	4	Dividends and interest from	154.	154.		STATEMENT 2:253
	5a	Gross rents				是。在出版的系统和自
	b	Net rental income or (loss)	STATES THE TANK THE	是是每少五、安特的可能成	<b>化对心的特殊。在1970年大学</b>	
4	6a	Net gain or (loss) from sale of assets not on line 10	2,191.		<b>华国和华加州对</b> 。2.199	
Revenue	b	Gross sales price for all assets on line 6a 2,191.	BALL IN CLAYELE.		部署的部分是時代	DESCRIPTION OF THE
eve	7	Capital gain net income (from Part IV, line 2)	(点性には正光に称 可元	2,191.	近。随時間是四次的	5%的医局部现代国际产 対
ď	8	Net short-term capital gain	CONTRACTOR OF STREET	2.345.74ggggggggggggggggggggggggggggggggggg		मेरीसम्बद्धाः स्थानस्थानस्य
	9	Income modifications	品(明朝的海南南部江京	沒好學學學們可能		SENSITION SOME IN
	10a	Gross sales less returns and allowances	सः स्ट्राक्रमस्याम्	TOWN TO SHOW THE	NAMESONSTANDARD	質は表記された。古本語は「
	_	Less Cost of goods sold	KARATA LAPANAL MARANA	多為政策的政策	的话程在为中国的证明	而此对称"无,世纪为四
	C	Gross profit or (loss)		奏於 議 医母父 發		引起 机二氯酸 医二氏虫
	11	Other income		ļ		明治者: 小気は3をいる場所を開
	12	Total. Add lines 1 through 11	75,504.	2,469.		NEARCH AND SERVICE THE
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages		PF	CEIVED	
Ø		Pension plans, employee benefits		111		
enses	l	Legal fees	<u> </u>	<del>   -   -   -   -   -   -   -   -   -</del>	1 4 2021 1 5	
ē	1	Accounting fees		AP IS	N = 140 E	
Operating and Administrative Exp	1	Other professional fees		0		
ţį	l .	Interest		- 00	DEN, Lit	
štra	18	Taxes	<del></del>			MONTH THE PROPERTY AND THE STATE OF THE STAT
ij	19	Depreciation and depletion				以为成绩的种种的大量
Ę	20	Occupancy	<del></del>	<del></del>	<del>  </del>	<del> </del>
Þ	21	Travel, conferences, and meetings				<del> </del>
Jan	22	Printing and publications Other expenses STMT 3	225.	225.		0.
ţi	23	Other expenses STMT 3  Total operating and administrative	223.	223.	· · · · · · · · · · · · · · · · · · ·	· ·
era	24	expenses. Add lines 13 through 23	225.	225.		0.
õ	25	Contributions, gifts, grants paid	10,000.		PRESERVATIONS NO.	10,000.
		Total expenses and disbursements.	10,000.	Promise State of the State of the State of State	Letter 2 v Const of contract for the Contract of the Contract of Contract o	10,000
	20	Add lines 24 and 25	10,225.	225.		10,000.
	27	Subtract line 26 from line 12:	10,223.	THE MARKET AND A SOUTH	SAME SAME SAME SAME SAME SAME SAME SAME	DESTRUCTION OF THE PARTY OF THE
	ı	Excess of revenue over expenses and disbursements	65,279.			
		Net investment income (if negative, enter -0-;)	CALCAS CARRANGE CA	2,244.	THE REPORT OF THE PERSON OF TH	PER TENDED LOS PER SERVICES
		Adjusted net income (if negative, enter -0-)		ME TOWN WITH AT		C ASSESSMENT OF THE PARTY OF TH
				The second research a contract and		The Real Property of the Control of

# Part III Analysis of Changes in Net Assets or Fund Balances

31 Total liabilities and net assets/fund balances

			<del></del>
<ol> <li>Total net assets or fund b</li> </ol>	lances at beginning of year - Part II, column (a), line 30		1
(must agree with end-of-y	ear figure reported on prior year's return)	1	0.
2 Enter amount from Part I,	ine 27a	2	65,279.
3 Other increases not include	ed in line 2 (itemize) 🕨	3	0.
4 Add lines 1, 2, and 3		4	65,279.
5 Decreases not included in	ine 2 (itemize) ► BOOK/FMV ADJUSTMENT FOR DONATED STOCK	5	16,915.
6 Total net assets or fund b	lances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6_	48,364.

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48,364

		osses for Tax on Ir								
	(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)					How ac ' - Purc ) - Dona	quired hase ation	(c) Date acquir (mo., day, yr.		(d) Date sold (mo., day, yr.)
1a CAPITAL GAINS	DIVI	DENDS			╅				$\neg$	
b										
C					<u> </u>					
d					_					
<u>e</u>	· · ·		1	<del></del>	<u> </u>					
(e) Gross sales price	(1)	Depreciation allowed (or allowable)		est or other basis expense of sale				(h) Gain or ((e) plus (f) m		
a 2,191.										2,191.
<u>b</u>				<del></del> .						
C	ļ									·-
d		<del></del>	-							<del></del>
Complete only for assets shown	l oam in	column (h) and owned by	the foundation	n on 12/31/60				1) Cours (Col. (b)		· · · · · · · · · · · · · · · · · · ·
Complete only for assets shown		(j) Adjusted basis	<del></del>	xcess of col. (1)				l) Gains (Col. (h) l. (k), but not les		
(i) FMV as of 12/31/69		as of 12/31/69		r col. (j), if any				Losses (from	col. (h	))
a		· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>							2,191.
<u>b</u>			<u> </u>							2,151.
C	<del></del>									
d			<del>                                     </del>	··						
e				-						
		If gain, also enter  If (loss), enter -0	r ın Part I, line	7	J					0 101
<ul><li>2 Capital gain net income or (net ca</li><li>3 Net short-term capital gain or (los</li></ul>	•	•		e 7	J	2				2,191.
If gain, also enter in Part I, line 8,	column (	illeu ili sections 1222(3) ai c).	iu (o).		٦	i				
If (loss), enter -0- in Part I, line 8	, ,,,,,,,,,,	-,·			Ĵ	3		N	I/A	
Part V Qualification U	nder S	Section 4940(e) for	Reduced	Tax on Net	Inv	estn	ent Inc	come		
(For optional use by domestic private	e foundati	ons subject to the section 4	4940(a) tax oi	n net investment in	come	e.)				
If coation 4040(d)(2) analysis leave to	h.a naut hi	la alı				•				
If section 4940(d)(2) applies, leave t	ilis part bi	dik.								
Was the foundation liable for the sec				•	rod?				[	Yes X No
If "Yes," the foundation doesn't quali										
1 Enter the appropriate amount in	each colu	mn for each year; see the ir	nstructions be	fore making any e	ntries	·				
Base period years Calendar year (or tax year beginni	ng in)	(b) Adjusted qualifying dis	tributions	Net value of no	(c) ncha		use assets	(col. (i	)istribu o) divid	d) tion ratio led by col. (c))
2017										
2016										
2015										
2014										
2013										
2 Total of line 1, column (d)								2		
3 Average distribution ratio for the	5-year bas	se period - divide the total o	on line 2 by 5.	0, or by the numb	er of	years				<del></del>
the foundation has been in existe			-					3		
4 Enter the net value of noncharitat	le-use as:	sets for 2018 from Part X,	line 5					4		
5 Multiply line 4 by line 3								5		
6 Enter 1% of net investment income (1% of Part I, line 27b)				6						
7 Add lines 5 and 6	•							7		-
	- D \/**	B 4								
8 Enter qualifying distributions from If line 8 is equal to or greater than See the Part VI instructions.	-		1b, and comp	olete that part usin	ga 1º	% tax ra	ate.	8		
		•	_							000 DE (2018)

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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- see instr	uction	s)
1a Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.	,	غ. ، برخ	ni A
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		110	
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%		4	<u> 15.</u>
of Part I, line 27b	-	-182	\$ 5 B
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).	<u>'a - '</u>	1 & 2 h	
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.
3 Add lines 1 and 2		4	45.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		4	45.
6 Credits/Payments:	198		$\overline{}$
a 2018 estimated tax payments and 2017 overpayment credited to 2018 6a 0.	3.		, ,
b Exempt foreign organizations - tax withheld at source 6b 0.		•	•
c Tax paid with application for extension of time to file (Form 8868)	1	· ·	1
d Backup withholding erroneously withheld 6d 0.			]
7 Total credits and payments. Add lines 6a through 6d			0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			<del>45.</del>
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .			
11 Enter the amount of line 10 to be; Credited to 2019 estimated tax			
Part VII-A Statements Regarding Activities			
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
any political campaign?	_1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	42.	1.25	3
distributed by the foundation in connection with the activities.	_ <u>+</u> =	الشا	
c Did the foundation file Form 1120-POL for this year?	1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year;		T	
(1) On the foundation. ▶ \$ O . (2) On foundation managers. ▶ \$ O .	'	Ί. Ι	
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	!	·	
managers. ► \$ 0 .	خنا		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
If "Yes," attach a detailed description of the activities.			3 . l
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		النيدا:	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u> </u>
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	I/A 4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
If "Yes," attach the statement required by General Instruction T		,	.4
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		, -	
By language in the governing instrument, or		1	. ]
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	<u> </u>		1
remain in the governing instrument?	6	X_	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
		1	<u></u> ]
8a Enter the states to which the foundation reports or with which it is registered. See instructions.	'	.	· 1
PA			. ]
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		راا،	
of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			٠ ك
year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV	9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
	Form <b>99</b>	0-PF (	2018)

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Pa	irt VII-A Statements Regarding Activities (continued)			
		775.5	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11	/	Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u>l</u>
	Website address ► N/A			
14	The books are in care of ► THE ORGANIZATION Telephone no. ►215 - 7			ĺ
	Located at ► 400 BERWYN BAPTIST ROAD, BERWYN, PA ZIP+4 ►	.9312		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		•	•
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	7.37	ئۇدىنى ئۇدىنى	1
	foreign country	200	ع الحرابية المارية	3 .
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	14. 15	Yes	No
18	During the year, did the foundation (either directly or indirectly):	1,5,1	10.3	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	ر پسکو	ين ايرم دايل	3.5
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	9.	1 4741	1000
	a disqualified person?		, ,	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	(4,000)	1	37
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	19.0	1.00	4.
	(5) Transfer any income or assets to a disqualified person (or make any of either available	73.7	1 2.2	
	for the benefit or use of a disqualified person)?	10.3	が対	349
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	ام المام	138	100
	if the foundation agreed to make a grant to or to employ the official for a period after	4 6	ت و در وا	76
	termination of government service, if terminating within 90 days.)	6 6		y 1.5
ı	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	\$ 34.	1	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here	100	1	5.33
(	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	300	A	5.1
	before the first day of the tax year beginning in 2018?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	35 201	30.00	#27 2F
	defined in section 4942(j)(3) or 4942(j)(5)):	100	1 V	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
1	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	3.00		
	before 2018? Yes X No	0.0	الم يوافع	
	If "Yes," list the years ▶ , , ,	7	3.3	17.473
I	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		1 2	۱, و د
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	\$ 0.00 \$ 0.00	2.0	. Tru
	statement - see instructions.) N/A	2b		
	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	F	900	15.17
	<b>•</b>	100	, S	1
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	31,7		1.3
	during the year?	243	*	يُردِدُم
ı	o If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after	3,3	[金莲	150
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	F 23	13.5	
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	\$ 27.	, m	14.
	Form 4720, to determine if the foundation had excess business holdings in 2018.) N/A	3b		
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х

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**b** Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

had not been removed from jeopardy before the first day of the tax year beginning in 2018?

Partiviles Statements Regarding Activities for Which F	orm 4720 May Be F	lequired (contin	ued)	
5a During the year, did the foundation pay or incur any amount to:	<del>-</del>			Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es 🗶 No 🏻	经主家区别
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire			
any voter registration drive?			es X No	经国际
(3) Provide a grant to an individual for travel, study, or other similar purposes?		[] Y	es 🗶 No 📙	語的學院
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section	<b>┌</b> ┐.,	<b>□</b>	<b>圣月光 1943</b>
4945(d)(4)(A)? See instructions			es 🗶 No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or to		es 🗶 No	
the prevention of cruelty to children or animals?			ין מאובבו פּ	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations	N/A	5b 202 202
section 53.4945 or in a current notice regarding disaster assistance? See instru			N/A	50 St 57 (5 (5)
Organizations relying on a current notice regarding disaster assistance, check h c if the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		and	ן כי	
expenditure responsibility for the grant?		. —	es 🗀 No	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).		/A	E2   140	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	nav premiume on		<b>,</b>	
a personal benefit contract?	ay premiums on		es 🗓 No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a pi	ersonal benefit contract?		,	6b X
If "Yes" to 6b, file Form 8870.	croonar benefit contract:		F	ক্ৰমত ক্ৰ
7a At any time during the tax year, was the foundation a party to a prohibited tax si	helter transaction?		es X No	的自己的
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$				D 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
excess parachute payment(s) during the year?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		es 🗶 No 🖟	
Part VIII / Information About Officers, Directors, Trustors Paid Employees, and Contractors	ees, Foundation Ma			
1 List all officers, directors, trustees, and foundation managers and ti	neir compensation.		<del></del>	· · · · · · · · ·
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	nours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
THOMAS COLEMAN	OFFICER/DIREC	TOR		1
400 BERWYN BAPTIST ROAD				
BERWYN, PA 19312	1.00	0.	0.	.) 0.
WENDY COLEMAN	OFFICER/DIREC	TOR		
400 BERWYN BAPTIST ROAD				ļ
BERWYN, PA 19312	1.00	0.	0.	. 0.
			<b>,</b>	
				<u> </u>
			1	
				Ì
	<del></del>		<u>l</u>	<u> </u>
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	(-) Evpanos
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred	account, cuit
NOVE	devoted to position		compensation	allowances
NONE			1	
			<b></b>	<del> </del>
			<del> </del>	<del> </del>
<del></del>				
	<del></del>	<del></del>	<del> </del>	<del> </del>
		<del></del>	<del> </del>	<del> </del>
			[	[
T-A-L number of other employees said over \$50,000	<u> </u>	L		
Total number of other employees paid over \$50,000		<del></del>	Corr	n <b>990-PF</b> (2018)
			rom	ロップリーア [ 【20 ] [] 】

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Part VIII Information About Officers, Directors, Trustees, Foundation Man Paid Employees, and Contractors (continued)	agers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	<del></del>	
Total number of others receiving over \$50,000 for professional services		<b>P</b> 0
Part IX-A   Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information	on such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		
1 N/A		
2		
3		
4		
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		
	<del> </del>	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b></b>	0.
		Form <b>990-PF</b> (2018)

1 6	TOTAL WINDS CONDITION	. 02	3313330 Page 6
P	art X • Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	1.945.
	Average of monthly cash balances	1b	1,945. 17,731.
	Fair market value of all other assets	1c	
d		1d	19,676.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •	• .	
2		2	0.
3	Subtract line 2 from line 1d	$\frac{2}{3}$	19,676.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	295.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	19,381.
6	Minimum investment return. Enter 5% of line 5	6	969.
ĪΡ	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations as	nd certain	
<u> </u>	foreign organizations, check here  and do not complete this part.)	10 001 12111	•
1	Minimum investment return from Part X, line 6	1	969.
2a	Tax on investment income for 2018 from Part VI, line 5	1	
b	Income tax for 2018. (This does not include the tax from Part VI.)	1.	
C	Add lines 2a and 2b	2c	45.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	924.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	924.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	924.
	art XII Qualifying Distributions (see instructions)	<del></del>	
느	art XIII addinying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	10,000.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	<u> </u>	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	10,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	10,000.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies t	for the section
	4940(e) reduction of tax in those years.		

Form **990-PF** (2018)

Part XIII	Undistributed	Income	(see instructions)
-----------	---------------	--------	--------------------

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI,				924.
line 7				924.
2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only			0.	
b Total for prior years:			<u> </u>	<del></del>
b Total for prior years.		0.		
3 Excess distributions carryover, if any, to 2018:	<del>,</del>			
a From 2013	,		,	•
b From 2014				
c From 2015				
d From 2016				
e From 2017				
f Total of lines 3a through e	0.	· · · · · · · · · · · · · · · · · · ·		·
4 Qualifying distributions for 2018 from				
Part XII, line 4: >\$ 10,000.				
a Applied to 2017, but not more than line 2a			0.	ļ
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
·	0.			
(Election required - see instructions)				924.
d Applied to 2018 distributable amount	9,076.	<u> </u>		724.
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below;			i	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	9,076.			
b Prior years' undistributed income. Subtract		-		
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable	_			
amount - see instructions		0.		
e Undistributed income for 2017. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2019				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2013				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2019.				
Subtract lines 7 and 8 from line 6a	9,076.			
10 Analysis of line 9:				-
a Excess from 2014				
b Excess from 2015				
c Excess from 2016				
d Excess from 2017				, ,
e Excess from 2018 9,076.	·	11	<u> </u>	

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Form **990-PF** (2018)

	WENDY COLE				15556 Page 10
Part XIV   Private Operating F	oundations (see ins	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo			▶		/
<b>b</b> Check box to indicate whether the foun		g foundation described i		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	· · · · · · · · · · · · · · · · · · ·	Prior 3 years		
income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
investment return from Part X for					1
each year listed					
<b>b</b> 85% of line 2a					<u> </u>
c Qualifying distributions from Part XII,					
line 4 for each year listed				<u>/</u>	
d Amounts included in line 2c not			/	1	
used directly for active conduct of					
exempt activities	<b>.</b>				
e Qualifying distributions made directly					1
for active conduct of exempt activities.		$\searrow$	1		
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the			<u></u>	<del></del>	
alternative test relied upon:					4
a "Assets" alternative test - enter:					
(1) Value of all assets				<del> </del>	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					<u> </u>
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year				<b>\</b>	
listed		···			
c "Support" alternative test - enter:	1	,			
(1) Total support other than gross			İ		
investment income (interest, dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)		L			<u> </u>
(2) Support from general public and 5.or more exempt				`	<b>\</b>
organizations as provided in					
section 4942(j)(3)(B)(iii)				<u> </u>	
(3) Largest amount of support from				}	
an exempt organization				<u> </u>	
(4) Gross investment income			<u> </u>		
Part XV   Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets
<u></u>		40110113.)		<del></del>	
<ol> <li>Information Regarding Foundation</li> <li>a List any managers of the foundation when the second s</li></ol>	-	than 20/ of the total cont	ributions recoved by the	foundation before the ele	see of any try
year (but only if they have contributed i	more than \$5,000). (See s	ection 507(d)(2),)	ributions received by the	e touridation before the cit	ise of ally tax
NONE	.,,,,	\ \(\cdot\)-7-7			
b List any managers of the foundation wh	no own 10% or more of th	e stock of a corporation	for an equally large porti	on of the ownership of a r	partnership or
other entity) of which the foundation ha			tor an equally large port	on or me ownersmp or a p	·
NONE					
2 Information Regarding Contribut	tion, Grant, Gift, Loan.	Scholarship, etc., Pr	ograms:		· · · · · · · · · · · · · · · · · · ·
Check here ► X if the foundation (				not accept unsolicited req	uests for funds, If
the foundation makes gifts, grants, etc.	, to individuals or organiza	itions under other condit	ions, complete items 2a,	b, c, and d.	
a The name, address, and telephone num	ber or email address of th	ne person to whom applic	cations should be address	ssed:	
<b>b</b> The form in which applications should	be submitted and informat	tion and materials they s	nould include:		
c Any submission deadlines:					
A A	la anali as busas a set	damas at a second	Locale and the second	-4664	
d Any restrictions or limitations on award	is, such as by geographica	ai areas, charitable fields,	KINGS OF INSTITUTIONS, OF	other factors:	

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Form **990-PF** (2018)

Part XVI-A	Analysis of	Income-Producing	<b>Activities</b>
------------	-------------	------------------	-------------------

nter gross amounts unless otherwise indicated.		usiness income		by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion	Amount	function income
a					
b					
C					
d					
е		_			
1					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments			14	124.	
4 Dividends and interest from securities			14	154.	
Net rental income or (loss) from real estate:	* 4				
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal	1 1		1		
property					
7 Other investment income					
B Gain or (loss) from sales of assets other					
than inventory		<del></del>	14	2,191.	
9 Net income or (loss) from special events	<b></b>				
Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a	-				
b	-		$\rightarrow$		
C	-		-		
d	_		-		
e	-		$\leftarrow$		
2 Subtotal. Add columns (b), (d), and (e)	<u> </u>		)	2,469.	2.46
3 Total. Add line 12, columns (b), (d), and (e)				13	2,46
See worksheet in line 13 instructions to verify calculations.)		<del>-</del>		<del></del>	
Part XVI-B Relationship of Activities	to the Accon	plishment of	Exempt I	Purposes	
Line No. Explain below how each activity for which inc	come is reported in o	olumn (e) of Part XV	'I-A contributi	ed importantly to the accomp	plishment of
the foundation's exempt purposes (other that	in by providing funds	for such purposes)	-		

▼	the foundation's exempt purposes (other than by providing funds for such purposes).	isiment or
	<del></del>	
823621 12-11	-18	Form <b>990-PF</b> (2018)

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)

## [Part:XVIII Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations**

(other	than section 501(c)(3) organ	iizations) or in section 527, re	elating to politica	organizations?				
a Trans	fers from the reporting founda	ation to a noncharitable exem	pt organization	of;				
(1) C							1a(1)	X
	ther assets						1a(2)	X
	transactions:							
• •	ales of assets to a noncharital	· -					1b(1)	X
• •		ncharitable exempt organizati	ion				1b(2)	X
• • • • • • • • • • • • • • • • • • • •	ental of facilities, equipment,						1b(3)	X
	eimbursement arrangements oans or loan guarantees						1b(4) 1b(5)	$\frac{\Lambda}{X}$
		embership or fundraising solic	ritations				1b(5)	X
• •		uling lists, other assets, or pai					16	$+\frac{\pi}{x}$
		"Yes," complete the following		mn (b) should alwa	vs show the fair	market value of the good		
		oundation. If the foundation re						
colum	in (d) the value of the goods,	other assets, or services rece	ived.					
(a)Line no	(b) Amount involved	(c) Name of nonchar		rganization	(d) Description	on of transfers, transactions, a	nd sharing arranger	nents
		N/	A					
					<b></b>			
					ļ			
					<del> </del>			
	<u> </u>	<del></del>			<del> </del>	<del></del>		
		<del> </del>			<del> </del>		·	
					<del> </del>	<del></del>		
				<del></del>	<del> </del>		<del></del>	
	<del></del>	<del></del>			<del> </del>	<del></del>		
					<del> </del>			
			<del></del>				-	
			<del></del>					
		<del></del>			<del> </del>	<del></del>		
2a Is the	foundation directly or indirect	tly affiliated with, or related to	, one or more ta	ıx-exempt organiza	tions described			
in sec	tion 501(c) (other than sectio	in 501(c)(3)) or in section 527	7ን				Yes 🖸	<b>∑</b> No
b If "Yes	s," complete the following sch	edule.						
	(a) Name of org	janization	(b) Type	of organization		(c) Description of relation	inship	
	N/A							
						<del> </del>		
			<del></del>	<del></del>				
Tu	Inder penalties of perluny declare	that I have examined this return, in	ncluding accompan	yung schedules and st	atements and to the	e best of my knowledge -		
Sign	nd belief, it is true correct, and cor	that I have examined this return, in implete Declaration of preparer (oth	er than taxpayer)	s based on all informat	tion of which prepare		May the IRS discuss return with the prepared	arer
Here		1 / st	1	0/4/2021	CO-OW		shown below? See I	nstr No
	Signature of officer or trustee		Dat	<del>-/-/</del> -	Title		TES C	
ــــــــــــــــــــــــــــــــــــــ	Print/Type preparer's na	ame Prepare	ef's signature		Date	Check   if PTI	Ň	
					$\mathbf{J}, \mathbf{J}$	self- employed		
Paid	CARLO FERR	.ı (	$\chi_{\Psi}$		1/2/1/2/	P	00611568	3
Prepar		ISCHER MILLER	<del>VVV \</del>		1	Firm's EIN ► 23-		
Use Or	nly							
		0 WITMER ROAD						
	НО	RSHAM, PA 190	<u> </u>	<del>)</del>		Рһопе по. (215	)441-460	00
							Form <b>990-PF</b>	(2018)
					R. Ferri			
				P00	611568			

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#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

TOM AND WENDY COLEMAN FAMILY FOUNDATION

Employer identification number

82-3315556

Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

**Employer identification number** 

ТОМ	AND	WENDY	COLEMAN	FAMILY	FOUNDATION
TON	MIND	MENDI	COTIGITAIN	LUMITHI	LOONDWITON

82-3315556

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THOMAS COLEMAN  400 BERWYN BAPTIST ROAD  BERWYN, PA 19312	\$25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THOMAS COLEMAN  400 BERWYN BAPTIST ROAD  BERWYN, PA 19312	\$48,035.	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash (Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )

Name of organization

Employer identification number

### TOM AND WENDY COLEMAN FAMILY FOUNDATION

82-3315556

(c) FMV (or estimate) (See instructions)  \$ 48,035.  (c) FMV (or estimate) (See instructions)  \$ (c) FMV (or estimate) (See instructions)	(d) Date received  12/13/18  (d) Date received
(c) FMV (or estimate) (See instructions)  \$ (c) FMV (or estimate)	(d) Date received
(c) FMV (or estimate) (See instructions)  \$ (c) FMV (or estimate)	(d) Date received
FMV (or estimate) (See instructions)  \$ (c) FMV (or estimate)	Date received
(c) FMV (or estimate)	(d)
FMV (or estimate)	(d)
<del> </del>	Date received
\$	
(c) FMV (or estimate) (See instructions)	(d) Date received
\$	
(c) FMV (or estimate) (See instructions)	(d) Date received
\$	
(c) FMV (or estimate) (See instructions )	(d) Date received
	FMV (or estimate) (See Instructions )

	rganization		Employer identification number
IA MOT	ND WENDY COLEMAN FAMILY	FOUNDATION	82-3315556
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	through (e) and the following line ent charitable, etc., contributions of \$1,000 or	try For organizations less for the year (Enterthis info once)  \$\begin{align*} \begin{align*} \b
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
ľ		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t
ļ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
·			
		(e) Transfer of gift	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u>.                                 </u>			
		(e) Transfer of gif	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

FORM 990-PF INTER	EST ON SAVI	NGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT	1
SOURCE			NUE OOKS	NET IN	(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOM	
HAVERFORD TRUST ACC	COUNT		124.		124.		
TOTAL TO PART I, L	INE 3		124.		124.		
FORM 990-PF	DIVIDEND	S AND INTER	EST FRO	M SECUI	RITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RE	VENUE	NET INVES	(C) ST- ADJUST OME NET INC	ED
HAVERFORD TRUST	2 345	. 2,19	1.	154	. 1!	54.	
ACCOUNT	2,343	•					
TO PART I, LINE 4		2,19	1.	154	. 15	54.	
TO PART I, LINE 4		_ <del></del>	<del></del>		. 15	STATEMENT	3
TO PART I, LINE 4 FORM 990-PF		OTHER E	XPENSES (E	; ; ; ; ; ; ; ; ; ;	(C) ADJUSTEI	STATEMENT (D) CHARITA	BLE
TO PART I, LINE 4  FORM 990-PF  DESCRIPTION	2,345	OTHER E  (A)  EXPENSES PER BOOKS	XPENSES (B NET IN MENT I	; ; ; ; ; ; ; ; ; ;	(C) ADJUSTEI	STATEMENT (D) CHARITA	BLE
	2,345	OTHER E  (A) EXPENSES PER BOOKS 225.	XPENSES (B NET IN MENT I	VEST-	(C) ADJUSTEI	STATEMENT (D) CHARITA	BLE ES
TO PART I, LINE 4  FORM 990-PF  DESCRIPTION  HAVERFORD TRUST ACC TO FORM 990-PF, PG	2,345	OTHER E  (A) EXPENSES PER BOOKS 225.	XPENSES  (B  NET IN  MENT I	VEST- NCOME 225.	(C) ADJUSTEI	STATEMENT (D) CHARITA	BLE ES 0.
TO PART I, LINE 4  FORM 990-PF  DESCRIPTION  HAVERFORD TRUST ACC	2,345	OTHER E  (A) EXPENSES PER BOOKS  225.	XPENSES  (B  NET IN  MENT I	VEST-NCOME	(C) ADJUSTEI	STATEMENT  (D) CHARITA ME PURPOS	BLE ES 0. 0.
TO PART I, LINE 4  FORM 990-PF  DESCRIPTION  HAVERFORD TRUST ACC TO FORM 990-PF, PG  FORM 990-PF	2,345  COUNT FEES  1, LN 23	OTHER E  (A) EXPENSES PER BOOKS 225.  225.	XPENSES  (B  NET IN  MENT I	VEST-NCOME	(C) ADJUSTEI NET INCOM	STATEMENT  (D)  CHARITA ME PURPOS  STATEMENT  FAIR MARKE	BLE ES 0. 0.