EXTENDED TO AUGUST 17, 202
Return of Private Foundation 2020

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.

			venue Service	► Go to www.i	rs.gov/Form9	990PF for instr	uctions and	the latest info	rmation.	1101	Open to Public	Inspection	
	For	caler	ndar year 2018 or tax year	beginning OCT	1, 20	18	, and e	nding	SEP 30	, 2019			
			f foundation DEN SLIPPER	CHARITABLE 1	FOUNDA'	rion			A Employer	identification	number		
	_	_	NEAL GRABEL						20-3	275598			
		_	and street (or P O box number if					Room/suite	B Telephone		· · · · · · · · · · · · · · · · · · ·		
	2	15	N PRESIDENT	IAL BLVD				1ST FL	L D Telephone number				
			town, state or province, cou		ostal code		,		C If exemption application is pending, check here				
			A CYNWYD, PA								g,	`	
	G	Check	k all that apply.	Initial return	Initi	al return of a fo	ormer public (charity	D 1. Foreign	organizations	s, check here	ightharpoons	
				Final return		ended return			2 5				
				Address change		ne change			check he	organizations me ere and attach co	eting the 85% test, imputation		
	H C	_		X Section 501(c)(3) ex				04			tus was terminat	red	
	<u></u>		ection 4947(a)(1) nonexemp			private founda			under sec	tion 507(b)(1)	(A), check here		
			arket value of all assets at e	· —	-	L Cash	X Acc	rual			60-month termin		
		rom i ►\$	Part II, col. (c), line 16)	, 987 . (Part I, colum	ther (specify)		e)		under sec	tion 507(b)(1)	(B), check here	$\triangleright X$	
		art I				,		wastmant	(a) Adı	rotod not	(d) Disbursi	emente	
			(The total of amounts in columnscessarily equal the amounts	nns (b), (c), and (d) may not		enue and s per books		ivestment ome		isted net ome	for charitable p	purposes	
•	J	1	Contributions, gifts, grants	s. etc., received	3,64	1,699.			N/	A	(0005)		
č	J	2		is not required to attach Sch. B							3		
02	J	3	Interest on savings and tempor cash investments	rary								ł	
-A	ָ בֿ	4	Dividends and interest from	m securities	10	9,096.	10	9,096.			STATEME	NT 1	
0.4	_	5a	Gross rents								<u></u>	:	
04	· ·	b	Net rental income or (loss)							ÀÓ	72		
rc	ر ۱	١.	Net gain or (loss) from sale of a Gross sales price for all		4	2,334.			ļ	08	120		
-	ָר ק פַּבּ	_b	assets on line 6a	1,757,940.		,	A	2,334.	im	emai Beve	nue Service	 	
61	Reven	(Capital gain net income (from P Net short-term capital gail				4	<u> </u>	Re	ceived US	Bank - USE	3——	
^	1	8	Income modifications	II						70	9 .		
. V		10a	Gross sales less returns		·				./.	AIR 2	12020		
770	•	1.	Less Cost of goods sold						· · · · · ·				
		C	Gross profit or (loss)							Kansas	City, MO	ı	
1		11	Other income						18	1/Carroun.			
- _		12	Total Add lines 1 through	h 11	3,79	3,129.	15		Pic.				
=	>	13	Compensation of officers, direct	,		0.		0.			ļ	0.	
2	, -	14	Other employee salaries a	•									
- 1	v	15	Pension plans, employee l	STMT 2	2	1,412.		0.			21	,412.	
_ 923	nse	ı	Legal fees Accounting fees	STMT 3		1,500.		0.				,500.	
7	<u>~</u>		Other professional fees	STMT 4		1,465.	2	1,465.				0.	
- 10 V		17	Interest		- 					11.0			
- R	ativ	18	Taxes	STMT 5		4,751.	·	4,751.		#4	4	0.	
45	istr	19	Depreciation and depletion	า									
		20	Occupancy							MAY 1 2	2021	7	
回	ې ک	21	Travel, conferences, and n	neetings					200				
1016 OCANINED MAY 0 5 2022	and	22	Printing and publications						L HECE	IVED EN	ITY DEPT		
4	ating	23	Other expenses							-			
	rate 7	24	Total operating and admi		_	9,128.	2	6,216.	i	•	1 42	012	
\2\0	Ö	25	expenses. Add lines 13 th Contributions, gifts, grants			2,678.		U, 410.	<u> </u>		232	,912. ,678.	
9 m	١	26	Total expenses and disbu	•	23	2,0,0.			 		2.2	, 0 , 0 •	
~ ~ ~	1		Add lines 24 and 25	1	30	1,806.	2	6,216.			275	,590.	
0/3	, —	27		12:		,		<u> </u>					
· -		l	Excess of revenue over expens		3,49	1,323.			1			<u> </u>	
		ь	Net investment income (if	f negative, enter -0-)			12	5,214.	•				
		c	Adjusted net income (if ne	gative, enter -0-)					'£'₹N/	A	L		

823501 12-11-18 LHA For Paperwork Reduction Act Notice, see instructions

Part	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	of year
Part	column should be for end-of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing			
2	Savings and temporary cash investments	40,347.		
3	Accounts receivable	<u> </u>	gray to the contract	, h, , , , , , , , , , , , , , , , , ,
	Less: allowance for doubtful accounts	,		
4	Pledges receivable ►	ه وه ميس	and the set	arays tip s
į	Less: allowance for doubtful accounts			
5	Grants receivable	*		
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons	_		
7	Other notes and loans receivable			
	L'ess' allowance for doubtful accounts			
ω 8 8	Inventories for sale or use			***
ssets	Prepaid expenses and deferred charges	-		
¥ 10a	Investments - U.S. and state government obligations STMT 6	0.	1,049,813.	1,049,813
	Investments - corporate stock STMT 7	1,360,284.	3,308,925.	
	Investments - corporate bonds STMT 8	917,782.	1,216,948.	
1 -	Investments - land, buildings, and equipment basis		-,,	
' '	Less accumulated depreciation		~~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
12	Investments - mortgage loans			
13	Investments - other		· · · · · · · · · · · · · · · · · · ·	
	Land, buildings, and equipment: basis			
''	Less accumulated depreciation			
15	Other assets (describe DUE FROM AFFILIATE)	25,000.	12,000.	12,000.
	Total assets (to be completed by all filers - see the			,
"	instructions. Also, see page 1, item I)	2,343,413.	5,807,987.	5,807,987
17	Accounts payable and accrued expenses	5,000.	16,500.	*
18	Grants payable	3,0001	20/3000	
10	Deferred revenue			
abilities 20 21	Loans from officers, directors, trustees, and other disqualified persons			
E 21	Mortgages and other notes payable			`
	Other liabilities (describe)			,
22	Other liabilities (describe			
23	Total liabilities (add lines 17 through 22)	5,000.	16,500.	
- 23	Foundations that follow SFAS 117, check here	3,000.	10,300.	
	and complete lines 24 through 26, and lines 30 and 31.			
9 24	Unrestricted	2,338,413.	4,613,564.	
Net Assets or Fund Balances	Temporarily restricted	2,330,413.	1,177,923.	
25		<u> </u>	1,111,525.	<u> </u>
B 26	Permanently restricted		 	
اجَ	Foundations that do not follow SFAS 117, check here			•
5 07	and complete lines 27 through 31.			
S 27	Capital stock, trust principal, or current funds			
28	Paid-in or capital surplus, or land, bldg., and equipment fund			
est As	Retained earnings, accumulated income, endowment, or other funds	2,338,413.	5,791,487.	
ય કે ્રે	Total net assets or fund balances	2,330,413.	3,731,407.	
o 🗼	Tatal Habilities and not constallined belongs	2,343,413.	5,807,987.	o o
1011	Total liabilities and net assets/fund balances		3,001,301.	<u> </u>
Part	Analysis of Changes in Net Assets or Fund Ba	alances		,
1 Total	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
	st agree with end-of-year figure reported on prior year's return)	••	1.	2,338,413
•	r amount from Part I, line 27a		2	3,491,323
	er increases not included in line 2 (itemize)		3	0,401,323
				5,829,736
	lines 1, 2, and 3 reases not included in line 2 (itemize) UNREALIZED GAI	N/I.OSC AD.TITCOM	AENT 5	38,249
			- ETC 49	5,791,487
6 Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	niniuu (n)' uus 20		Form 990-PF (2018

Part IV Capital Gains a	ind Losses for Tax on In	vestment	Income						
(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 - Purcl - Dona	quired hase	(c) Date (mo., d	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a MORGAN STANLEY		<u> </u>		╆		P			
b									
C									
<u>d</u>									
<u>e</u>		<u> </u>		_					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus e	st or other basis expense of sale					ain or (loss s (f) minus	(g))
a 1,757,940.			<u>1,715,60</u>	6.					42,334.
b		<u> </u>							
		<u> </u>							
<u>d</u>				-		·			
Complete only for assets showing	g gain in column (h) and owned by	L the foundation	on 12/31/69	\rightarrow		/11	Gaine (C	Col. (h) gaın	minue
(i) Adjusted basis (k) Excess of col. (i)					col.	(k), but r	not less tha	n -0-) or	
(i) FMV as of 12/31/69	as of 12/31/69		col. (j), if any				Losses	(from col. (h))
a	· · · · · · · · · · · · · · · · · · ·						•		42,334.
b									
C									
_d									
_e									
2 Capital gain net income or (net cap	ortal loss) If gain, also enter			}	2				42,334.
3 Net short-term capital gain or (loss	• • •				Į				
If gain, also enter in Part I, line 8,	,	(0).] [1				
If (loss), enter -0- in Part I, line 8	1040/			Ц	3			N/A	
	nder Section 4940(e) for					ent inco	me		
(For optional use by domestic private	foundations subject to the section 4	1940(a) tax on	net investment inc	come.	.)				
If section 4940(d)(2) applies, leave th	ıs part blank.								
Was the foundation liable for the secti	ion 4042 toy on the distributable am	ount of any vo	oar in the bace nori	od2					Yes X No
If "Yes," the foundation doesn't qualify			•	iou,					Tes NO
	ach column for each year; see the ir			itries.					
(a) Base period years	(b)			(c)				Dietrik	(d) oution ratio
Calendar year (or tax year beginnin	g in) Adjusted qualifying dis		Net value of no					(col. (b) div	ided by col. (c))
2017		3,900.	· · · · · · · · · · · · · · · · · · ·			6,131			.114193
2016		1,248.				9,298			.089600
2015		8,991.				7,072			.119259
2014		0,500.				4,966			.119266
2013		1,512.			, 004	4,845	· 		.120310
O. Track of him of collision (d)							,		.562628
2 Total of line 1, column (d)3 Average distribution ratio for the 5	was has seried duude the total	on line 2 by 5 (ar by the number	er of v	oore.		2		. 302028
the foundation has been in existen	•) 2 Uy J.	o, or by the numbe	i Oi y	cai S		3		.112526
the loundation has been in existen	oe ii iess tilali o years								
4 Enter the net value of noncharitable	e-use assets for 2018 from Part X.	line 5					4		2,910,322.
4 Enter the net value of nonchantable	o doc docoto for Eo fo from t ditty,								
5 Multiply line 4 by line 3							5		327,487.
• memphy mile v by mile s									
6 Enter 1% of net investment income	e (1% of Part I, line 27b)						6		1,252.
	, ,								
7 Add lines 5 and 6							7		328,739.
8 Enter qualifying distributions from	Part XII, line 4						8		275,590.
	line 7, check the box in Part VI, line	1b, and comp	olete that part using	g a 19	% tax ra	ate			
See the Part VI instructions.									

GOLDEN SLIPPER CHARITABLE FOUNDATION

Part VII Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 074948 - see Instructions) 1a Exempt operating foundations described in section 4960(d)(2), check here and enter YMA' on line 1. Donestic foundations the meet the section 4960(d)(2), check here and enter YMA' on line 1. Donestic foundations the meet the section 4960(d)(2), check here and enter YMA' on line 1. Donestic foundations the meet the section 4960(d)(2), check here and enter YMA' on line 1. Donestic foundations the meet the section 4960(d)(2), check here and enter YMA' on line 1. Donestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 40. And there on the continuation of the foundations of the foundations only; others, enter 40. And times 1 and 2. Tax under section 511 (donestic section 4947(a)!) 1 fusts and taxable foundations only; others, enter 40. Subtitle A (income) tax (doinestic section 4947(a)!) 1 fusts and taxable foundations only; others, enter 40. Subtitle A (income) tax (doinestic section 4947(a)!) 1 fusts and taxable foundations only; others, enter 40. Subtitle A (income) tax (doinestic section 4947(a)!) 1 fusts and taxable foundations only; others, enter 40. Subtitle A (income) tax (doinestic section 4947(a)!) 1 fusts and taxable foundations only; others, enter 40. Subtitle A (income) tax (doinestic section 4947(a)!) 1 fusts and taxable foundations only; others, enter 40. Subtitle A (income) tax (doinestic section 4947(a)!) 1 fusts and taxable foundations only; others, enter 40. Subtitle A (income) tax (doinestic section 4947(a)!) 1 fusts and taxable foundations only; others, enter 40. Subtitle A (income) tax (doinestic section 4947(a)!) 1 fusts and taxable foundations on the foundation on the founda	Form 990-PF (2018) C/O NEAL GRABELL, PRESIDENT 20	-32755	598		Page 4	
Dates of fulling or determination letter:	Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- see ins	struc	tions	s)	
Dates of fulling or determination letter:	1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
D Domestic foundations that meet the section 4940(e) requirements in Part V, check here □ and enter 1%		<u></u> _		_	_ 9	!
e. All Other domestic foundations enter 2% of line 27b. Extempt foreign organizations, enter 4% of Part I, line 12, coil. (b). 2				2,5	<u>04.</u>	
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Credits ¹ 279mints: 2 018 estimated tax payments and 2017 overpayment credited to 2018 5 Exempt foreign organizations - tax withheld at source 6 B D O						
3 Add ines 1 and 2 Subtitle A (nonew) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- Coentist?ayments. 2 070 estimated tax payments and 2017 overpayment credited to 2018 Exempt foreign organizations - tax withheld at source 1 ax paid with apolication for extension of time to the (Form 8868) Exiter any penalty for under payments. Add innes 6a through 6d Exiter any penalty for under payment of estimated tax. Check here ☐ if Form 2220 is attached 7 Total credits and payments. Add innes 6a through 6d Exiter any penalty for under payment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due if the total of lines 5 and 8 is more than line 7, enter amount overed 10 Total credits and payments. Add innes 6a through 8d 11 Enter the amount of line 10 to be: Credited to 2019 estimated tax. Peck here ☐ if Form 2220 is attached 9 Tax due if the total of lines 5 and 8 is more than line 7, enter amount overpaid 11 Enter the amount of line 10 to be: Credited to 2019 estimated tax. Peck here ☐ if Form 2220 is attached 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campagn? 10 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campagn? 10 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campagn. 10 During the tax year, did the foundation attempt to influence any nationals, state, or local legislation or did it participate or intervene in any political campagn. 10 During the tax year, did the foundation attempt to influence any nationals, state, or local legislation or did it participate or intervene in any political campagn. 10 During the tax year, did t	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).	.			_	
Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5	2 Tax under section 511 (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- Credits/Payments: 2 (70 estimated tax payments and 2017 overpayment credited to 2018 b Exempt foreign organizations - tax withheld at source 1 ax pay and with application for extension of time to file (Form 8868) 6 Backup withholding erroneously withheld 7 Total credits and payments. Add lines 8 at brough 60 8 Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 7 Tax due If the total of lines 5 and 8 is more than line 7, enter amount oved 8 Tax due If the total of lines 5 and 8 is more than line 7, enter amount oved 9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount oved 10 Tax due If the total of lines 5 and 8 is more than line 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be; Credited to 2019 estimated tax ▶ Refunded 11 11 Tax due If the total of lines 5 and 8 is more than line 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be; Credited to 2019 estimated tax ▶ Refunded 11 12 During the tax year, dot the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1 During the tax year, dot the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign of the source of the activities and copies of any naterials published or distributed by the foundation and extentives. 2 During the tax year, dot the foundation attempt of the activities. 3 In a the foundation file form 1120-POL for this year? 4 Enter the rembursament (if any) path by the foundation of the activities. 4 In the foundation have unrelated business gross income of \$1,000 or more during the year? 5 If Yes, Taxis he doundation any advivities that have not previously been reported to the IRS? 8 In the foundation have unrelated business gross income of \$1,000 or more during the year? 1 If Yes, Taxis	3 Add lines 1 and 2			<u>2,5</u>	<u>04.</u>	
6 Credits/Payments: 2 Did estimated tax payments and 2017 overpayment credited to 2018	4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)				<u>0.</u>	,
a 2018 estimated tax payments and 2017 overpayment credited to 2018 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld f Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached File any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached File any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached File and in the total of lines 5 and 8 is more than in ref. 7, enter amount ower for overpayment. If line? I is more than the total of lines 5 and 8, enter the amount owerpaid Feature the amount of line 10 to be: Credited to 2019 estimated tax. Feature the amount of line 10 to be: Credited to 2019 estimated tax. Feature the amount of line 10 to be: Credited to 2019 estimated tax. Feature the amount of line 10 to be: Credited to 2019 estimated tax. Feature the amount of line 10 to be: Credited to 2019 estimated tax. Feature the amount of line 10 to be: Credited to 2019 estimated tax. Feature the amount of line 10 to be: Credited to 2019 estimated tax. Feature the amount of line 10 to be: Credited to 2019 estimated tax. Feature the amount of line 10 to be: Credited to 2019 estimated tax. Feature the amount of line 10 to be: Credited to 2019 estimated tax. Feature the amount of line 10 to be: Credited tax. Pagement of the activities. To bill it sense is "Yes" to far or 16, attach a detailed description of the activities. Did the toundation file Form 1120-POL for this year? If the answer is "Yes" to far or 16, attach a detailed description of the activities. Did the foundation in Form 1120-POL for this year? Feature the amount of lany) and by the foundation during the year for political expenditure tax imposed on foundation managers. Pagement of the activities. Feature the amount of lany) and by the foundation during the year for political expendi	5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			2,5	04.	,
b Exempt foreign organizations - Lax withheld at source 6 Tax pad with application for extension of time to file (Form 8868) 6 Beakup withdriding erronecusty withheld 7 Total credits and payments. Add lines 6 at through 6d 8 Riner any penalty for undersyment of estimated tax. Check here ☐ If Form 2220 is attached 8 Riner any penalty for undersyment of estimated tax. Check here ☐ If Form 2220 is attached 8 Riner any penalty for undersyment of estimated tax. Check here ☐ If Form 2220 is attached 8 34. 9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 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 2919 estimated tax. ► 12 Part VIII-A Statements Regarding Activities 13 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campagn? 15 Did is spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the activities of the services and copies of any materials published or distributed by the foundation in connection with the activities. 16 Did the foundation here form 1240-PUI, for this year? 2 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year? 2 Has the foundation here form 1240-PUI, for this year? 3 Lax States a liquidation, large and any activities that have not previously been reported to the IRS; if Yes, attach a detailed description of the activities. 3 Lax States a liquidation, termination, dissolution, or substantial contraction during the year? 16 Yes, attach the statement required by General instruction T. 2 Lax States a liquidation, termination, dissolution, or substantial contraction during the year? 16 Yes, attach the statement required by General instruction T. 2 Lax States a liquidation, have at least \$5,000 in assets at any time during th						
Tax paid with application for extension of time to file (Form 8868) d Backup withholding crineously withheld 7 Total credits and payments. Add thes 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 8 134. 9 Tax due if the total of lines 5 and 8 is more than the 7, enter amount owed 9 G 58. 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount owed 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount owerpaid 11 First the amount of line 10 to be. Credited to 2019 estimated tax. Part VII8 Statements Regarding Activities 1a During the tax year, dof the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a During the tax year, dof the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a During the tax year, dof the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a During the tax year, dof the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1b Duri it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition if the answer is Yes to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation into connection with the activities. 1c Dut the foundation file Form 1120-POL for this year? 1c Dut the foundation engaged in any activities that have not previously been reported to the IRS? 1if Yes, attach a detailed description of the activities. 1 A Sate the foundation material process of the sate has a foundation interest. The sate has a foundation and any activities that have not previously been reported t					ı	1
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remain in the governing instrument? 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 8a Enter the states to which the foundation reports or with which it is registered. See instructions. NONE b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X					•	,
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8a Enter the states to which the foundation reports or with which it is registered. See instructions. ► NONE b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X		[7	X		
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year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X		-	8b	X		
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X			-		Ψ,	
10 Did diffy porocord become decording the text feet in the decording the decordin			1		_ <u>x</u>	
	DIU any persons decome substantial contributors during the tax year of the Yea," attach a schedule listing their names and addresses	Forr)-PF		1

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Pa	rt VII-A Statements Regarding Activities (continued)			
			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?	<u> </u>		
12	If "Yes," attach statement. See instructions	12		х
12	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	x	<u> </u>
13	Website address ► N/A		1	L
4.4	The books are in care of ► THE FOUNDATION Telephone no. ► 610-66	0-0	510	
14	Located at \triangleright 215 N PRESIDENTIAL BLVD, BALA CYNWYD, PA ZIP+4 \triangleright 1.			<u> </u>
45		7003		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	1.1	/A	•
	and enter the amount of tax-exempt interest received or accrued during the year	1/4	Yes	No
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		res	_
	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			i
_	foreign country	<u> </u>		ı
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	т	N	Ma
	File Form 4720 If any Item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			{
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			{
	(5) Transfer any income or assets to a disqualified person (or make any of either available			í
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception Check "No"	1		!
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			;
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	L _		
	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			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		1	!
	before the first day of the tax year beginning in 2018?	10	-	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
_	defined in section 4942(j)(3) or 4942(j)(5)):			'
а	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			;
_	before 2018?			
	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,			
h	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		;
•	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			,
	statement - see instructions.) 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.			,
·				
2.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			!
Ja	during the year? Wes X No	1	ļ	·
				'
0	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after	1		
	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			l '
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018.) N/A			
	,	3b	 	X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	 	
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			- û
	had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b	ם חב	X (0040)
	Fr.	rm 99 0	U-FF	(2018)

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Part VII-B	Statements Regarding Activities for Which	Form 4720 May Be R	equired (contin	ued)		-	
5a During the	year, did the foundation pay or incur any amount to:					Yes	No
(1) Carry	on propaganda, or otherwise attempt to influence legislation (section	on 4945(e))?	Y	es 🗓 No			
(2) Influe	nce the outcome of any specific public election (see section 4955);	or to carry on, directly or indire	ectly,				
any v	oter registration drive?		Y	es X No			
(3) Provi	de a grant to an individual for travel, study, or other similar purpose	Y	es X No	1		ĺ	
(4) Provi	de a grant to an organization other than a charitable, etc., organizati		ĺ		j	·	
4945	d)(4)(A)? See instructions		Y	es X No			
(5) Provi	de for any purpose other than religious, charitable, scientific, literary	y, or educational purposes, or f	or	,			
the pr	evention of cruelty to children or animals?		Y	es X No			٠.
b If any answ	wer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u	nder the exceptions described	ın Regulations				
section 53	.4945 or in a current notice regarding disaster assistance? See inst	ructions		N/A	5b		Ĺ
Organizati	ons relying on a current notice regarding disaster assistance, check	here		▶□			i .
c If the ansv	ver is "Yes" to question 5a(4), does the foundation claim exemption	from the tax because it mainta	ined				-
expenditui	e responsibility for the grant?	Ŋ	I/A 🗀 Y	es 🔲 No 🚶			•
If "Yes," at	tach the statement required by Regulations section 53.4945-5(d).			į			
6a Did the for	undation, during the year, receive any funds, directly or indirectly, to	pay premiums on					İ
a personal	benefit contract?		Y	es 🗓 No 📙			
b Did the for	undation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		L	6b		X
If "Yes" to	6b, file Form 8870.						
7a At any tim	e during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Y	es 🗶 No 📙			
b If "Yes," di	d the foundation receive any proceeds or have any net income attrib	outable to the transaction?		N/A	7b		
8 Is the four	ndation subject to the section 4960 tax on payment(s) of more than	\$1,000,000 in remuneration or					
	achute payment(s) during the year?			es X No	٠		
Part VIII	Information About Officers, Directors, Trust	tees, Foundation Mai	nagers, Highly				
	Paid Employees, and Contractors	A1			<u> </u>		
1 List all off	cers, directors, trustees, and foundation managers and	T	(c) Compensation	(d) Contributions to	Т.	(a) Eun	
•	(a) Name and address	(b) Title, and average hours per week devoted	(If not paid.	(d) Contributions to employee benefit plans and deferred compensation	a	(e) Exp ccount,	other
	(a) Name and address	to position	enter -0-)	compensation	+	allowa	nces
		4		ł			
<u> </u>							^
SEE STA	ATEMENT 9		0.	0.	+		0.
		_					
					+		
		_					
		_					
			 	· · · · · · · · · · · · · · · · · · ·	+		
2 Compens	ation of five highest-paid employees (other than those in	cluded on line 1) If none	enter "NONE "	<u> </u>	٠		
-		(b) Title, and average		(d) Contributions to	1	(e) Exn	ense
(a) Na	me and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	a	(e) Exp ccount, allowai	other
	ONE	devoted to position		compensation	+	alluwai	1065
	ONE	_			1		
			}	 	+		
			 		+		
		7	' ,	1			
	<u> </u>		 	 	+		
			 	 	+		
Total number	of other employees hald over \$50,000		<u></u>				0
rotar number	of other employees paid over \$50,000			Fara	, gar)_PF	

GOLDEN SLIPPER CHARITABLE FOUNDATION

Form 990-PF (2018) C/O NEAL GRABELL, PRESIDENT		3275598 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, 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		
	<u> </u>	
	_	
	4	
	1	
	1	
Total number of others receiving over \$50,000 for professional services	···	▶ 0
Part IX-A Summary of Direct Charitable Activities	······································	<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produc		Expenses
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 lin	nes 1 and 2.	Amount
1 <u>N/A</u>		
2		
		
All other program-related investments. See instructions.		
3		,
· · · · · · · · · · · · · · · · · · ·		
Total. Add lines 1 through 3	•	0.
- Committee in the Committee in		

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	dation	s, see instructions)
ī	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	2,862,761.
b	Average of monthly cash balances	1b	91,881.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,954,642.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,954,642.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	44,320.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	2,910,322.
6	Minimum investment return Enter 5% of line 5	6	145,516.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certa	n
	foreign organizations, check here 🕨 🔲 and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	145,516.
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	2,504.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	143,012.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	143,012.
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	143,012.
P	art XII Qualifying 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	275,590.
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:		
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	275,590.
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	275,590.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies	for the section
	4940(e) reduction of tax in those years		

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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,	· · · · · · · · · · · · · · · · · · ·			142 012
line 7				143,012.
2 Undistributed income, if any, as of the end of 2018	•		0.	1
a Enter amount for 2017 only	 -		· ·	
b Total for prior years:	•	0.		
3 Excess distributions carryover, if any, to 2018:				
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242 522				ļ
4=4 4.5		, ,	, m	
			* Y n * *	g _k μι αιgama μι? [
4 5 5 6 6 6				}
	1,119,064.			
f Total of lines 3a through e	1,119,004.			
4 Qualifying distributions for 2018 from Part XII, line 4: ►\$ 275,590.				
,			0.	
a Applied to 2017, but not more than line 2a			0.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		0.	,	<u> </u>
c Treated as distributions out of corpus	0.		,	
(Election required - see instructions)				143,012.
d Applied to 2018 distributable amount	132,578.			145,012.
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:				; ; ,
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,251,642.			<u> </u>
b Prior years' undistributed income. Subtract				ļ
line 4b from line 2b		0.		
c Enter the amount of prior years'				i
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		, 1
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				<u>'</u>
section 170(b)(1)(F) or 4942(g)(3) (Election				, , ,
may be required - see instructions)	0.	•		
8 Excess distributions, carryover from 2013				ŀ
not applied on line 5 or line 7	216,594.			
9 Excess distributions carryover to 2019.				
Subtract lines 7 and 8 from line 6a	1,035,048.			
10 Analysis of line 9:	•			<u> </u>
a Excess from 2014 340,500.				i
b Excess from 2015 176, 105.	ì			
c Excess from 2016 222,576.	s + 4 l		- 4	
d Excess from 2017 163, 289.				!
e Excess from 2018 132,578.		L		

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GOLDEN SLIPPER CHARITABLE FOUNDATION Form 990-PF (2018) C/O NEAL GRABELL, PRESIDENT 20-3275598 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling 4942(j)(5) b Check box to indicate whether the foundation is a private operating foundation described in section 4942(1)(3) or Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (a) 2018 (b) 2017 (c) 2016 (d) 2015 (e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments of securities loans (section 512(a)(5)), or royalties/ (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here 🕨 🗶 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or email address of the person to whom applications should be addressed: NEAL GRABELL, 610-660-0510 215 N. PRESIDENTIAL BLVD, BALA CYNWYD, PA 19004 b The form in which applications should be submitted and information and materials they should include: N/A c Any submission deadlines: N/A

Form **990-PF** (2018)

N/A

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

C/O NEAL GRABELL, PRESIDENT

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Part XV Supplementary information	· - · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	·- ·
3 Grants and Contributions Paid During the Yo		Payment		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution-	Amount
a Paid during the year	or substantial contributor	Tooipioni		
a raid during the year				
GOLDEN SLIPPER CAMP	SUBSIDIARY	501(C)(3)	SUPPORT FOR CHARITABLE	
215 N. PRESIDENTIAL BLVD	ORGANIZATION		PURPOSE OF THE	11 554
BALA CYNWYD, PA 19004		 	ORGANIZATION.	11,554.
•	,		•	
GOLDEN SLIPPER CLUB & CHARITY	SUBSIDIARY	501(C)(3)	SUPPORT FOR CHARITABLE	
215 N. PRESIDENTIAL BLVD	ORGANIZATION		PURPOSE OF THE	
BALA CYNWYD, PA 19004			ORGANIZATION.	162,375.
•				
GOLDEN SLIPPER GEMS	SUBSIDIARY	501(C)(3)	SUPPORT FOR CHARITABLE	
215 N. PRESIDENTIAL BLVD	ORGANIZATION	501(0)(3)	PURPOSE OF THE	
BALA CYNWYD, PA 19004		,	ORGANIZATION.	58,749.
·				
•			1	
			1	
		,		
				030 680
10(3)	1	T	▶ 3a	232,678.
b Approved for future payment				
NONE				
			İ	
		· ·		
				_
			}	
			1	
Total	<u> </u>	<u> </u>	▶ 3b	0.
10101			- 30 <u>-</u> Fo	orm 990-PF (2018)

Part XVI-A Analysis of Income-Proc	ducing Activit	ties			
Enter gross amounts unless otherwise indicated.	Unrelati	ed business income		by section 512, 513, or 514	(e)
gross amounts unless otherwise indicated. rogram service revenue: Fees and contracts from government agencies embership dues and assessments iterest on savings and temporary cash existents indends and interest from securities et rental income or (loss) from real estate: Debt-financed property Not debt-financed property et rental income or (loss) from personal incoperty iter investment income an inventory et income or (loss) from sales of assets other an inventory et income or (loss) from sales of inventory income or (lo	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
b	_		 		
c					
, q			 	·	· · · · · · · · · · · · · · · · · · ·
	-		 		
	- ├ ──		+		
	-				
	-		+ +		
	1		1 1	•	·
			14	109,096.	
				103,030.	
			 		
		· · · · · · · · · · · · · · · · · · ·	†		
property		,			
7 Other investment income					
8 Gain or (loss) from sales of assets other				·	
than inventory			18	42,334.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue.	İ				
		,			
			1 +		" ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
d)	+ +		
2 Subtotal Add columns (b) (d) and (e)	_	0.	1	151,430.	0.
			<u> </u>	13	151,430.
* * * * * * * * * * * * * * * * * * * *	.)			··· <u></u>	
		mplishment of Ex	empt Pı	rposes	
•		•	•	•	
			Contribute	d importantly to the accomp	dishment of
the foundation's exempt purposes (other tr	nan by providing tu	nds for such purposes).			
		<u></u>			
					
		· · · · · · · · · · · · · · · · · · ·			

Part XV	Information Re Exempt Organ		sfers to a	nd Transactions a	nd Relationsh	ips With Nonc	haritable		<u> </u>
1 Did the	e organization directly or indi		of the following	ng with any other organizat	ion described in sect	ion 501(c)		Yes	No
	than section 501(c)(3) organ								
	fers from the reporting founda			• •					
(1) C			. ,	•			1a(1)		X
(2) 0	ther assets						1a(2)		X
b Other	transactions;								
(1) Sales of assets to a noncharitable exempt organization									_X_
(2) P	urchases of assets from a nor	ncharitable exempt o			1b(2)		X		
(3) R	ental of facilities, equipment,	or other assets			1b(3)		Х		
(4) R	eimbursement arrangements						16(4)		<u> </u>
	oans or loan guarantees						1b(5)		<u> </u>
	erformance of services or me						1b(6)		<u> </u>
	ig of facilities, equipment, ma	-					_1c		X
	answer to any of the above is vices given by the reporting fo							ets,	
	n (d) the value of the goods,				·				
(a) Line no	(b) Amount involved	(c) Name o		e exempt organization	(d) Descriptio	n of transfers, transaction	s, and sharing arra	ngemen	ts <u>-</u>
			N/A						
					<u> </u>	-			
				• •			 		
				· · · · · · · · · · · · · · · · · · ·	-	· · · · · · · · · · · · · · · · · · ·			
					+	 ·			
									
							· · · · · · · · · · · · · · · · · · ·		
									
						<u> </u>	·		
									
				··					
									—
	foundation directly or indirect tion 501(c) (other than section			or more tax-exempt organ	izations described		Yes	T] No
	," complete the following sche		011011 021				163		J 140
<u> </u>	(a) Name of org			(b) Type of organization	1	(c) Description of rela	ationship		
	N/A					(-)			
							•		
							-		
I	nder penalties of perjury, I declare the						May the IRS d	scuss th	iis
Sign (,	nd belief, it is true, correct, and com	piete Declaration of pre	parer (omer man			as any knowledge	return with the shown below?	prepare	r
Here	Melsky	obell		8/17/202	PRESII	DENT	X Yes		No
	Signature of officer or trustee			Date	Title				
	Print/Type preparer's na	me	Preparer's s	ignature	Date		PTIN		
						self- employed			
Paid	MARIE DECI			DECICCO	08/17/20		P01419		
Prepare	1 11 11 0 11 a 11 0 0 0 0 0 0 0 0 0 0 0	EDMAN LLP				Firm's EIN ► 13	-16108	9	_
Use On						<u> </u>	<u> </u>	<u>.</u>	
				T, SUITE 500					_
	PH	ILADELPHI	A, PA	19103		Phone no. (21	5) 496-	<u>-92</u> 0	0
							Form 990	-PF	20181

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.

GOLDEN SLIPPER CHARITABLE FOUNDATION

OMB No 1545-0047

2018

Employer identification number

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

C/O NEAL GRABELL, PRESIDENT 20-3275598 Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 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 K) 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

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

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

Name of organization

Employer identification number

GOLDEN SLIPPER CHARITABLE FOUNDATION C/O NEAL GRABELL, PRESIDENT

20-3275598

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	GOLDEN SLIPPER UPTOWN HOME 215 N PRESIDENTIAL BLVD 1ST FL BALA CYNWYD, PA 19004	\$ <u>3,641,699</u> .	Person X 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 Oncash 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 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 Noncash Complete Part II for noncash contributions)			

Employer identification number

GOLDEN SLIPPER CHARITABLE FOUNDATION C/O NEAL GRABELL, PRESIDENT

20-3275598

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if a	dditional space is needed	•
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	•	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

	rganization	Employer identification number					
	N SLIPPER CHARITABLE FOUNI EAL GRABELL, PRESIDENT	DATION		20-3275598			
Part III	Exclusively religious, charitable, etc., contributions	to organizations described in se	ection 501(c)(7), (8), or (10) to				
.	 from any one contributor. Complete columns (a) three completing Part III, enter the total of exclusively religious, charit 	ough (e) and the following line en	try For organizations				
	Use duplicate copies of Part III if additional space	ce is needed	tess for the year (Effet this lift) the	<u> </u>			
(a) No.	(h) Dura and of sife	(a) 11a a at aith	(4) 5				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
	<u></u>						
		(e) Transfer of gif	t				
-	Transferee's name, address, and Z	<u>IP + 4</u>	Relationship of tra	nsferor to transferee			
ľ	· · · · · · · · · · · · · · · · · · ·	:	 				
(a) No.		· · · · · · · · · · · · · · · · · · ·					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
1							
	(e) Transfer of gift						
-	Transferee's name, address, and Z	<u>IP + 4</u>	Relationship of tra	nsferor to transferee			
							
	-						
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
				·			
-							
		(e) Transfer of gift	t				
	Transferee's name, address, and Z	ID . 4	Dalatianahin at tua				
	Transieree's name, address, and Z	<u>IF + 4</u>	neiationship of tra	nsferor to transferee			
							
(a) No. from Part I	(h) Purpose of gift	(a) Llag of sift	(d) Door	windian of how sife is both			
Part I	(b) Purpose of gift	(c) Use of gift	(a) Desc	ription of how gift is held			
		· · · · · · · · · · · · · · · · · · ·					
							
1							
		(e) Transfer of gift	t				
	Transferente nome adduses T	ID . 4	Dolotionalin of the				
<u> </u>	Transferee's name, address, and Z	<u>ir + 4 </u>	Helationship of trai	nsferor to transferee			
			·				

FORM 990-PF UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

me(s) GOLDEN SLI	IPPER CHARITABL	E FOUNDATION		Identifying N	ninoei
	GRABELL, PRESID			20-32	75598_
(A) *Date	(B)	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	\ (F) Penalty
* * *	2,		قب ، ش	j + , ++,	- 1
· • • • • • • • • • • • • • • • • • • •		-0-	<u> </u>	- 4 - 4 - 14 - 15 - 15 - 15 - 15 - 15 -	1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m
2/15/19	462.	462.	28	.000164384	
3/15/19	462.	924.	92	.000164384	1
6/15/19	462.	1,386.	15	.000164384	
6/30/19	0.	1,386.	77	.000136986	1
9/15/19	462.	1,848.			
9/15/19	-1,880.	-32.			
.2/31/19	0.	-32.	46	.000136612	
•					
					- , i .
				^	
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	/			•	
				····	
				•	
alty Due (Sum of Co	ulev		,		3

^{*} Date of estimated tax payment, withholding credit date or installment due date.

812511 04-01-18

FORM 990-PF DIVIDENT	OS AND INTER	EST FROM SECUR	ITIES ST	FATEMENT 1
GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
MORGAN STANLEY 109,096	5.	0. 109,096.	109,096.	
TO PART I, LINE 4 109,096	5.	109,096.	109,096.	
FORM 990-PF	LEGAL	FEES	Si	PATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	21,412.	0.		21,412.
TO FM 990-PF, PG 1, LN 16A =	21,412.	21,412. 0.		21,412.
FORM 990-PF	ACCOUNTI	NG FEES	S	ratement 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	<pre>CHARITABLE PURPOSES</pre>
ACCOUNTING FEES	21,500.	0.		21,500.
TO FORM 990-PF, PG 1, LN 16B	21,500.	0.		21,500.
FORM 990-PF C	OTHER PROFES	SIONAL FEES	Si	PATEMENT 4
		4->	(C)	(D)
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
DESCRIPTIONOTHER	EXPENSES	NET INVEST-	ADJUSTED	CHARITABLE

FORM 990-PF TAXES					STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE		(C) ADJUSTED NET INCOM		
FEDERAL EXCISE TAX	4,751.	4,	751.		0.	
TO FORM 990-PF, PG 1, LN 18	4,751.	4,	751.		0.	
FORM 990-PF U.S. AND S	STATE/CITY G U.S GOV'	• OTHER		IGATIONS OK VALUE	STATEMENT 6 FAIR MARKET VALUE	
GOVERNMENTAL BONDS	x		1	1,049,813.	1,049,813	
TOTAL U.S. GOVERNMENT OBLIGAT	rions			1,049,813.	1,049,813	
TOTAL STATE AND MUNICIPAL GOV	VERNMENT OBL	IGATIONS				
TOTAL TO FORM 990-PF, PART I	I, LINE 10A	•	1	1,049,813.	1,049,813	
FORM 990-PF	CORPORAT	E STOCK		,	STATEMENT 7	
DESCRIPTION			вос	OK VALUE	FAIR MARKET VALUE	
CORP STOCK			3	3,308,925.	3,308,925	
TOTAL TO FORM 990-PF, PART I	I, LINE 10B			3,308,925.	3,308,925	

FORM 990-PF CORPORATE BONDS	<u> </u>	STATEMENT 8
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORP BOND	1,216,948.	1,216,948.
TOTAL TO FORM 990-PF, PART II, LINE 10C	1,216,948.	1,216,948.

FORM 990-PF PART VIII - LIST TRUSTEES AND	r of officers, i foundation mana		STAT	EMENT 9
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
BERNIE BROWN 215 N PRESIDENTIAL BLVD 1ST FL BALA CYNWYD, PA 19004	DIRECTOR 0.20	0.	Ó.	0.
DAVID SIMON 215 N PRESIDENTIAL BLVD 1ST FL BALA CYNWYD, PA 19004	DIRECTOR 0.20	. 0.	0.	0.
HOWARD LAPENSOHN 215 N PRESIDENTIAL BLVD 1ST FL BALA CYNWYD, PA 19004	DIRECTOR 0.20	0.	0.	0.
KEN BROWN 215 N PRESIDENTIAL BLVD 1ST FL BALA CYNWYD, PA 19004	DIRECTOR 0.20	0.	0.	0.
MARK GREENE 215 N PRESIDENTIAL BLVD 1ST FL BALA CYNWYD, PA 19004	DIRECTOR 0.20	0.	ó.	0.
MICHAEL FINKELSTEIN 215 N PRESIDENTIAL BLVD 1ST FL BALA CYNWYD, PA 19004	DIRECTOR 0.20	0.	0.	0.
MICHAEL STEINBERG 215 N PRESIDENTIAL BLVD 1ST FL BALA CYNWYD, PA 19004	DIRECTOR 0.20	0.	0.	0.
NAOMI GORSON 215 N PRESIDENTIAL BLVD 1ST FL BALA CYNWYD, PA 19004	DIRECTOR 0.20	0.	0.	0.
NEAL GRABELL 215 N PRESIDENTIAL BLVD 1ST FL BALA CYNWYD, PA 19004	CHAIR 0.20	0.	0.	0.
SCOTT ISDANER 215 N PRESIDENTIAL BLVD 1ST FL BALA CYNWYD, PA 19004	DIRECTOR 0.20	0.	0.	0.

GOLDEN SLIPPER CHARITABLE FOUNDATI	ON C/O		20-3	275598
ROY KARDON 215 N PRESIDENTIAL BLVD 1ST FL BALA CYNWYD, PA 19004	DIRECTOR 0.20	0.	0.	0.
MICHAEL SIMON 215 N PRESIDENTIAL BLVD 1ST FL BALA CYNWYD, PA 19004	DIRECTOR 0.20	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.