

Form **990-PF**Department of the Treasury  
Internal Revenue Service**Return of Private Foundation****or Section 4947(a)(1) Trust Treated as Private Foundation**

- Do not enter social security numbers on this form as it may be made public.
- Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

**2019****Open to Public  
Inspection****For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019**

Name of foundation A H & HELEN WEISS FOUNDATION		A Employer identification number 23-6298302	
Number and street (or P.O. box number if mail is not delivered to street address) P O BOX 244		B Telephone number (see instructions) (610) 764-6477	
City or town, state or province, country, and ZIP or foreign postal code GLADWYNE, PA 19035		C If exemption application is pending, check here ► <input type="checkbox"/>	
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D</b> 1. Foreign organizations, check here..... ► <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... ► <input type="checkbox"/> <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ..... ► <input type="checkbox"/> <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ► <input type="checkbox"/>	
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ►\$ 2,407,203		<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis.)</i>	

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>					
1	Contributions, gifts, grants, etc., received (attach schedule)				
2	Check ► <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B				
3	Interest on savings and temporary cash investments	22,713	22,713	22,713	
4	Dividends and interest from securities	38,828	38,731	38,828	
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10	38,844			
b	Gross sales price for all assets on line 6a	685,152			
7	Capital gain net income (from Part IV, line 2)		15,446		
8	Net short-term capital gain				
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less: Cost of goods sold				
c	Gross profit or (loss) (attach schedule)				
11	Other income (attach schedule)				
12	<b>Total.</b> Add lines 1 through 11	100,385	76,890	61,541	
<b>Operating and Administrative Expenses</b>					
13	Compensation of officers, directors, trustees, etc.				
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)	7,121			
b	Accounting fees (attach schedule)	7,000			
c	Other professional fees (attach schedule)	5,000			
17	Interest				
18	Taxes (attach schedule) (see instructions)	1,323			
19	Depreciation (attach schedule) and depletion				
20	Occupancy				
21	Travel, conferences, and meetings				
22	Printing and publications				
23	Other expenses (attach schedule)	15,325			
24	<b>Total operating and administrative expenses.</b>				
	Add lines 13 through 23	35,769	0		0
25	Contributions, gifts, grants paid	96,749			96,749
26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	132,518	0		96,749
27	Subtract line 26 from line 12:				
a	<b>Excess of revenue over expenses and disbursements</b>	-32,133			
b	<b>Net investment income</b> (if negative, enter -0-)		76,890		
c	<b>Adjusted net income</b> (if negative, enter -0-)			61,541	

	<b>Part II Balance Sheets</b>	Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
	<b>1</b> Cash—non-interest-bearing	• • • • •	25,635	27,066	27,066
	<b>2</b> Savings and temporary cash investments	• • • • •	42,517	32,440	32,440
	<b>3</b> Accounts receivable ►	_____			
	Less: allowance for doubtful accounts ►	_____			
	<b>4</b> Pledges receivable ►	_____			
	Less: allowance for doubtful accounts ►	_____			
	<b>5</b> Grants receivable	• • • • •			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)	• • • • •			
	<b>7</b> Other notes and loans receivable (attach schedule) ►	423,867			
	Less: allowance for doubtful accounts ►	_____	600,332	423,867	429,324
	<b>8</b> Inventories for sale or use	• • • • •			
	<b>9</b> Prepaid expenses and deferred charges	• • • • •			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)		396,605	521,193	530,099
	<b>b</b> Investments—corporate stock (attach schedule)	• • • • •	1,235,730	1,264,117	1,388,274
	<b>c</b> Investments—corporate bonds (attach schedule)	• • • • •			
	<b>11</b> Investments—land, buildings, and equipment: basis ►	_____			
	Less: accumulated depreciation (attach schedule) ►	_____			
	<b>12</b> Investments—mortgage loans	• • • • •			
	<b>13</b> Investments—other (attach schedule)	• • • • •			
	<b>14</b> Land, buildings, and equipment: basis ►	_____			
	Less: accumulated depreciation (attach schedule) ►	_____			
	<b>15</b> Other assets (describe ► _____)				
	<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)		2,300,819	2,268,683	2,407,203
	<b>17</b> Accounts payable and accrued expenses	• • • • •	7,005	7,002	
	<b>18</b> Grants payable	• • • • •			
	<b>19</b> Deferred revenue	• • • • •			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons	• • • • •			
	<b>21</b> Mortgages and other notes payable (attach schedule)	• • • • •			
	<b>22</b> Other liabilities (describe ► _____)		7,005	7,002	
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22)	• • • • •			
	<b>Foundations that follow FASB ASC 958, check here ► <input type="checkbox"/></b> <b>and complete lines 24, 25, 29 and 30.</b>				
	<b>24</b> Net assets without donor restrictions	• • • • •			
	<b>25</b> Net assets with donor restrictions	• • • • •			
	<b>Foundations that do not follow FASB ASC 958, check here ► <input checked="" type="checkbox"/></b> <b>and complete lines 26 through 30.</b>				
	<b>26</b> Capital stock, trust principal, or current funds	• • • • •			
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund	• • • • •			
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds	• • • • •	2,293,814	2,261,681	
	<b>29</b> <b>Total net assets or fund balances</b> (see instructions)	• • • • •	2,293,814	2,261,681	
	<b>30</b> <b>Total liabilities and net assets/fund balances</b> (see instructions)	• • • • •	2,300,819	2,268,683	

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

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	• • • • •	<b>1</b>	2,293,814
<b>2</b> Enter amount from Part I, line 27a	• • • • •	<b>2</b>	-32,133
<b>3</b> Other increases not included in line 2 (itemize) ►	_____	<b>3</b>	
<b>4</b> Add lines 1, 2, and 3	• • • • •	<b>4</b>	2,261,681
<b>5</b> Decreases not included in line 2 (itemize) ►	_____	<b>5</b>	
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	• • • • •	<b>6</b>	2,261,681

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))	
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		2	15,446
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8			3	

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

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

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

 Yes  No

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	98,382	2,340,041	0.042043
2017	91,990	2,355,796	0.039048
2016	102,319	2,313,633	0.044224
2015	87,410	2,440,059	0.035823
2014	86,322	2,382,902	0.036226
<b>2 Total</b> of line 1, column (d)			0.197364
<b>3 Average</b> distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			0.039473
<b>4 Enter</b> the net value of noncharitable-use assets for 2019 from Part X, line 5			2,315,382
<b>5 Multiply</b> line 4 by line 3			91,395
<b>6 Enter</b> 1% of net investment income (1% of Part I, line 27b)			769
<b>7 Add</b> lines 5 and 6			92,164
<b>8 Enter</b> qualifying distributions from Part XII, line 4			96,749

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1.	1	769
	Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2.	3	769
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-.	5	769
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	630
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	630
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9	139
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	
11	Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> ►	Refunded	11

**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 any political campaign?	1a	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition).  <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>	1b		No
c	Did the foundation file <b>Form 1120-POL</b> for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. ► \$ _____ <b>(2)</b> On foundation managers. ► \$ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?  <i>If "Yes," attach a detailed description of the activities.</i>	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?  <i>If "Yes," attach the statement required by General Instruction T.</i>	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: <ul style="list-style-type: none"><li>• By language in the governing instrument, or</li><li>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?</li></ul>	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ► _____			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10		No

**Part VII-A Statements Regarding Activities (continued)**

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11	No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12	No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ►N/A	13	Yes
14	The books are in care of ►BURTON K STEIN ESQUIRE	Telephone no. ►(610) 764-6477	
Located at ►PO BOX 244 P O BOX 244 GLADWYNE PA			ZIP+4 ►19035
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here. . . . .	► 15	<input type="checkbox"/>
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►	16	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required****File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.). . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. . . . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>	1b	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? . . . . .	1c	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . . If "Yes," list the years ► 2018, 2017, 2016, 2015	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	2b	Yes
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.) . . . . .	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	No

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

<b>5a</b>	During the year did the foundation pay or incur any amount to:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		<b>Yes</b>	<b>No</b>
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?						
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . .						
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						
(3) Provide a grant to an individual for travel, study, or other similar purposes? . . . . .						
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. . . . .						
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .						
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions . . . . .			<b>5b</b>		
Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>						
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i>						
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<b>6b</b>	<b>No</b>	
<i>If "Yes" to 6b, file Form 8870.</i>						
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
<b>b</b>	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<b>7b</b>		
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>					
<b>(a)</b> Name and address	<b>(b)</b> Title, and average hours per week devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	<b>(e)</b> Expense account, other allowances	
STEPHEN A COZEN ESQ	TRUSTEE 000.00	0	0	0	
ONE LIBERTY PLACE 1650 MARKET ST PHILADELPHIA, PA 19103					
LINDA SALTZ	TRUSTEE 000.00	0	0	0	
941 LINDY LANE 941 LINDY LANE BALA CYNWYD, PA 19004					
ALBERT NALIBOTSKY	TRUSTEE 000.00	0	0	0	
7216 ST CLAIR DR 7216 ST CLAIR DR CHARLOTTE, NC 28270					
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>					
<b>(a)</b> Name and address of each employee paid more than \$50,000	<b>(b)</b> Title, and average hours per week devoted to position	<b>(c)</b> Compensation	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	<b>(e)</b> Expense account, other allowances	
NONE					
<b>Total number of other employees paid over \$50,000. . . . . ►</b>					

**Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

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

## **Part IX-A      Summary of Direct Charitable Activities**

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

1	
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities. . . . .	1a	2,255,425
b	Average of monthly cash balances. . . . .	1b	95,217
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	<b>Total</b> (add lines 1a, b, and c). . . . .	1d	2,350,642
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	
2	Acquisition indebtedness applicable to line 1 assets. . . . .	2	
3	Subtract line 2 from line 1d. . . . .	3	2,350,642
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	35,260
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,315,382
6	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	6	115,769

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

1	Minimum investment return from Part X, line 6. . . . .	1	115,769
2a	Tax on investment income for 2019 from Part VI, line 5. . . . .	2a	769
b	Income tax for 2019. (This does not include the tax from Part VI.). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	769
3	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	3	115,000
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	
5	Add lines 3 and 4. . . . .	5	115,000
6	Deduction from distributable amount (see instructions). . . . .	6	
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	7	115,000

**Part XII Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	1a	96,749
b	Program-related investments—total from Part IX-B. . . . .	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required). . . . .	3a	
b	Cash distribution test (attach the required schedule). . . . .	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	96,749
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	5	769
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	6	95,980
<b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.			

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

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				115,000
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only. . . . .			116,377	
<b>b</b> Total for prior years: 2015, 2014, 2013		58,864		
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014. . . . .				
<b>b</b> From 2015. . . . .				
<b>c</b> From 2016. . . . .				
<b>d</b> From 2017. . . . .				
<b>e</b> From 2018. . . . .				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ► \$ 96,749				96,749
<b>a</b> Applied to 2018, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2019 distributable amount. . . . .				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .		58,864		
<b>c</b> 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. . . . .			58,864	
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .				19,628
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				
<b>7</b> 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) . . . . .				115,000
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . . . .				
<b>9</b> <b>Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a. . . . .				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015. . . . .				
<b>b</b> Excess from 2016. . . . .				
<b>c</b> Excess from 2017. . . . .				
<b>d</b> Excess from 2018. . . . .				
<b>e</b> Excess from 2019. . . . .				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. ►			
b	Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)			
2a	Enter the lesser of the adjusted net 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.			
3	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 on 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.			
(4)	Gross investment income.			

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**1 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).)
- 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.

**2 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. See instructions

- a The name, address, and telephone number or email address of the person to whom applications should be addressed:

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

- c Any submission deadlines:

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

## **Part XV    Supplementary Information (continued)**

### **3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
1	Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
a						
b						
c						
d						
e						
f						
g	Fees and contracts from government agencies					
2	Membership dues and assessments.					
3	Interest on savings and temporary cash investments					22,713
4	Dividends and interest from securities.			14	38,731	97
5	Net rental income or (loss) from real estate:					
a	Debt-financed property.					
b	Not debt-financed property.					
6	Net rental income or (loss) from personal property					
7	Other investment income.					
8	Gain or (loss) from sales of assets other than inventory			18	15,446	23,398
9	Net income or (loss) from special events:					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue: a					
b						
c						
d						
e						
12	Subtotal. Add columns (b), (d), and (e).				54,177	46,208
13	<b>Total.</b> Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				13	100,385

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



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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
ABRAMSON CENTER FOR JEWISH LIFE ABRAMSON CENTER FOR JEWISH LIFE 1425 HORSHAM ROAD 1425 HORSHAM ROAD NORTH WALES, PA 194541320	NONE	501(C)3	PROGRAM SUPPORT	15,000
ALEXANDER CHILDRENS FOUNDATION ALEXANDER CHILDRENS FOUNDATION 6220 THERMAL RD 6220 THERMAL RD CHARLOTTE, NC 28211	NONE	501(C)3	PROGRAM SUPPORT	100
ALZHEIMERS ASSOCIATION ALZHEIMERS ASSOCIATION 399 MARKET STREET 102 399 MARKET STREET 102 PHILADELPHIA, PA 19106	NONE	501C(3)	PROGRAM SUPPORT	1,000
<b>Total . . . . .</b>			► 3a	96,749

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
ALZHEIMERS ASSOCIATION ALZHEIMERS ASSOCIATION 600 FREEDOM BLVD 101 600 FREEDOM BLVD 101 KING OF PRUSSIA, PA 19406	NONE	501C(3)	PROGRAM SUPPORT	100
AMERICAN DIABETES ASSOCIATION AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DR STE 900 2451 CRYSTAL DR STE 900 ARLINGTON, VA 22202	NONE	501(C)3	PROGRAM SUPPORT	100
AMERICAN HEART ASSOC AMERICAN HEART ASSOC 7272 GREENVILLE AVE 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	501(C)3	PROGRAM SUPPORT	50
<b>Total . . . . .</b>			► 3a	96,749

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
AMERICAN HEART ASSOC AMERICAN HEART ASSOC 5455 N HIGH ST 5455 N HIGH ST COLUMBUS, OH 43214	NONE	501(C)3	PROGRAM SUPPORT	100
AMERICAN LUNG ASSOCIATION AMERICAN LUNG ASSOCIATION PO BOX 7000 P O BOX 7000 ALBERT LEA, MN 560078001	NONE	501(C)3	PROGRAM SUPPORT	3,400
AMERICAN RED CROSS AMERICAN RED CROSS 23RD CHESTNUT STREETS 23RD CHESTNUT STREETS PHILADELPHIA, PA 19103	NONE	501(C)3	PROGRAM SUPPORT	100
<b>Total . . . . .</b>			► 3a	96,749

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
AMERICAN STROKE FOUNDATION AMERICAN STROKE FOUNDATION 6405 METCALF AVE STE 214 6405 METCALF AVE STR 214 OVERLAND PARK, KS 66202	NONE	501(C)3	PROGRAM SUPPORT	100
B'NAI ISRAEL CONGREGATION B'NAI ISRAEL CONGREGATION 6301 MONTROSE ROAD 6301 MONTROSE ROAD ROCKVILLE, MD 20852	NONE	501(C)3	PROGRAM SUPPORT	6,700
BLANKETS FOR CANCER BLANKETS FOR CANCER 218 MAIN STREET 653 218 MAIN STREET 653 KIRKLAND, WA 98033	NONE	501C(3)	PROGRAM SUPPORT	100
<b>Total . . . . .</b>			► 3a	96,749

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
BNAI ZION FOUNDATION BNAI ZION FOUNDATION 1430 BROADWAY 1804 1430 BROADWAY 1804 NEW YORK, NY 10018	NONE	501(C)3	PROGRAM SUPPORT	100
CENTRAL FUND FROR ISRAEL SHURAT HAD CENTRAL FUND FOR ISRAEL SHURAT HADIN 111 LIVINGSTON ST 1928 111LIVINGSTON ST STE 1928 BROOKLYN, NY 11201	NONE	501(C)3	PROGRAM SUPPORT	100
CHABAD UNIV OF WISCONSIN CHABAD UNIV OF WISCONSIN 223 WEST GILMAN ST 223 WEST GILMAN ST MADISON, WI 53703	NONE	501(C)3	PROGRAM SUPPORT	100
<b>Total . . . . .</b>			► 3a	96,749

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
CHILDREN'S HOSPITAL OF PHILADELPHIA CHILDREN'S HOSPITAL OF PHILADELPHIA PO BOX 781352 PO BOX 781352 PHILADELPHIA, PA 191781352	NONE	501(C)3	PROGRAM SUPPORT	2,500
CYSTIC FIBROSIS FOUNDATION CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE 340N 4550 MONTGOMERY AVE 340N BETHESDA, MD 20814	NONE	501(C)3	PROGRAM SUPPORT	100
EASTER SEALS OF SOUTHEASTERN PA EASTER SEALS OF SOUTHEASTERN PA 3975 CONSHOHOCKEN AVENUS 3975 CONSHOHOCKEN AVENUS PHILADELPHIA, PA 191315484	NONE	501(C)3	PROGRAM SUPPORT	100
<b>Total . . . . .</b>			► 3a	96,749

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
ECHO HORIZON SCHOOL ECHO HORIZON SCHOOL 3430 MCMANUS AVE 3430 MCMANUS AVE CULVER CITY, CA 90232	NONE	501(C)3	PROGRAM SUPPORT	2,000
EMORY UNIVERSITY EMORY UNIVERSITY 815 HOUSTON MILL ROAD 815 HOUSTON MILL ROAD ATLANTA, GA 30322	NONE	501(C)3	PROGRAM SUPPORT	100
EMORY UNIVERSITY EMORY UNIVERSITY 1762 CLIFTON RD SUITE1400 1762 CLIFTON RD SUITE1400 ATLANTA, GA 30322	NONE	501(C)3	PROGRAM SUPPORT	100
<b>Total . . . . .</b>			► 3a	96,749

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
EPILEPSY FOUNDATION OF EAST PA EPILEPSY FOUNDATION OF EAST PA 919 WALNUT STREET 919 WALNUT STREET PHILADELPHIA, PA 191075289	NONE	501(C)3	PROGRAM SUPPORT	1,000
FC CANCER FOUNDATION FC CANCER FOUNDATION 1012 BRIOSO DR SUITE 101 1012 BRIOSO DR SUITE 101 COSTA MESA, CA 92627	NONE	501(C)3	PROGRAM SUPPORT	100
FISHER HOUSE FOUNDATION FISHER HOUSE FOUNDATION 12300 TWINBROOK PKWY 410 12300 TWINBROOK PKWY 410 ROCKVILLE, MD 20852	NONE	501(C)3	PROGRAM SUPPORT	100
<b>Total . . . . .</b>			► 3a	96,749

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
FRIENDSHIP CIRCLE OF PHILA FRIENDSHIP CIRCLE OF PHILA 754 SOUTH 9TH ST 754 SOUTH 9TH ST PHILADELPHIA, PA 19147	NONE	501(C)3	PROGRAM SUPPORT	1,000
HAR ZION TEMPLE HAR ZION TEMPLE 1500 HAGYS FORD ROAD 1500 HAGYS FORD ROAD PENN VALLEY, PA 19072	NONE	501(C)3	PROGRAM SUPPORT	2,727
HAROLD ROBINSON FOUNDATION HAROLD ROBINSON FOUNDATION 6300 WILSHIRE BL STE 880 6300 WILSHIRE BL STE 880 LOS ANGELES, CA 90048	NONE	501(C)3	PROGRAM SUPPORT	150
<b>Total . . . . .</b>			► 3a	96,749

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
HEARING CHARITIES OF AMERICA HEARING CHARITIES OF AMERICA 1912 E MEYER BLVD 1912 E MEYER BLVD KANSAS CITY, MO 64132	NONE	501(C)3	PROGRAM SUPPORT	50
HIGH COUNTRY HOSPICE HIGH COUNTRY HOSPICE 400 SHADOWLINE DR 102 400 SHADOWLINE DR 102 BOONE, NC 28607	NONE	501(C)3	PROGRAM SUPPORT	100
HIRSHBERG FOUNDATION HIRSHBERG FOUNDATION 2990 S SEPULVEDA BLVD 2990 S SEPULVEDA BLVD LOS ANGELES, CA 90064	NONE	501(C)3	PROGRAM SUPPORT	200
<b>Total . . . . .</b>			► 3a	96,749

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
HOPEWORKS N CAMDEN HOPEWORKS N CAMDEN 808 MARKET ST 3RD FL 808 MARKET ST 3RD FL CAMDEN, NJ 08102	NONE	501(C)3	PROGRAM SUPPORT	1,000
JEWISH FAMILY & CHILDREN'S SERVICES JEWISH FAMILY & CHILDREN'S SERVICES 2100 ARCH ST 5TH FLOOR 2100 ARCH ST 5TH FLOOR PHILADELPHIA, PA 19103	NONE	501(C)3	PROGRAM SUPPORT	500
JEWISH FEDERATION OF CHARLOTTE JEWISH FEDERATION OF CHARLOTTE 5007 PROVIDENCE ROAD 5007 PROVIDENCE ROAD CHARLOTTE, NC 28226	NONE	501(C)3	PROGRAM SUPPORT	5,750
<b>Total . . . . .</b>			► 3a	96,749

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
JEWISH FEDERATION OF GREATER PHIL JEWISH FEDERATION OF GREATER PHIL 2100 ARCH STREET 2100 ARCH STREET PHILADELPHIA, PA 19103	NONE	501(C)3	PROGRAM SUPPORT	5,500
JEWISH FEDERATION OF GREATER WASH JEWISH FEDERATION OF GREATER WASH 6101 EXECUTIVE BLVD 100 6101 EXECUTIVE BLVD 100 N BETHESDA, MD 20852	NONE	501C(3)	PROGRAM SUPPORT	100
JOHN TRACY CLINIC JOHN TRACY CLINIC 806 W ADAMS BLVD 806 W ADAMS BLVD LOS ANGELES, CA 90007	NONE	501(C)3	PROGRAM SUPPORT	200
<b>Total . . . . .</b>			► 3a	96,749

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
KIMMEL CENTER INC KIMMEL CENTER INC 1500 WALNUT ST 17TH FLOOR 1500 WALNUT ST 17TH FLOOR PHILADELPHIA, PA 19102	NONE	501(C)3	PROGRAM SUPPORT	100
LEVINE JEWISH COMM CTR LEVINE JEWISH COMM CTR 5007 PROVIDENCE RD 5007 PROVIDENCE RD CHARLOTTE, NC 28226	NONE	501(C)3	PROGRAM SUPPORT	500
LUSTGARTEN FOUNDATION LUSTGARTEN FOUNDATION 1111 STEWART AVENUE 1111 STEWART AVENUE BETHPAGE, NY 11714	NONE	501(C)3	PROGRAM SUPPORT	100
<b>Total . . . . .</b>			► 3a	96,749

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
MACCABI USASPORTS FOR ISRAEL MACCABI USA/SPORTS FOR ISRAEL 1511 WALNUT ST 401 1511 WALNUT ST 401 PHILADELPHIA, PA 19102	NONE	501(C)3	PROGRAM SUPPORT	100
MADD MADD408 4TH ST STE 310 408 4TH ST STE 310 BRIDGEPORT, PA 19405	NONE	501(C)3	PROGRAM SUPPORT	100
MARCH OF DIMES MARCH OF DIMESPO BOX 8972 PO BOX 8972 TOPEKA, KS 666088972	NONE	501(C)3	PROGRAM SUPPORT	100
<b>Total . . . . .</b>			► 3a	96,749

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
MEMORIAL SLOAN KETTERING CANCER CEN MEMORIAL SLOAN KETTERING CANCER CEN 1275 YORK AVENUE 1275 YORK AVENUE NEW YORK, NY 10021	NONE	501(C)3	PROGRAM SUPPORT	500
NALIBOTSKY CARDIAC TRANSPLANT FUND NALIBOSTEKY CARDIAC TRANSPLANT FUND 208 EAST BOULEVARD 208 EAST BOULEVARD CHARLOTTE, NC 28203	NONE	501(C)3	PROGRAM SUPPORT	20,000
NATIONAL FOUNDATION CANCER RESEARCH NATIONAL FOUNDATION CANCER RESEARCH 5515 SECURITY LA 1105 5515 SECURITY LA 1105 ROCKVILLE, MD 20852	NONE	501(C)3	PROGRAM SUPPORT	200
<b>Total . . . . .</b>			► 3a	96,749

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
NATIONAL STROKE ASSOCIATION NATIONAL STROKE ASSOCIATION 9707 E EASTER LANE 9707 E EASTER LANE ENGLEWOOD, CO 80112	NONE	501(C)3	PROGRAM SUPPORT	100
NYU LANGONE MEDI CENT - MS CLINIC NYU LANGONE MEDI CENT - MS CLINIC ONE PARK AVENUE FLOOR 5 ONE PARK AVENUE FLOOR 15 NEW YORK, NY 10016	NONE	501(C)3	PROGRAM SUPPORT	9,700
PAJAMA PROGRAM PAJAMA PROGRAM 114 EAST 39TH STREET 114 EAST 39TH STREET NEW YORK, NY 10016	NONE	501C(3)	PROGRAM SUPPORT	100
<b>Total . . . . .</b>			► 3a	96,749

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
PROVIDENCE DAY SCHOOL PROVIDENCE DAY SCHOOL 5800 SARDIS ROAD 5800 SARDIS ROAD CHARLOTTE, NC 28270	NONE	501(C)3	PROGRAM SUPPORT	300
RONALD MCDONALD HOUSE RONALD MCDONALD HOUSE 3925 CHESTNUT STREET 3925 CHESTNUT STREET PHILADELPHIA, PA 19104	NONE	501(C)3	PROGRAM SUPPORT	500
ROTARY SPECIAL ATHLETES ROTARY SPECIAL ATHLETES 102 QUINCE DRIVE 102 QUINCE DRIVE HATBORO, PA 19040	NONE	501(C)3	PROGRAM SUPPORT	1,500
<b>Total . . . . .</b>			► 3a	96,749

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
SALVATION ARMY OF GREATER PHILA SALVATION ARMY OF GREATER PHILA 4050 CONSHOHOCKEN AVE 4050 CONSHOHOCKEN AVE PHILADELPHIA, PA 19131	NONE	501C(3)	PROGRAM SUPPORT	100
SAMUEL D COZEN MEMORIAL FUND SAMUEL D COZEN MEMORIAL FUND 200 FOUR FALLS CORPORATE 200 FOUR FALLS CORPORATE WEST COSHOCKEN, PA 194280800	NONE	501(C)3	PROGRAM SUPPORT	500
SIMON WIESENTHAL CENTER SIMON WIESENTHAL CENTER 1399 SOUTH ROXBURY DRIVE 1399 SOUTH ROXBURY DRIVE LOS ANGELES, CA 90035	NONE	501(C)3	PROGRAM SUPPORT	200
<b>Total . . . . .</b>			► 3a	96,749

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
SUSAN KOMAN CANCER FOUNDATION SUSAN KOMAN CANCER FOUNDATION PO BOX 650309 PO BOX 650309 DALLAS, TX 752650309	NONE	501(C)3	PROGRAM SUPPORT	400
TEMPLE ISRAEL TEMPLE ISRAEL 4901 PROVIDENCE ROAD 4901 PROVIDENCE ROAD CHARLOTTE, NC 282265847	NONE	501(C)3	PROGRAM SUPPORT	3,472
US HOLOCAUST MEMORIAL MUSEUM US HOLOCAUST MEMORIAL MUSEUM PO BOX 90988 PO BOX 90988 WASHINGTON, DC 200990988	NONE	501(C)3	PROGRAM SUPPORT	250
<b>Total . . . . .</b>			► 3a	96,749

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
UNITED JEWISH FEDERATION UNITED JEWISH FEDERATION 6505 WILSHIRE BOULEVARD 6505 WILSHIRE BOULEVARD LOS ANGELES, CA 90048	NONE	501(C)3	PROGRAM SUPPORT	100
UNIV OF WISCONSIN HILLEL UNIV OF WISCONSIN HILLEL 611 LANGDON ST 611 LANGDON ST MADISON, WI 53703	NONE	501(C)3	PROGRAM SUPPORT	100
UNIVERSITY OF MICHIGAN HILLEL UNIVERSITY OF MICHIGAN HILLEL 1429 HIGH ST 1429 HIGH ST ANN ARBOR, MI 48104	NONE	501(C)3	PROGRAM SUPPORT	50
<b>Total . . . . .</b>			► 3a	96,749

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
US SHOAH FOUNDATION US SHOAH FOUNDATION 650 W 35 STRT SUITE 114 650 W 35 STRT SUITE 114 LOS ANGELES, CA 90089	NONE	501(C)3	PROGRAM SUPPORT	500
VOLUNTEER MEDICAL SERVICES CORP VOLUNTEER MEDICAL SERVICES CORP 101 SIBLEY AVENUE 101 SIBLEY AVENUE ARDMORE, PA 19003	NONE	501(C)3	PROGRAM SUPPORT	50
WHYY INC WHYY INC 150 N 6TH STREET 150 N 6TH STREET PHILADELPHIA, PA 19106	NONE	501(C)3	PROGRAM SUPPORT	100
<b>Total . . . . .</b>			► 3a	96,749

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
WILSHIRE BLVD TEMPLE WILSHIRE BLVD TEMPLE 3663 WILSHIRE BLVD 3663 WILSHIRE BLVD LOS ANGELES, CA 90010	NONE	501(C)3	PROGRAM SUPPORT	4,000
WINDWARD SCHOOL WINDWARD SCHOOL 11350 PALMS BLVD 11350 PALMS BLVD LOS ANGELES, CA 90066	NONE	501(C)3	PROGRAM SUPPORT	2,500
<b>Total . . . . .</b>			► 3a	96,749

## TY 2019 Accounting Fees Schedule

**Name:** A H & HELEN WEISS FOUNDATION**EIN:** 23-6298302

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INDIRECT ACCOUNTING FEES	7,000			

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2019 Gain/Loss from Sale of Other Assets Schedule

**Name:** A H & HELEN WEISS FOUNDATION

**EIN:** 23-6298302

### Gain Loss Sale Other Assets Schedule

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
CENTRAL TAXABLE ACCOUNT		PURCHASE			324,774	326,797			-2,023	
LARGE CAP STRATEGIC VALUE ACCOUNT		PURCHASE			90,971	91,967			-996	
LARGE CAP STRATEGIC VALUE ACCOUNT		PURCHASE			80,066	71,461			8,605	
DJ GREENE SC VALUE ACCOUNT		PURCHASE			3,869	3,830			39	
DJ GREENE SC VALUE ACCOUNT		PURCHASE			23,550	16,382			7,168	
STRATEGIC GROWTH ACCOUNT		PURCHASE			30,064	31,747			-1,683	
STRATEGIC GROWTH ACCOUNT		PURCHASE			65,075	51,914			13,161	
LAZARD NON-US ACCOUNT		PURCHASE			7,930	8,605			-675	
LAZARD NON-US ACCOUNT		PURCHASE			19,552	19,524			28	
INVESCO NON-US ACCOUNT		PURCHASE			4,962	4,583			379	
INVESCO NON-US ACCOUNT		PURCHASE			18,893	19,498			-605	

## TY 2019 Investments Corporate Stock Schedule

**Name:** A H & HELEN WEISS FOUNDATION

**EIN:** 23-6298302

### Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
GOLDMAN SACHS HI YIELD FUND	299,351	283,237
GOLDMAN SACHS REAL ESTATE SEC FUND	130,442	113,236
GOLDMAN SACHS INTL REAL EST SEC FUND	114,983	88,096
LARGE CAP STRATEGIC GROWTH FUND	168,829	268,193
LARGE CAP STRATEGIC VALUE FUND	232,760	267,479
DJ GREENE SC VALUE FUND	78,971	92,234
INVESCO NON US EQUITY FUND	73,676	94,546
LAZARD NON US EQUITY FUND	80,105	96,253
ISRAEL BONDS	85,000	85,000

## TY 2019 Investments Government Obligations Schedule

**Name:** A H & HELEN WEISS FOUNDATION

**EIN:** 23-6298302

**US Government Securities - End  
of Year Book Value:** 521,193

**US Government Securities - End  
of Year Fair Market Value:** 530,099

**State & Local Government  
Securities - End of Year Book  
Value:**

**State & Local Government  
Securities - End of Year Fair  
Market Value:**

## TY 2019 Legal Fees Schedule

**Name:** A H & HELEN WEISS FOUNDATION

**EIN:** 23-6298302

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
INDIRECT LEGAL FEES	7,121			

## TY 2019 Other Expenses Schedule

**Name:** A H & HELEN WEISS FOUNDATION**EIN:** 23-6298302**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
BANK CHARGES	30			
INVESTMENT FEES	15,295			

## TY 2019 Other Notes/Loans Receivable Short Schedule

**Name:** A H & HELEN WEISS FOUNDATION**EIN:** 23-6298302

Name of 501(c)(3) Organization	Balance Due
FHLB	
FHLB	
KFW	
FFCB	50,008
EIB	24,926
FHLB	50,196
EDC	49,939
FHLB	49,909
ASIAN DEV BANK	49,938
ONTARIO PROVINCE	49,934

<b>Name of 501(c)(3) Organization</b>	<b>Balance Due</b>
IADB	49,049
FHLB	49,968

## TY 2019 Other Professional Fees Schedule

**Name:** A H & HELEN WEISS FOUNDATION

**EIN:** 23-6298302

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
MANAGEMENT FEES	5,000			

## TY 2019 Taxes Schedule

**Name:** A H & HELEN WEISS FOUNDATION**EIN:** 23-6298302

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	749			
FEDERAL TAXES	574			