DISANTO, PRIEST & CO. 117 METRO CENTER BOULEVARD, #3000 WARWICK, RI 02886

CASEY FELDMAN MEMORIAL FOUNDATION 469 RIDGE LANE SPRINGFIELD, PA 19064

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CLIENT'S COPY

FORM 990-PF

Tax Return Carryovers to 2019

NAME: CASE	CASEY FELDMAN MEMORIAL FOUNDATION		ID	Number	: **-***7433
Disallowing Form	Description	Originating Form	Entity/ Activity	St/ City	Amount
990-PF	EXCESS DISTRIBUTIONS	990-PF			422,921.



November 13, 2019

Casey Feldman Memorial Foundation 469 Ridge Lane Springfield, PA 19064 Attention: Joel D. Feldman and Dianne L. Anderson

Dear Joel and Dianne:

Enclosed is the organization's 2018 Exempt Organization return. The state Exempt Organization Annual Report is also enclosed. These should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990-PF RETURN:

No amount is due on Form 990-PF.

Please sign and mail on or before November 15, 2019.

Mail to - Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

Please note that the Form 990-PF return contains excess distribution carryover of \$422,921. This may be applied to tax year 2019 and subsequent years.

PENNSYLVANIA FORM BCO-10:

The Pennsylvania Form BCO-10 should be mailed as soon as possible to:

Bureau of Charitable Organizations 207 North Office Building Harrisburg, PA 17120

Enclose a check or money order for \$150.00, payable to Commonwealth of Pennsylvania.

The report should be signed and dated by the authorized individual(s).

A completed and signed copy of federal Form 990-PF (and all



applicable attachments) must be included with Form BCO-10. Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely. Also file a copy of the Form 990-PF with the Pennsylvania Attorney General at the same time the annual return is filed with the irs. Please sign and mail to: PA Attorney General Charitable Trust Department 14th Floor - Strawberry Square Harrisburg, PA 17120

Sincerely,

Raymond P. Marchak, CPA

Form **990-PF** Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2019 **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 for instructions and the latest information. For calendar year 2018 or tax year beginning

Name of foundation A Employer identification number **-**7433 CASEY FELDMAN MEMORIAL FOUNDATION Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number 469 RIDGE LANE 215-285-9145 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 19064 SPRINGFIELD, PA **G** Check all that apply: Initial return Initial return of a former public charity **D** 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation **H** Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year **J** Accounting method: X Cash Accrual F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here (from Part II, col. (c), line 16) Other (specify) 222,968. (Part I, column (d) must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) for charitable purposes (cash basis only) expenses per books income income 154,187. N/A Contributions, gifts, grants, etc., received 1 2 Check Life if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 26. 26. STATEMENT 3 2,215. 2,215. STATEMENT 2 4 Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) 755. 6a Net gain or (loss) from sale of assets not on line 10 Revenue Gross sales price for all 755. **b** assets on line 6a 755. Capital gain net income (from Part IV, line 2) 7 8 Net short-term capital gain 9 Income modifications Gross sales less returns and allowances **b** Less: Cost of goods sold ... c Gross profit or (loss) 3,592. STATEMENT 0. 3 11 Other income 160,775 2,996. 12 Total. Add lines 1 through 11 0. 0. 0. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits Expenses 16a Legal fees 2,250. 2,250. b Accounting fees STMT 4 0. c Other professional fees STMT 5 586. 586. 0. Administrative 17 Interest 18 Taxes 1,010. Depreciation and depletion 0. 19 20 Occupancy 16,661. 0. 16,661. 21 Travel, conferences, and meetings and 22 Printing and publications 23 Other expenses STMT 6 61,746. 3,215. 59,541. Operating 24 Total operating and administrative 82,253 3,215. 79,038. expenses. Add lines 13 through 23 17,350. 17,350. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 99,603 3,215 96,388. Add lines 24 and 25 27 Subtract line 26 from line 12: 61,172. **a** Excess of revenue over expenses and disbursements 0. b Net investment income (if negative, enter -0-)_____ N/A C Adjusted net income (if negative, enter -0-).

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

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For	m 99	0-PF (2018) CASEY FELDMAN MEMORIAI	J FOUNDATION	**_;	***7433 Page 2
	ort	II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year	End of	5
Ρ	art	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	44,359.	104,435.	104,435.
		Savings and temporary cash investments		32,296.	
		Accounts receivable		- ,	- ,
	ľ	Less: allowance for doubtful accounts			
		Pledges receivable			
	4	-			
	_	Less: allowance for doubtful accounts			
		Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts 🕨			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As		Investments - U.S. and state government obligations			
		Investments - corporate stock STMT 9	88,712.	84,390.	84,390.
				01,550.	04,350.
		Investments - corporate bonds			
	11	Investments - land, buildings, and equipment: basis			
		Less: accumulated depreciation			
		Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis > 24,708	3.		
		Less: accumulated depreciation STMT 8 > 22,861	. 2,944.	1,847.	1,847.
	15	Other assets (describe ►)		
		Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	168,285.	222,968.	222,968.
	17	Accounts payable and accrued expenses		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Grants payable			
Liabilities		Deferred revenue			
iļi		Loans from officers, directors, trustees, and other disqualified persons			
.iat		Mortgages and other notes payable			
-	22	Other liabilities (describe 🕨	_)		
	23	Total liabilities (add lines 17 through 22)		0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26, and lines 30 and 31.			
ces	24	Unrestricted	168,285.	222,968.	
ano	25	Temporarily restricted			
Bal		Permanently restricted			
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here			
Ъ		and complete lines 27 through 31.			
P	27	Capital stock, trust principal, or current funds			
ets					
SS		Paid-in or capital surplus, or land, bldg., and equipment fund			
μA		Retained earnings, accumulated income, endowment, or other funds			
ž	30	Total net assets or fund balances	168,285.	222,968.	
			1.60.005		
	31	Total liabilities and net assets/fund balances	168,285.	222,968.	
Ρ	art	III Analysis of Changes in Net Assets or Fund	Balances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), I	ine 30		
		agree with end-of-year figure reported on prior year's return)		1	168,285.
		r amount from Part I, line 27a			61,172.
					01,1,2.
		· · · · · · · · · · · · · · · · · · ·			229,457.
		lines 1, 2, and 3 eases not included in line 2 (itemize) ►	כבב כש		6,489.
					222,968.
6	rota	net assets or fund balances at end of year (line 4 minus line 5) - Part I	i, colultiti (b), lifte 30		-
					Form 990-PF (2018)

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		LDMAN MEMOR			Γ	*	*_***	7433	Page 3
•		ses for Tax on In			(b) How acquired		acquired		
(a) List and describe t 2-story brick war	ne kind(s) rehouse; oi	of property sold (for exar common stock, 200 shs	nple, real esta 5. MLC Co.)	te,	(b) How acquired P - Purchase D - Donation		acquired day, yr.)	(d) Dat (mo., d	
1a CAPITAL GAINS I	DIVID	ENDS							
b									
C									
<u>d</u>									
e	(f) De	preciation allowed	(n) Cos	t or other basis		(h) (Gain or (loss)		
(e) Gross sales price		(or allowable)		xpense of sale			s (f) minus ((a))	
a 755.									755.
b									
C									
d									
e Complete only for assets showing	n nain in co	lumn (h) and owned by t	the foundation	on 12/31/69		(I) Coino (I	Col. (h) gain r	ninuo	
		Adjusted basis		cess of col. (i)		òl. (k), but	not less than	-0-) or	
(i) FMV as of 12/31/69		is of 12/31/69		col. (j), if any		Losses	s (from col. (h))	
a									755.
b									
C									
d									
e					_				
2 Capital gain net income or (net cap	nital loss)	If gain, also enter If (loss), enter -0-			2				755.
	,			1	.)				
3 Net short-term capital gain or (loss If gain, also enter in Part I, line 8, o	,	()	u (6):		<u>ן ו</u>				
If (loss), enter -0- in Part I, line 8 .					. } 3		N/A		
Part V Qualification U	nder Se	ction 4940(e) for	Reduced	Tax on Net	Investment In	come			
(For optional use by domestic private	foundatior	is subject to the section 4	1940(a) tax on	net investment in	ncome.)				
If section 4940(d)(2) applies, leave th	is part blar	ık.							
Was the foundation liable for the secti	ion /10/12 to	v on the distributable am	ount of any ve	ar in the hase ner	riod?				X No
If "Yes," the foundation doesn't qualify			55						
1 Enter the appropriate amount in e	ach colum	n for each year; see the ir	structions bef	iore making any e	ntries.				
(a) Base period years		(b)			(c)		Distribu	(d) ution ratio	
Calendar year (or tax year beginnin	g in)	Adjusted qualifying dist		Net value of no	ncharitable-use asset		(col. (b) divi	ded by col.	
2017			4,520. 4,014.		155,54				07689
2016			$\frac{4}{4},014.$		158,69 163,34				55425 14693
2015			4,345.		4,70				07995
2013			2,801.		96,74				59203
			· .						
2 Total of line 1, column (d)						2		18.5	45005
3 Average distribution ratio for the 5		•			•				
the foundation has been in existen	ce if less th	nan 5 years				3		3.7	09001
 Fataulta actualization of a such subtable 								100	222
4 Enter the net value of noncharitabl	e-use asse	ts for 2018 from Part X, I	ine 5			4		190	,333.
5 Multiply line 4 by line 3						5		705	,945.
									<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
6 Enter 1% of net investment incom	e (1% of P	art I, line 27b)							0.
7 Add lines 5 and 6						7		705	,945.
	D							0.0	602
8 Enter qualifying distributions from						8		33	,603.
If line 8 is equal to or greater than See the Part VI instructions.	line /, che	ck the box in Part VI, line	ib, and comp	iete that part usin	g a 1% tax rate.				
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Form **990-PF** (2018)

Part VII Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(c), or 4948 - see Instructions) Is terming or indeximation inter: (If tach copy of lefts' if accessary-see instructions) b orderstic boundations that meet the section 4940(a) cycle tack have be and enter 1% 1 c Al dreb domestic boundations enter 2% of line 17%. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). 2 c Al dreb domestic boundations enter 2% of line 17%. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). 2 3 0.0 4 0.0 5 0.0 6 0.0 6 0.0 6 0.0 6 0.0 7 0.0 8 0.0 8 0.0 9 0.0 9 0.0 10 0.0 10 0.0 10 0.0 10 0.0 10 0.0 10 0.0 10 0.0 11 0.0 10 0.0 11 0.0 10		1990-PF (2018) CASEY FELDMAN MEMORIAL FOUNDATION			***7			Page 4
Data or fulling or determination inter:	Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	, or 4	948	- see i	nstru	ictio	ns)
Data or fulling or determination inter:	1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🛄 and enter "N/A" on line 1.						
b Domestic foundations that meet the section 4949(e) requirements in Part V, check here ▶ and enter 1% 1 0. c Plant (Line 27b) 2 1 0. 2 Tax under section 511 (domestic section 4947(e)(1) trusts and taxable foundations only; others, enter -0-) 2 0. 2 Tax under section 511 (domestic section 4947(e)(1) trusts and taxable foundations only; others, enter -0-) 2 0. 2 Tax under section 511 (domestic section 4947(e)(1) trusts and taxable foundations only; others, enter -0-) 5 0. 3 Tax bade on investment income: Subtract tin 4 from time 3. It zor or fees, enter -0- 5 0. 4 Dotted tax presents and 2017 overpayment credited to 2018 6a 0. 6 contide-Payments: 6a 0. 0. 7 Tad credits and payments. Add into time 5 & through 5d 7 0. 0. 8 tother any pseulty for underapayment of estimated tax L>med tax tax 1 1 1 9 Tax due, If the tail of lines 5 and 8, enter than line 7, enter amount evergal 1 1 1 10 Voerpayment. Time 7 is more than line 2, either affectivor indirechy for policial paynetitics. Add interes and atomal, state, or local legislation or did it participate or intervene in any oblicial contender tax bas and 4b endorechy for policial paynetitics. Add intervene in any oblicial contender tax bas and 4b endorechy for policial apyn								
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, ocit, (b). J 2 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 3 0 3 dull lines 1 and 2 3 0 0 4 subbite A (income) bax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 0 0 6 coditsPayments: a218 estimated tax payments and 2017 overpayment credited to 2018 6a 0 0 6 a coditsPayments: a218 estimated tax payments and 2017 overpayment credited to 2018 6a 0 0 7 Total credits and payments. Add lines 6a through 6d 7 0 7 0 0 9 Tax due. If the total of lines 5 and 8 as more than line 7, enter amount overegald 8 0 0 0 11 there the amount of line 10 to bc; Credited to 2019 estimated tax to 10 8 0 0 0 12 to truth the total of lines 5 and 8 as more than line 7, enter amount overegald 11 11 11 11 12 to truth the total of lines 5 and 8 as more than time 7, enter amount overegald 10 11 11 11 12 to truth ansyser. 10 0	b			1				0.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, ocit, (b). J 2 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 3 0 3 dull lines 1 and 2 3 0 0 4 subbite A (income) bax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 0 0 6 coditsPayments: a218 estimated tax payments and 2017 overpayment credited to 2018 6a 0 0 6 a coditsPayments: a218 estimated tax payments and 2017 overpayment credited to 2018 6a 0 0 7 Total credits and payments. Add lines 6a through 6d 7 0 7 0 0 9 Tax due. If the total of lines 5 and 8 as more than line 7, enter amount overegald 8 0 0 0 11 there the amount of line 10 to bc; Credited to 2019 estimated tax to 10 8 0 0 0 12 to truth the total of lines 5 and 8 as more than line 7, enter amount overegald 11 11 11 11 12 to truth the total of lines 5 and 8 as more than time 7, enter amount overegald 10 11 11 11 12 to truth ansyser. 10 0		of Part I, line 27b	1					
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 2 0. 3 Add lines 1 and 2 0. 0. 4 Subite A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 4 0. 5 Tax based on investment iscome. Subtract line 4 from line 3.11 zero or less, enter -0- 5 0. 6 Codits Fayments: 0. 0. 5 0. 7 Tax paid with application for extension of time to file (form 8868) 6 0. 6 0. 6 Total credits and payments. Add lines 5 and 40, enter the amount overpaid 7 0. 0. 7 0.	c							
9 Additions 1 and 2 3 0. 4 Subtide A (noncen) bar (donce) bar (donce) to a volume in a (frame in a) (frame or less, enter -0	2			2				0.
4 Solute A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0	3		. T	3				0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 6 OrditsPagmentis: a 0. 7 OrditsPagmentis: a 0. 8 DecodesPagmentis: a 0. 9 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- b 0. 9 Tax deal with application for extension of time to line (from 8860) b 0. 9 Tax due. If the total of lines 5 and 8 is moragh 60 7 0. 9 Tax due. If the total of lines 5 and 8 is moragh 60 9 0. 10 Overgayment 10 finar than beto 10 tobs: Credited bz 2019 estimated tax >> Petundet> 9 0. 9 Tax due. If the total of lines 5 and 8, is the neasonatowergal 10 11 10 11 11 Entire than anount of line 10 to bs: Credited bz 2019 estimated tax >> Petundet> 11 11 X 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did. If participate or intervene in any policial campaign? 0. 0. 10 11 X 14 the answer is Yes' to 1 a or 1b, attach a detailed escription of the activities and copies of any materials published or distributed by the foundation the activities. 0. 0. 0. 0. <td>4</td> <td></td> <td></td> <td>4</td> <td></td> <td></td> <td></td> <td>0.</td>	4			4				0.
6 Credits/Payments: a 2016 estimated tax payments and 2017 overpayment credited to 2018	5			5				
a 2018 estimated tax payments and 2017 overpayment credited to 2018 6 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6							-
b Exempt foreign organizations - tax withheld at source	a		0.					
c Tax paid with application for extension of time to file (form 8868) 6 0 d Backup withholding erroneously withheld 7 0 Total credits and payments. Add lines 6a through 6d 7 0 s Enter any penalty for underpayment of estimated tax. Check here in anount overpaid 8 0 9 Tax due. If the total of lines 5 and 8 its more than line 7, enter amount overpaid 9 0 10 Overpayment of 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? 9 10 11 Enter the amount of line 10 to be, Credited to 2019 estimated tax > Period to 11 11 11 Part VII-A Statements Regarding Activities 11 11 11 Part VII-A Statements (either direcity or indirecity) for political purposes? See the instructions for the definition 11 X 10 Urit period and on the cart VII-DP-OL for this earr? 0. 0. 10 11 X 10 Urit period and on attempt to influence any national, state, or local legislation or did it participate or intervene in any political expenditures (section 4965) imposed during the year? 0. 0. 10 10 X 10 Othe foundation in connection with the activites. 0.								
d Backup withholding erroneously withhold 6d 0. 7 Total credits and payments. Add lines 5 at through 6d 7 0. 8 Enter any penalty for undergramment of estimated tax. Check here □ if form 2220 is attached 8 0. 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount over paid 9 0. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 11 11 Enter the amount of line 10 to be: Credited to 2019 estimated tax ▶ Refunded ▶ 11 11 Enter the amount of line 10 to be: Credited to 2019 estimated tax ▶ Refunded ▶ 11 12 During the tax year, dift the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 10 11 14 the tax wear if the foundation in connection with the activities. 0. 0. 10 X 15 the foundation in connection with the activities. 0. 0. 0. 0. 0. 16 the foundation in connection with the activities. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. <td< td=""><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td></td<>			-					
7 Total cradits and payments. Add lines 6 at through 6d 7 0. 8 Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 9 0. 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount overpaid 9 0. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 10 Part VII-A Statements Regarding Activities 10 10 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 oblicita clampian? 10 11 1b Did It spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition in connection with the activities and copies of any materials published or distributed by the foundation in connection with the activities. 0. 0. c Did the foundation file Form 1120-POL (or this year? 0. 0. 0. 0. c Has the foundation managers. > \$ 0. 0. 0. 0. 0. vps. discubed by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.<								
8 Enter any penalty for underpayment of estimated tax. Check here if form 2220 is attached if a 0. 8 0. 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount over paid 10 10 10 11 Enter the amount of line 10 to be; Credited to 2019 estimated tax. ▶ Retunded ▶ 11 10 10 12 Enter the amount of line 10 to be; Credited to 2019 estimated tax. ▶ Retunded ▶ 11 11 11 Part VILA Statements Regarding Activities 11 11 11 11 14 Buring 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? 10 11	_	Total credite and payments. Add lines 6a through 6d	-	7				0.
9 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount overpaid 9 0	-	Enter any nenalty for undernayment of estimated tay. Check here if Form 2220 is attached						
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 10 11 Enter the amount of line 10 to be: Credited to 2019 estimated tax ▶ Refunded ▶ 11 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 campaign? No 1a X 10 Did it speed more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 1a X 11 Ib and speed more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 1a X 11 Ib and speed more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 1a X 11 Ib and the answer is "Yes" to 1a or 1b, attach a detailed description of the activities. 0. 1a X 11 Ib and the answer is "Yes" to 1a or 1b, attach a detailed description of the activities. 0. 1a X 11 Ib and the foundation in connection with the activities. 0. (2) On foundation managers. > \$ 0. 0. 11 Ib and the foundation herade any changes, not previously been reported to the IRS? 1a				-				
11 Enter the amount of line 10 to be: Credited to 2019 estimated tax ▶ Refunded ▶ 11 Part VII-A Statements Regarding Activities No No 1a During the tax year, dift the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? No								<u> </u>
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 oplitual campaign? Ves No b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition It X 1b X It X 1c X It X 1d the foundation in connection with the activities. 0. 0. 0. c Did the foundation in connection with the activities. 0. 0. 0. 0. c Ther the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0. 0. 0. 0. 2 As the foundation made any changes, not previously theor reported to the IRS? 0. 2 X 11 "trees," thas it field a tax return on Form 990-T for this year? N/A 44 X 4 b If "Yes," thas it field a tax return on Form 990-T for this year? N/A 5 X 11 "trees," thas it field a tax return on Form 990-T for this year? N/A 5 X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," tatch he statenemet required b								
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 campaigin? Ves No 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 campaigin? Ves No 1a During the tax year, did the foundation in connection with the activities. It is pend more than \$100 during the year (either directly) for political purposes? See the instructions for the definition into inconnection with the activities. It It X 1b Did it spend more than \$100 during the year (if the foundation file Form 1120-POL for this year? 0. It It X 1c E Exter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. Is <u>0</u> . 0. It 2 X 2 Has the foundation made any changes, not previously peorted to the IRS? If 'res,' attach a detailed description of the activities. 3 X 4a X 4b If 'res,' attach a detailed business gross income of \$1,000 or more during the year? N / A 5 X 4b If 'res,' attach a detailed description of the activities. 5 X 4a X 4b If 'res,' attach a detailed description of the activities. 5 X 4a X <td></td> <td></td> <td>u 🚩</td> <td></td> <td></td> <td></td> <td></td> <td></td>			u 🚩					
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10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	9							
								X
Form QQ0_DF (2018)	10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	S	ΓMT				

Form 990-PF (2018) CASEY FELDMAN MEMORIAL FOUNDATION

Pa	art 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?			
	If "Yes," attach statement. See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address CASEYFELDMANMEMORIALFOUNDATION.ORG			
14	The books are in care of ► JOEL D. FELDMAN Telephone no. ► 215-28	5-9	145	
	Located at ▶ 469 RIDGE AVE., SPRINGFIELD, PA ZIP+4 ▶19	064		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		►	
	and enter the amount of tax-exempt interest received or accrued during the year 15	N	/A	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,	-	Yes	No
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
_	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	a 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?			
	(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			
	for the benefit or use of a disqualified person)?			
	(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.) Yes 🗴 No			
I	b If any answer is "Yes" to 1a(1)-(6), did any 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	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			х
•	before the first day of the tax year beginning in 2018?	10		Λ
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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2018? Yes X No If "Yes," list the years ►,			
	If "Yes," list the years b Are there any years listed in 2a for which the foundation is not 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 all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20		
3:	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
I	b If "Yes," did it have excess business holdings in 2018 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 2018.) N/A	3b		
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		х
-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

Form **990-PF** (2018)

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15251113 804242 CASEY

Form 990-PF (2018) CASEY FELDMAN MEMORIAL FOUNDATION		*_***	7433	F	⁵ age 6
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (cor	ntinue	d)			
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 4945(e))?	Yes	X No			
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,					
any voter registration drive?	Yes	X No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	Yes	XNo			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section					
4945(d)(4)(A)? See instructions	Yes	X 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?	Yes	XNo			
b If any answer is "Yes" to 5a(1)-(5), did any 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		N/A	5b		
Organizations relying on a current notice regarding disaster assistance, check here					
c 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? $igsqcup N/A$	Yes	No			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on					
a personal benefit contract?	Yes	XNo			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			6b		Х
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	Yes	X No			
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		N/A	7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
excess parachute payment(s) during the year?	Yes	X No			
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Hig Paid Employees, and Contractors	hly				

1	List all officers.	directors.	trustees.	and foundation	managers and their	compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 11		0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc	uded on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE			·	
	1			

Form **990-PF** (2018)

0

Total number of other employees paid over \$50,000

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

3 Five highest-paid independent contractors for professional services. If none, enter "		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensatio
NONE		
Φ <u>Γ</u> Ο 000 (complete in the second se		
otal number of others receiving over \$50,000 for professional services		►
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica	al information such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produc	ed, etc.	
SEE STATEMENT 12		1,500
STUDENTS AGAINST DISTRACTED DECISIONS		
501(C)(3) ORGANIZATION		
HEADQUARTERED IN MARLBOROUGH, MA.		12,850
SEE STATEMENT 13		81,038
		•
SEE STATEMENT 14		1,000
Part IX-B Summary of Program-Related Investments		1,000
Describe the two largest program-related investments made by the foundation during the tax year on lin	es 1 and 2	Amount
NT / 3		Amount
N/A		
All other program-related investments. See instructions.		
		0
otal. Add lines 1 through 3		Form 990-PF (201

Form **990-PF** (2018)

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P	art X Minimum Investment Return (All domestic foundations mu	st complete this part. F	oreign four	ndations, see	e 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	86,551
	Average of monthly cash balances			1b	106,680
	Fair market value of all other assets			1c	
	Total (add lines 1a, b, and c)			1d	193,231
	Reduction claimed for blockage or other factors reported on lines 1a and				
	1c (attach detailed explanation)	e	0.		
2	Acquisition indebtedness applicable to line 1 assets			2	0 .
3	Subtract line 2 from line 1d			3	193,231
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, se	e instructions)		4	2,898.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on P	art V, line 4		5	190,333
6	Minimum investment return. Enter 5% of line 5			6	9,517
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and	(j)(5) private operating fo	undations an	ıd certain	
	foreign organizations, check here \blacktriangleright and do not complete this part.)				
1	Minimum investment return from Part X, line 6			1	9,517.
		a			
b	Income tax for 2018. (This does not include the tax from Part VI.)	!b			
C	Add lines 2a and 2b			2c	0 .
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	9,517
4	Recoveries of amounts treated as qualifying distributions			4	0 .
5	Add lines 3 and 4			5	9,517.
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 XI	II, line 1		7	9,517.
P	art XII Qualifying Distributions (see instructions)				
_					
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purpose				
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a 🛛	96,388
	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	3,215
3	Amounts set aside for specific charitable projects that satisfy the:				
	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	99,603
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investr				
	income. Enter 1% of Part I, line 27b			5	0 .
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	99,603
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years whe	n calculating whether the	foundation o	qualifies for the	e 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,				
line 7 2 Undistributed income, if any, as of the end of 2018:				9,517.
a Enter amount for 2017 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2018:				
a From 2013				
b From 2014 74,110.				
cFrom 2015				
dFrom 2016				
eFrom 2017	400 800			
f Total of lines 3a through e	420,799.			
4 Qualifying distributions for 2018 from				
Part XII, line 4: ►\$ 99,603.			0.	
a Applied to 2017, but not more than line 2a b Applied to undistributed income of prior			0.	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		•		
(Election required - see instructions)	0.			
d Applied to 2018 distributable amount				9,517.
e Remaining amount distributed out of corpus	90,086.			,
5 Excess distributions carryover applied to 2018	0.			0.
(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:	510 005			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	510,885.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions		0.		
e Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2019				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	_			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2013				
not applied on line 5 or line 7	87,964.			
9 Excess distributions carryover to 2019.	422,921.			
Subtract lines 7 and 8 from line 6a	422,921.			
10 Analysis of line 9: a Excess from 2014 74, 110.				
b Excess from 2015				
c Excess from 2016 96,079.				
dExcess from 2017				
e Excess from 2018 90,086.				
902501 10 11 10				Eorm 990-PF (2018)

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Form **990-PF** (2018)

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Form 990-PF (2018) CASEY FEI	DMAN MEMO	RIAL FOUNDA	TION	**_**	*7433 Page 10
Part XIV Private Operating Fou	ndations (see ins	tructions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling or de					
foundation, and the ruling is effective for 20	18, enter the date of th	ne ruling	►		
b Check box to indicate whether the foundation	on is a private operatin	g foundation described i	n section	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
investment return from Part X for					
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 Inform			if the foundation	had \$5,000 or mo	ore in assets
at any time during the	year-see instr	uctions.)			

Information Regarding Foundation Managers: 1

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).)

JOEL D. FELDMAN

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

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.

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

SEE STATEMENT 15

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

c Any submission deadlines:

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

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Form 990-PF (2018) CASEY FELDMAN MEMOR CASEY FELDMAN MEMORIAL FOUNDATION **-**7433 Page 11

Part XV Supplementary Informatio	n (continued)			
3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
STUDENTS AGAINST DESTRUCTIVE	NONE	₽C	DONATION	
DECISIONS				
201 BOSTON POST ROAD				
MARLBOROUGH, MA 01752				12,850.
TEMPLE UNIVERSITY	NONE	PC	SCHOLARSHIP	
1801 NORTH BROAD STREET	NONE		SCHOLAKBITT	
PHILADELPHIA, PA 19122				1,500.
· · · · ·				
GLOBAL POVERTY PROJECT INC	NONE	₽C	DONATION	
594 BROADWAY SUITE 207				
NEW YORK , NY 10012				1,000.
DELAWARE COUNTY COMMUNITY COLLEGE	NONE	₽C	SCHOLARSHIP	
901 MEDIA LINE ROAD				
MEDIA, PA 19063				500.
	1011			
HARFORD COMMUNITY COLLEGE 401 THOMAS RUN ROAD	NONE	PC	SCHOLARSHIP	
BEL AIR, MD 21015				500.
Total			> 3a	16,350.
b Approved for future payment				
NONE				
Total		<u> </u>	► 3b	0.
				orm 990-PF (2018)

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Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated I	ousiness income		by section 512, 513, or 514	(e)
	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion code	Amount	function income
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					26.
4 Dividends and interest from securities					2,215.
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					755.
9 Net income or (loss) from special events			05	3,592.	
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)		C).	3,592.	
13 Total. Add line 12, columns (b), (d), and (e)					6,588.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	o the Accon	polishment of	Exempt P	urposes	
·			_	_	
Line No. Explain below how each activity for which incor			I-A contribute	d importantly to the accomp	lishment of
the foundation's exempt purposes (other than being the foundation's exempt purposes)					
13 CONTRIBUTIONS ARE PLACE					
13 TIME THEY ARE USED FOR					
13 FUNDS IN A SAVINGS OR I					NIZATION
13 ADDED FUNDING IN FULFIL					
13 THE FOUNDATION CONDUCTS					
13 ATTENTION TO AND END DI					
13 MAKING. ALSO, FOUNDATI					
13 ORGANIZATIONS, FEDERAL,	STATE Z	AND LOCAL	GOVERN	MENT BODIES,	AND

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13 13

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Form 990-PF (2018)

BUSINESSES FOR PURPOSE OF BRINGING AWARENESS TO PARENTS, TEENS, NATION

DECISION MAKING. THE PROGRAMS ARE IN EXISTENCE AND REQUIRE THE ABILITY TO SPEAK AND PRESENT VIDEOS ANYWHERE IN CONTINENTAL NORTH AMERICA AT

ON THE DETRAMENTS ASSOCIATED WITH DISTRACTED DRIVING AND DESTRUCTIVE

A MOMENTS NOTICE. MONIES NEED TO BE IMMEDIATELY AVAILABLE TO MEET

EXPENDITURES ASSOCIATED WITH SAME.

Form	990-PF	(2018)
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Part	XVII	Information Re Exempt Organ		sfers to a	nd Trans	actions a	nd Relations	nips With Nor	ncharitable)	<u> </u>
1 Di	d the or	ganization directly or indi	rectly engage in any	of the followin	ig with any oth	ner organizatio	n described in sect	ion 501(c)		Yes	No
(0	ther tha	n section 501(c)(3) organ	nizations) or in sectio	on 527, relating	g to political o	rganizations?					
a Tr	ansfers	from the reporting foundation	ation to a noncharita	ble exempt or	ganization of:						
(1) Cash				-				1a(1)		Х
		assets									Х
		sactions:									
(1) Sales	of assets to a noncharita	ble exempt organiza	tion					1b(1)		Х
(2	,) Purch	nases of assets from a no	ncharitable exempt c	organization					1b(2)		Х
		I of facilities, equipment,									Х
(4	,) Reiml	bursement arrangements	;						1b(4)		Х
(5	,) Loans	s or loan guarantees							1b(5)		Х
(6	,) Perfo	rmance of services or me	embership or fundrai	sing solicitatio	ns				1b(6)		Х
		f facilities, equipment, ma									Х
		ver to any of the above is								sets,	
		s given by the reporting fo		-		• •	-	-			
CO	lumn (d	I) the value of the goods,	other assets, or serv	vices received.							
(a)Line	no.	(b) Amount involved	(c) Name of	f noncharitable	e exempt orga	nization	(d) Description	of transfers, transactio	ons, and sharing ar	rangeme	nts
				N/A							
			1								
			1								
							_				
0.0.10	4h a fa	dation divestity on indivest	the officients of with one				ations described				
		ndation directly or indirect								v	No
		501(c) (other than sectio							Yes		
D II	165, 00	omplete the following scho (a) Name of org			(b) Type of	ornanization		(c) Description of re	lationship		
		N/A	Janization		(2) 1) po or 1	organization			hadonomp		
		penalties of perjury, I declare							May the IRS	discuss	this
Sign		elief, it is true, correct, and con	inplete. Declaration of pr	eparer (other tha	n taxpayer) is ba	sed on all morm	ation of which prepare	has any knowledge.	return with th shown below	e prepar ? See in:	er str.
Here							PRESI	DENT	X Yes	;] No
	Sign	ature of officer or trustee			Date		Title				
		Print/Type preparer's na		Preparer's s	ignature		Date	Check if	PTIN		
Date		RAYMOND P.					11/12/14	self- employed			
Paid		CPA			D P. M	ARCHA	11/13/19		P00838		
Prep Use		Firm's name ►DIS	ANTO, PRI	EST &	0.			Firm's EIN ► *	*-***98	о 4	
036	Unity	Firm's address ▶11		ידאיזיס		יי מע #	3000	<u> </u>			
			, maiko C			лιυ, π	5000	1			

Phone no. (401)921-2000 Form **990-PF** (2018)

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WARWICK, RI 02886

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

*	*	_	*	*	*	7	4	3	3	

CASEY	FELDMAN	MEMORIAL	FOUNDATION	
Organization type (check one):				

Filers of:	Section:
Form 990 or 990-EZ	501(c)() (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	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

X 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

J 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.

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.

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

Employer identification number

-7433

CASEY FELDMAN MEMORIAL FOUNDATION

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	JOEL D. FELDMAND AND DIANNE L. ANDERSON		Person X Payroll
	469 RIDGE LAND SPRINGFIELD, PA 19064	\$20,443.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HORACE MANN SCHOOL FOUNDATION PO BOX 720962 SAN JOSE, CA 95172	\$20,000.	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
3	FIREHOUSE SUBS FOUNDATION 12735 GRAN BAY PKWY # 150 JACKSONVILLE, FL 32258	\$10,000.	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
No.	Name, address, and ZIP + 4 LEAR CORPORATION 21557 TELEGRAPH ROAD	Total contributions	Type of contribution Person X Payroll
<u>No.</u>	Name, address, and ZIP + 4 LEAR CORPORATION 21557 TELEGRAPH ROAD SOUTHFIELD, MI 48033 (b)	Total contributions \$ 25,000. (c) (c)	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 4 (a) No.	Name, address, and ZIP + 4 LEAR CORPORATION 21557 TELEGRAPH ROAD SOUTHFIELD, MI 48033 (b) Name, address, and ZIP + 4 EAST KENTUCKY POWER COOPERATIVE 4775 LEXINGTON ROAD	Total contributions \$ 25,000. (c) Total contributions	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Image: Complete Part II for noncash Image: Complete Part II for noncash (d) Type of contribution X Person X Payroll Image: Complete Part II for noncash (Complete Part II for Complete Part II for
No. 4 (a) No. 5 (a)	Name, address, and ZIP + 4 LEAR CORPORATION 21557 TELEGRAPH ROAD SOUTHFIELD, MI 48033 (b) Name, address, and ZIP + 4 EAST KENTUCKY POWER COOPERATIVE 4775 LEXINGTON ROAD WINCHESTER, KY 40392-0707 (b) Name, address, and ZIP + 4 FIRSTENERGY 76 SOUTH MAIN STREET AKRON, OH 44308-1890	Total contributions \$ 25,000. (c) Total contributions \$ 10,000. (c) Total contributions \$ 10,000. (c) Total contributions \$ 5,000.	Type of contribution Person X Payroll Image: Contribution Noncash Image: Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Payroll Image: Complete Part II for noncash contributions.) X (Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) (d) X

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2018.05000 CASEY FELDMAN MEMORIAL FOUN CASEY__1

Name of organization

Employer identification number

-7433

CASEY FELDMAN MEMORIAL FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional 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
		 \$	

15251113 804242 CASEY

2018.05000 CASEY FELDMAN MEMORIAL FOUN CASEY__1

Name of or	ganization		Employer identification numb
CASEY	FELDMAN MEMORIAL FOUND	ATION	**-**7433
Part III		tions to organizations described in sec) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the r. For organizations ss for the year. (Enter this info.once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a 	Ind ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u></u>			
-		(e) Transfer of gift	
	Transferee's name, address, a 	Ind ZIP + 4	Relationship of transferor to transferee
(a) No.			1
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F		(e) Transfer of gift	- 1
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
23454 11-08	- 18	17	Schedule B (Form 990, 990-EZ, or 990-PF) (2

15251113 804242 CASEY

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

2018.05000 CASEY FELDMAN MEMORIAL FOUN CASEY__1

Page 4

FORM 990-PF INTERE	ST ON SAVIN	IGS AND I	'EMPOR	ARY C	ASH	INVESTMENTS	ST.	ATEMENT	1
SOURCE					(B) INVESTMENT INCOME		(C) ADJUSTED NET INCOME		
WELLS FARGO				26.		26.			
TOTAL TO PART I, LI	NE 3			26.		26.			
FORM 990-PF	DIVIDENDS	S AND INT	EREST	FROM	SEC	URITIES	ST.	ATEMENT	2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	IS	REV	A) ENUE BOOK			(C) ADJUSTI NET INCO	
MET LIFE SECURITIES	2,970.		755.		2,21	5. 2,2	15.		
TO PART I, LINE 4	2,970.		755.		2,21	5. 2,2	15.		
FORM 990-PF		OTHER	INCO	ME			ST.	ATEMENT	3
DESCRIPTION			RE	(A) VENUE BOOK		(B) NET INVEST MENT INCOM		(C) ADJUSTEI NET INCOM	
GROSS INCOME FROM S FUNDRAISING EVENTS	PECIAL			3,	592.		0.		
TOTAL TO FORM 990-P	F, PART I,	LINE 11		3,	592.		0.		
FORM 990-PF		ACCOUN	TING	FEES			ST.	ATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOK		(B) T INV NT IN	EST-			(D) CHARITAN PURPOSI	
ACCOUNTING		2,25	0.		0	•		2,25	50.

2,250. TO FORM 990-PF, PG 1, LN 16B

0.

2,250.

FORM 990-PF	OTHER PROFES	ç	STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROFESSIONAL FEES - OTHER	586.	0.		586.
TO FORM 990-PF, PG 1, LN 16C	586.	0.		586.

FORM 990-PF

OTHER EXPENSES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CHARITABLE PURPOSE SUPPLIES	6,000.	0.		6,000.
INVESTMENT & BANK CHARGES	2,430.	2,430.		0.
INSURANCE	1,139.	0.		1,139.
POSTAGE / DELIVERY	1,508.	0.		1,508.
PROGRAM ADVERTISING AND				
MARKETING	3,282.	0.		3,282.
PROGRAM EXPENSES - SERVICE				
DAY & PSA	4,448.	0.		4,448.
SUBCONTRACT - PROGRAM &				
GRANT WRITERS & CONSULTANTS	10,367.	0.		10,367.
WEBSITE MAINTENANCE	26,802.	498.		26,304.
OTHER DIRECT PROGRAM				
EXPENSES	1,169.	0.		1,169.
DEPRECIATION - CHARITABLE				
PURPOSE	0.	287.		723.
AMORTIZATION - CHARITABLE				. –
PURPOSE	0.	0.		87.
CREDIT CARD CHARGEBACKS	2,068.	0.		2,068.
MEMBERSHIPS & SUBSCRIPTIONS	1,750.	0.		1,750.
SUPPLIES	616.	0.		616.
MISCELLANEOUS	80.	0.		80.
AMORTIZATION	87.	0.		0.
TO FORM 990-PF, PG 1, LN 23	61,746.	3,215.		59,541.

FORM 990-PF OTHER DECREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	7
DESCRIPTION	AMOUNT	
UNREALIZED LOSS FROM MARKETABLE SECURITIES	6,48	39.
TOTAL TO FORM 990-PF, PART III, LINE 5	6,48	39.

FORM 990-PF DEPRECIATION	OF ASSETS NO	T HELD FOR INV	VESTMENT	STATEMENT 8
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	FAIR MARKET VALUE
WEBSITE VIDEO PRODUCTION COMPUTER EQUIPMENT COMPUTER EQUIPMENT TRADEMARK	12,260. 7,593. 1,414. 2,141. 1,300.	7,593.	0. 0. 82. 617. 1,148.	0. 82. 617.
TO 990-PF, PART II, LN 14	24,708.	22,861.	1,847.	1,847.

FORM 990-PF	CORPORATE	STOCK		STATEMENT	9
DESCRIPTION		BOOK	VALUE	FAIR MARKET VALUE	Г
MARKETABLE SECURITIES			84,390.	84,39	90.
TOTAL TO FORM 990-PF, PART II,	LINE 10B		84,390.	84,39	90.

	STANTIAL CONTRIE VII-A, LINE 10	BUTORS	STATI	EMENT 10
NAME OF CONTRIBUTOR	ADDRESS			
JOEL D. FELDMAN, DIANNE L. ANDERS	ON 469 RIDGE AVE SPRINGFIELD,			
LEAR CORPORATION	21557 TELEGRA SOUTHFIELD, M			
FORM 990-PF PART VIII - LIS	T OF OFFICERS, I	DIRECTORS	STATI	EMENT 11
	FOUNDATION MANA			
NAME AND ADDRESS	TITLE AND AVRG HRS/WK			EXPENSE
JOEL D. FELDMAN 469 RIDGE LANE SPRINGFIELD, PA 19064	PRESIDENT 30.00	0.	0.	0.
DIANNE L. ANDERSON 469 RIDGE LANE SPRINGFIELD, PA 19064	SECRETARY 25.00	0.	0.	0.
BRETT FELDMAN 380 30TH STREET BOULDER, CO 80305	TREASURER 1.00	0.	0.	0.
JOHN BAIR C/O MILESTONE CONSULTING 737 MAIN STREET # 100 BUFFALO, NY 14203	G DIRECTORR 1.00	0.	0.	0.
KELSEY BUTLER 155 W 60TH STREET NEW YORK, NY 10023	DIRECTORR 1.00	0.	0.	0.
JANINE REPKA 160 EAST 48TH STREET NEW YORK, NY 10017	DIRECTORR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0.

SUMMARY OF DIRECT CHARITABLE ACTIVITIES FORM 990-PF STATEMENT

ACTIVITY ONE

TEMPLE UNIVERSITY 1801 NORTH BROAD STREET PHILADELPHIA, PA 19122 SCHOLARSHIP

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 13

ACTIVITY THREE

PUBLIC SPEAKING IS CONDUCTED THROUGHOUT THE UNITED STATES ON THE DANGERS OF DISTRACTED DRIVING. SPEAKERS VISIT SCHOOLS, A SUNDRY OF ORGANIZATIONS, SMALL AND LARGE BUSINESSES, FEDERAL, STATE AND LOCAL GOVERNMENT BODIES TO CONDUCT EDUCATION TALKS, DISCUSSIONS AND PRESENTATIONS ON THE DANGERS OF DISTRACTED DRIVING.

THROUGH A NETWORK OF VOLUNTEER SPEAKERS EDUCATIONAL TALKS ARE PROVIDED TO MIDDLE SCHOOL, HIGH SCHOOL AND COLLEGE STUDENTS WITHOOUT COST TO THE SCHOOLS. SINCE 2010 NEARLY 450,000 STUDENTS HAVE SEEN PRESENTATIONS IN 46 STATES AND CANADA AND ABOUT 18000 ADULTS. ABOUT 750 STUDENTS AND PARENTS ARE INVOLVED IN ANNUAL VIDEO AND MEME CONTESTS. EDUCATIONAL MESSAGES ARE ALSO DISSEMINATED THROUGH 70,000 ACTIVE FACEBOOK AND TWITTER FOLLOWERS.

TO FORM 990-PF, PART IX-A, LINE 3

22 STATEMENT(S) 12, 13 15251113 804242 CASEY 2018.05000 CASEY FELDMAN MEMORIAL FOUN CASEY 1

-7433

12

1,500.

EXPENSES

81,038.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 14

ACTIVITY FOUR

GLOBAL POVERTY PROJECT, INC. 501(C)(3) HEADQUARTERED IN NEW YORK, NEW YORK CHARITIABLE PURPOSE IS TO END EXTREME POVERTY.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 4

1,000.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

15 STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

THE CASEY FELDMAN MEMORIAL FOUNDATION 469 RIDGE AVENUE SPRINGFIELD, PA 19064

TELEPHONE NUMBER

215-285-9145

EMAIL ADDRESS

WWW.CASEYFELDMANFOUNDATION.ORG & ENDDD.ORG

FORM AND CONTENT OF APPLICATIONS

SEE WEBSITE: WWW.CASEYFELDMANFOUNDATION.ORG

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

ONLY CONSISTENT WITH FOUNDATION MISSION

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

	JU-FF FAGE 1					-		990-PI		*					
Asset No.	Description	Date Acquired	Method	Life	C L o ♪ v	_{ine} Unad ^{No.} Cost (ljusted Dr Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	WEBSITE	07/01/11	SL	3.00	HY1	6 12	2,260.				12,260.	12,260.		0.	12,260.
2	VIDEO PRODUCTION	07/01/13	200DB	5.00	HY1	7 7	,593.				7,593.	7,157.		436.	7,593.
3	COMPUTER EQUIPMENT	07/01/14	200DB	5.00	нү1	7 1	.,414.				1,414.	1,169.		163.	1,332.
4	COMPUTER EQUIPMENT	07/01/16	200DB	5.00	HY1	7 2	2,141.				2,141.	1,113.		411.	1,524.
5	TRADEMARK	04/01/17	197	180M	HY4	3 1	.,300.				1,300.	65.		87.	152.
	* TOTAL 990-PF PG 1 DEPR & AMORT					24	1,708.				24,708.	21,764.		1,097.	22,861.

828111 04-01-18

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 4562	
Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property) 990-PF OMB No. 1545-0172

Attachment Sequence No. 179

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return Business or activity to which this form relates Identifying number **-***7433 CASEY FELDMAN MEMORIAL FOUNDATION FORM 990-PF PAGE 1 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,000,000. 1 **1** Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 2,500,000. 3 Threshold cost of section 179 property before reduction in limitation 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 **13** Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 the tax vear 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 1,010. 17 MACRS deductions for assets placed in service in tax years beginning before 2018 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use only - see instructions) (e) Convention (f) Method (a) Depreciation deduction year placed in service period 19a 3-year property 5-year property b 7-year property С 10-year property d 15-year property е 20-year property f S/L 25-year property 25 yrs. g S/L 1 27.5 yrs. MM Residential rental property h 27.5 yrs. MM S/L 1 MM S/L 1 39 vrs. i Nonresidential real property S/L MM Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L b 30-year 30 yrs. MM S/L С 40 yrs. d 40-vear MM S/I Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 1,010. 22 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

816251 12-26-18 LHA For Paperwork Reduction Act Notice, see separate instructions. 2018.05000 CASEY FELDMAN MEMORIAL FOUN CASEY__1 15251113 804242 CASEY

(a) Type of property (list whites its) (b) pace in pace in service that SD% in a qualified basiness use: (c) (b) whites the degreenees (b) white whites available the personal use (b) white white available the persona	33 _P	Page 2
Note: For any vehicle for which you are using the standard mileage rate or deducting lease express, complexed only 24a. 24a. Do you have indence to support the buildestimeture use claimed? Yes Ive of the buildestimeture of the buildestimeture to a claimed? 24a. Do you have indence to support the buildestimeture use claimed? Yes Ive of the buildestimeture of the buildestimeture to a claimed? 24b. Do you have indence to support the buildestimeture use claimed? Ives Ives<		
Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger varianticus claimer? If Yes in 0, 24th 174;es; the excitance written? If Yes information and the bisinses/investment use claimer? If Yes information and the tax year and used more than 50% in a qualified business use: 25 Property used more than 50% in a qualified business use: Image: Structure information and the 21, page 1 Zes 27 Property used 50% or less in a qualified business use: Structure information and use of Ysructure information and ysructure information information and ysructure information information and ysructure information information and ysructure information and ysructure information and ysructure information information and ysructure information information and ysructure information and ysructure informa		
24a Dryou have exidence to support the business/mestment use claimed? Ves No 24a Dryou have exidence to support the business/mestment use claimed? Ves No 24a Dryou have exidence to support the business/mestment use claimed? Ves No 24a Dryou have exidence to support the business/mestment use claimed? Ves No Property construction Description Output to the second of the business use. 25 Special depreciation allowance for qualified business use: Image of the business use. Image of the business (the business use. Image of the business (the business)		
(a) Type of property (list vehicle mst) (b) Discrete Plead in September (september Septemb		
Upper Origonary (18) Packed in assume the service of the service during during diffusion during diffusion during diffusion	Yes	<u>No</u>
(If which is first) Participant use participant period Convention deduction 25 Special depreciation allowance for qualified lasted property placed in service during the tax year and used more than 50% in a qualified business use: 25 25 26 Property used more than 50% in a qualified business use: 25 26 27 Property used 50% or less in a qualified business use: 50.1 50.1 28 27 Property used 50% or less in a qualified business use: 50.1 50.1 28 29 Add amounts in column 0, lines 25 through 27. Enter here and on line 21, page 1 28 29 28 29 29 29 20	(i) Elect	
25 Special depreciation allowance for qualified business use: 25 26 Property used more than 50% in a qualified business use: 25 27 Property used forms than 50% in a qualified business use: 26 27 Property used 50% or less in a qualified business use: 28 27 Property used 50% or less in a qualified business use: 28 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 7, page 1 28 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 7, page 1 28 29 Section B - Information on Use of Vehicles 29 20 Section B - Information on Use of Vehicles 29 21 Total business/investment miles driven during the year. 28 21 Total commuting miles driven during the year. 20 20 23 Total business/investment miles driven during the year. 20 20 20 23 Total other personal (noncommuting miles driven during the year. 20 20 20 20 24 Was the vehicle available for personal use. Yes No Yes No Yes No Yes No Yes <t< td=""><td>section</td><td></td></t<>	section	
used more than 50% in a qualified business use: 25 26 Property used more than 50% in a qualified business use: 36 27 Property used 50% or less in a qualified business use: 54 28 Add amounts in column (b), line 25. Enter here and on line 21, page 1 54 29 Add amounts in column (b), line 25. Enter here and on line 21, page 1 28 29 Add amounts in column (b), line 25. Enter here and on line 7, page 1 28 20 Add amounts in column (b), line 25. Enter here and on line 7, page 1 28 20 Add amounts in column (b), line 25. Enter here and on line 7, page 1 29 20 Add amounts in column (b), line 25. Enter here and on line 21, page 1 28 21 Total business/investment miles driven during the year many of the section C to see If you meet an exception to completing this section for those vehicles. 20 Total business/investment miles driven during the year many of the section for those vehicles and by a more than 5% owner, 'or related person. If you provided vehicle weight by a more than 5% owner, 'or related person. If you provide vehicles driven during the year many of the section for these vehicles and by a more than 5% owner, 'or related person. If you provide vehicles and by a more than 5% owner, 'or related person. If you provide vehicles and by a more than 5% owner or related person. 40 30 Total business/investion for the	COS	51
26. Property used more than 50% in a qualified business use: i 9% i 9% St 27. Property used 50% or less in a qualified business use: St St 27. Property used 50% or less in a qualified business use: St St 28. Add amounts in column (h), line 26. Enter here and on line 21, page 1 28 29. Add amounts in column (h), line 26. Enter here and on line 21, page 1 28 29. Add amounts in column (h), line 26. Enter here and on line 21, page 1 28 20. add amounts in column (h), line 26. Enter here and on line 21, page 1 28 20. or employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30. Total business/investment miles driven during the year. (a) (b) 31. Total commuting miles driven during the year. (a) (b) 31. Total other personal (woronommuting) miles driven during the year. (a) (b) (c) (c) 32. Total		
i 9 i 9 i 96 i i 27 Property used 50% or less in a qualified business use: S/L. i 96 S/L. 28 Add amounts in column (h), lines 25: through 27. Enter here and on line 7, page 1 28 29 Add amounts in column (h), lines 26: Enter here and on line 7, page 1 28 Section 8 - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided veo your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. Total obtimes driven during the year. Add inter during the year.		
i 96 i 96 27 Property used 50% or less in a qualified business use: S/L. i 96 S/L. 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 29. Add amounts in column (h), lines 25. through 27. Enter here and on line 21, page 1 29 Section B - Information on Use of Vehicles 29 Complete this section for vehicles used by a sole projetor, partner, or other 'more than 5% owner,' or related person. If you provided veo vour employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during the year		
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27 Property used 50% or less in a qualified business use: S/L : S/L : i i 6 S/L : 28 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided ve o your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during the year diator personal (noncommutig) miles driven during the year diator personal (noncommutig) miles driven during the year. (a) (b) (c) (d) (e) Vehicle Vehicl		
i % S/L i % S/L i % S/L 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 7, page 1 29 Section 8 - Information on Use of Vehicles 20 Section 6 - Information on Use of Vehicles 29 Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided veo your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. Control the personal (noncommuting miles driven during the year. Add amounts in column (h), lines 25 through 22. Yes No Yes Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persona. Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or relat		
i 96 S/L 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Section B - Information on Use of Vehicles 29 Complete this section for vehicles used by a sole proprietor, partmer, or other "more than 5% owner," or related person. If you provided veio your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 90 Total business/investment miles driven during the year		
i % S/L 38 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 9 Add amounts in column (h), lines 25. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles On Total business/investment miles driven during the year (don't include commuting miles driven during the year. Year (don't include commuting miles) Total other personal (noncommuting) miles driven		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 7, page 1 28 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 7, page 1 29 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 7, page 1 29 20 Add amounts in column (h), lines 25 through 27. Enter here and on line 7, page 1 29 20 Centre here and on line 7, page 1 29 20 Constanting on line 26. Enter here and on line 7, page 1 29 20 or smployees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 20 Total business/investment miles driven during the year. (a) (b) (c) (d) (e) Vehicle Vehicl		
19 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section 6 - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 3% owner," or related person. If you provided veices. (a) (a) (b) (c) (d) (e) Vehicle Vehicle <t< td=""><td></td><td></td></t<>		
Section B - Information on Use of Vehicles bomplete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided veloces o Total business/investment miles driven during the year. (don't include commuting miles) (a) (b) (c) (d) (e) 1 Total commuting miles driven during the year. (don't include commuting miles driven during the year. (don't include commuting miles) (a) (b) (c) (c) (d) (e) 2 Total other personal (noncommuting) miles driven during the year. (add include commuting miles) (a) Yes No Yes Yes No Yes Ye		
complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided velocity of the vehicles in Section C to see if you meet an exception to completing this section for those vehicles. 0 Total business/investment miles driven during the year (and thick commuting miles) (a) (b) (c) (d) (e) 1 Total commuting miles driven during the year (and thick commuting miles) (a) (b) (c) (d) (e) Vehicle Vehicle <td></td> <td></td>		
o your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (a) (b) (c) (d) (e) (a) (b) (c) (d) (e) (e) (a) (b) (c) (d) (e) (e) (a) (b) (c) (c) (d) (e) (a) (b) (c) (c) (d) (e) (a) (d) (b) (c) (c) (d) (e) (a) (don'tinclude commuting miles driven during the year. (a) (a) (a) (b) (c)	ehicles	
(a) (b) (c) (d) (e) 0 Total business/investment miles driven during the year. Vehicle	Sinclos	
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(Rev. January 2019)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

►	File a	separate	application	for eac	ch return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifyi	ng number
Type o print	r Name of exempt organization or other filer, see instru	Employer identification number (EIN				
	CASEY FELDMAN MEMORIAL FOU	NDATI	NC		**_**	*7433
File by the due date filing your	for Number, street, and room or suite no. If a P.O. box, and the street, and room or suite no. If a P.O. box, and the strength of the strength	see instruc	tions.	Social se	curity numbe	er (SSN)
return. Se instructio		foreign adc	Iress, see instructions.			
Enter tl	he Return Code for the return that this application is for (f	ile a separa	ate application for each return)			0 4
Applica	ation	Return	Application			Return
ls For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9	90-BL	02	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above) JOEL D• FELDMA	06	Form 8870			12
 If the organization does not have an office or place of business in the United States, check this box						
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less						0.
_	any nonrefundable credits. See instructions. 3a \$					
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						0.
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$						0.
	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c					
				3c	\$	0.
instruc	n: If you are going to make an electronic funds withdrawa tions.			433-EU a		
LHA	For Privacy Act and Paperwork Reduction Act Notice	, see instr	uctions.		Form 8	868 (Rev. 1-2019)

823841 12-19-18

Mail to: Pennsylvania Department of State Bureau of Corporations and Charitable Organizations 207 North Office Building Harrisburg, PA 17120 See <u>www.dos.pa.gov/charities</u> for more information	Charitable Organization Registration Statement BCO-10 (rev. 8/2017) Fee: See instructions
Read all instructions	prior to completing form.
Certificate number: 101737 (N/A if initial registration) Fiscal year ended: 12/31/2018 MM DD YYYY	If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:
FEIN: <u>**-**7433</u>	Organization does not solicit contributions in Pennsylvania
 Legal name of organization: <u>CASEY FELDMAN M</u> Check if name change and give previous name All other names used to solicit contributions: 	EMORIAL FOUNDATION
 NONE 3. Contact person: JOEL D. FELDMAN, ESQ. 4. Physical address of organization: 	Contact's E-mail: JFELDMAN@ANAPOLWEISS.COM Mailing address: (If different than physical)
469 RIDGE LANE SPRINGFIELD PA 19064	
County: DELAWARE 800 number:	Phone number: 215-285-9145
	TION.ORG
Where established: SPRINGFIELD, PENNSYLV.	

constitution or other organizational instrument and by-laws.

6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

	sheet if necessary)
	NONE
	<u> </u>
7.	Short form registration applicability - Specified types of charitable organizations described in 1/462.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":
	§162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when
	all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions
	and provided that all contributions collected shall be held in trust
	§162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of
	the organization. The term "membership" shall not include those persons who are granted a membership solely
	upon making a contribution as the result of solicitation. "Member" means a person having membership in a
	nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation,
	bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily
	conferred on members of such organizations.
	§162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose
	fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities
	§162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen,
	ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from
	registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.
	X Not Applicable
	Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file
	a financial report with this registration. If "Not Applicable" is checked, the charitable organization
	must submit financial reports which are audited, reviewed, compiled or internally prepared. See
	Instructions.
	Items 8 and 9 are required to be completed by initial registrants only
~	
8.	Date organization first solicited contributions from Pennsylvania residents:
	Other
9.	If organization solicited Pennsylvania residents and received gross* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000.
	MM DD YYYY
	Other

*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

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10.	CASEY FELDMAN MEMORIAL FOUNDATION Has the organization been granted IRS tax-exempt status? X Yes No
	A. If "Yes," under which IRS code section: <u>501(C)(3)</u> and attach a copy of the IRS exemption letter if not previously submitted.
	B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes X No (If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitte
11.	Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year?
	(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)
12.	Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):
	VOLUNTARY, INTERNET - CONSTANT CONTACT, LECTURES, ETC.
13.	A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.
	SEE STATEMENT 2
14.	Is the organization registered to solicit contributions in any other state or municipality?
	Yes X No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)
15.	Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in
	Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check
	"Yes" if the organization only uses or intends to only use a professional fundraising counsel.)
	If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania
	residents:
	Montan Day rear
16.	Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all
	contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)
	SEE STATEMENT 1
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17. Names, addresses, and telephone numbers of all professional fundraising counsel the organization uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

	Names, addresses, and telephone numbers of any commercial coventurers under contra (Attach a separate sheet if necessary)	ct with the organization:
	NONE	
	If the registering charity is a parent organization located in Pennsylvania, does the organi registration covering all of its Pennsylvania affiliates?	ization elect to file a combined
	(See note "Affiliate and Parent Organization") Yes No X Not Applicable	
	If "Yes," give all names and certificate numbers of the affiliate organizations:	
	(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the pa	arent organization's 990 group
	return and file a public disclosure form (BCO-23) for each affiliate.)	
		o file a combined registration
	Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes X No Not Applicable	o file a combined registration
[on the registering charity's behalf? (See note "Affiliate and Parent Organization")	
Γ	on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes X No Not Applicable	
ľ	on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes X No Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent	arent organization's 990 group return
	on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes X No Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent file a public disclosure form (BCO-23) for each affiliate.) Legal name of parent organization Pennsylvania certificate number	arent organization's 990 group return ber
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22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities:

JOEL D. FELDMAN

469 RIDGE LANE SPRINGFIELD, PA 19064

B. Have final responsibility for the custody of contributions:

JOEL D. FELDMAN

469 RIDGE LANE SPRINGFIELD, PA 19064

C. Have final responsibility for final distribution of contributions:

JOEL D. FELDMAN & DIANNE L. ANDERSON

469 RIDGE LANE SPRINGFIELD, PA 19064

D. Are responsible for custody of financial records:

JOEL D. FELDMAN

469 RIDGE LANE SPRINGFIELD, PA 19064

23. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

Δ	Any other officer, director, trustee, or employee?	Х	Yes	No	SEE	STATEMENT	5
А.	Any other officer, director, trustee, or employee?		165				-

- B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? ** Yes X No
- C. Any officers, agents or employees of any supplier or vendor providing goods or services? **

Yes X No

**(this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

- 24. Has the organization or any of its present officers, directors, executive personnel or trustees ever:
 - A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction? Yes X No
 - B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency?
 - C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency?

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

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Form BCO-10 (rev. 8/2017)

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Certification - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer	Date		
JOEL D. FELDMAN, PRESIDENT			
Type or print name and title of Chief Fiscal Officer			
Signature of Other Authorized Officer	Date		
DIANNE L. ANDERSON, SECRETARY / CFO			
Type or print name and title of Other Authorized Officer			

Checklist for registration:						
	Completed registration statement properly signed and dated.					
X	A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer					
X	Public Disclosure Form BCO-23 (if required)					
X	Applicable Financial Statements (audited, reviewed, compiled or internally prepared)					
X	Registration fee and any late filing fees					
	Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.					
See Instructions for more information on completing this form and attachments.						

STATEMENT(S) 1

NAME AND ADDRESS

FORM BCO-10

NONE

CONTRACT END DATE SOLICIT DATE

-7433

PHONE NUMBER

1

STATEMENT

ALL PROFESSIONAL SOLICITORS

2 STATEMENT

PROGRAMS DESIGNED TO CALL ATTENTION TO AND END DISTRACTED DRIVING AND DESTRUCTIVE DECISION MAKING. FOUNDATION TEAMS UP AND PARTNERS WITH CHARITABLE ORGANIZATIONS, FEDERAL, STATE AND LOCAL GOVERNMENT BODIES AND BUSINESSES FOR PURPOSE OF BRINGING AWARENESS TO PARENTS, TEENS, NATION ON THE DETRAMENTS ASSOCIATED WITH DISTRACTED DRIVING AND DESTRUCTIVE DECISION MAKING. PROGRAMS IN EXISTENCE. ALSO, SCHOLARSHIPS ARE AWARDED FOR THE BENEFIT OF STUDENTS TO ENCOURAGE COMMUNITY SERVICE AND ANIMAL WELFARE.

PHONE NUMBER

PROFESSIONAL FUNDRAISING COUNSELS 3 FORM BCO-10 STATEMENT

NAME AND ADDRESS

NONE

CONTRACT BEGIN DATE CONTRACT END DATE SERVICE DATE

FORM BCO-10	OFFICERS,	DIRECTORS,	TRUSTEES	AND	EXECUTIVES	STATEMENT	4
NAME AND ADDRESS				TITI	ĴE		
JOEL D. FELDMAN 469 RIDGE LANE SPRINGFIELD, PA 1	9064			PRES	SIDENT		
NAME AND ADDRESS				TITI	LE		
DIANNE L. ANDERSO 469 RIDGE LANE SPRINGFIELD, PA 1				SECI	RETARY		
NAME AND ADDRESS				TITI	LE		
BRETT FELDMAN 380 30TH STREET BOULDER, CO 80305	i			TRE2	ASURER		

FORM BCO-10 RELATED OFFICER, DIRECTOR, TRUSTEE, EMPLOYEE STATEMENT 5

NAME AND ADDRESS

JOEL D. FELDMAN 469 RIDGE LANE SPRINGFIELD, PA 19064

BUSINESS

ATTORNEY

NAME AND ADDRESS

DIANNE L. ANDERSON 469 RIDGE LANE SPRINGFIELD, PA 19064

BUSINESS

ATTORNEY

NAME AND ADDRESS

BRETT FELDMAN 380 30TH STREET BOULDER, CO 80305

BUSINESS

SYSTEM ENGINEER

v. 5-09) PENNS	<u>SYLVANIA PUBLIC D</u>	ISCLOSURE F	ORM BC	D-23	
ORGANIZATION NAME: CAS	EY FELDMAN MEMOR	IAL FOUNDAT	ION		
CERTIFICATE NUMBER:	101737	FOR FISCAL YI	EAR ENDED: 1	2/31/2	018
t I: Gross Contributions					
1) General Contributions				1	133,7
2) Gross Receipts from Special Eve	ents			2	3,5
3) Contributions from Affiliates				3	
4) Contributions Received from Fed	derated Fundraising Organization	s		4	
5) Receipts from Membership Dues	s in Excess of Bona Fide Dues			5	
6) Gross Contributions (add lines	i 1 through 5)		\rightarrow	6	137,3
II: Other Income					
7) Program Service Revenues				7	
8) Bona Fide Membership Dues an	d Assessments			8	
9) Government Grants and Contrac	cts			9	
10) Miscellaneous Income				10	23,4
11) Total Income (add lines 6 throu	ıgh 10)		\rightarrow	11	160,7
III: Expenses					
12) Program Services				12	96,3
13) Administrative Expenses				13	3,2
14) Fundraising Expenses				14	
15) Payments to Affiliated Organizati	ions			15	
16) Other Expenses from Special Ev	ents (other than fundraising expe	nses)		16	
17) Miscellaneous Expenses				17	
18) Total Expenses (add lines 12 th	nrough 17)		\rightarrow	18	99,6
IV: Net Assets					
19) Excess or (Deficit) for the Year (s	ubtract line 18 from line 11)			19	61,1
20) Net Assets or Fund Balances at	Beginning of Year			20	168,2
21) Other Changes in Net Assets or	Fund Balances (attach explanation	on)		21	-6,4
22) Net Assets or Fund Balances a	nt End of Year (combine lines 19	9, 20, and 21)	\rightarrow	22	222,9
(See Next Page for "Salaries and Expe	ense Allowance Statement")				
18 CCH		11			

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Report salaries paid and expenses allowed to the five highest paid employees. Additionally, include salaries paid and expenses allowed to any and all compensated officers of the organization.

23) Salaries and Expense:

Name of Individual	Title and Average Hours Per Week Devoted to Position	Salary	Expense Account and Other Allowances
Five Highest Paid Employees:			
<u>1.</u>			
2.			
<u></u>			
Officers:	PRESIDENT		
JOEL D. FELDMAN	30.00 SECRETARY	0.	0.
DIANNE L. ANDERSON		0.	0.
BRETT FELDMAN	1.00	0.	0.

875822 04-01-18 CCH

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