EXTENDED TO NOVEMBER 15, 2017 Return of Private Foundation

Form **990-PF**Department of the Treasury

Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

2016
Open to Public Inspection

For calendar year 2016 or tax year beginning , and ending A Employer identification number Name of foundation 27-0877433 CASEY FELDMAN MEMORIAL FOUNDATION Number and street (or P.O. box number if mail is not delivered to street address) B Telephone number 215-285-9145 469 RIDGE LANE City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here PA 19064 SPRINGFIELD, D 1. Foreign organizations, check here Initial return of a former public charity G Check all that apply: Initial return 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 ... Other (specify) (from Part II, col. (c), line 16) 153,910. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable purposes (cash basis only) (The total of amounts in columns (b), (c), and (d) may not expenses per books income income necessarily equal the amounts in column (a).) 78,956 N/A 1 Contributions, gifts, grants, etc., received Check if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 89 STATEMENT 89 3 1,973. 1,973 STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 208. 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a h 208 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications... 10a Gross sales less returns and allowances b Less: Cost of goods sold c Gross profit or (loss) 4,902 0. STATEMENT 11 Other income 2,270. 86,128. Total. Add lines 1 through 11 0. 0. 0. 13 Compensation of officers, directors, trustees, etc. Other employee salaries and wages 15 Pension plans, employee benefits Expenses 16a Legal fees 0. 2,600 0 **b** Accounting fees c Other professional fees and Administrative 17 Interest 0 1,574. Depreciation and depletion Occupancy 16,768. 16,768. 0. Travel, conferences, and meetings 1,279. 1,279. 0. 22 Printing and publications STMT 5 83,793. 2,637 81,467. 23 Other expenses Operating 24 Total operating and administrative 99,514. 106,014 2,637 expenses. Add lines 13 through 23 4,500. 4,500 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 104,014. Add lines 24 and 25 2,637 110,514 Subtract line 26 from line 12: -24,386 a Excess of revenue over expenses and disbursements 0. b Net investment income (if negative, enter -0-) N/Ac Adjusted net income (if negative, enter -0-)

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For	m 99	0-PF(2016) CASEY FELDMAN MEMORIAL F			0877433 Page 2
P	art	Balance Sheets Allached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year	End of	/
		COMMIN SHOULD BE TO END-OF-Year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing	40,329.	18,793.	
	2	Savings and temporary cash investments	57,149.	52,238.	52,238.
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
sts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
⋖		Investments - U.S. and state government obligations			50 115
		Investments - corporate stock STMT 7	74,275.	79,447.	79,447.
		Investments - corporate bonds			
	11	Investments - land, buildings, and equipment; basis			
		Less: accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis ► 23,408.			
		Less: accumulated depreciation STMT 8 19,976.	2,865.	3,432.	3,432.
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	174,618.	153,910.	153,910.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Ś		Deferred revenue			
litie	1	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities		Mortgages and other notes payable			
Ξ.	22	Other liabilities (describe)			
		=			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
Ses	24	Unrestricted	174,618.	153,910.	
anc	25	Temporarily restricted			
Bal	1	Permanently restricted			
nd		Foundations that do not follow SFAS 117, check here			
ш		and complete lines 27 through 31.			
0.0	27	Capital stock, trust principal, or current funds			
sets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ass	29	Retained earnings, accumulated income, endowment, or other funds			
Net Assets or Fund Balances	30	Total net assets or fund balances	174,618.	153,910.	
_					
	31	Total liabilities and net assets/fund balances	174,618.	153,910.	
Ξ					
<u>P</u>	art	III Analysis of Changes in Net Assets or Fund Ba	lances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line 30)		
•		st agree with end-of-year figure reported on prior year's return)		1	174,618.
2	•	r amount from Part I, line 27a		The Table of the Asset of the Parket of the	-24,386.
3	Othe	er increases not included in line 2 (itemize)	SEE STA		3,680.
		lines 1, 2, and 3			153,912.
		reases not included in line 2 (itemize) ROUNDING		5	2.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu	ımn (b), line 30		153,910.
_			The state of the s		Form 990-PF (2016)

See the Part VI instructions.

orm	990-PF (2016) CASEY FELDMAN MEMORIAL FOUNDATION		0877			Page 4
_	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or					
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 📖 and enter 1%	1_				0.
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					1792
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	3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
6	Credits/Payments:					
a	2016 estimated tax payments and 2015 overpayment credited to 2016					
b	Exempt foreign organizations - tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868) 6c 6c					
	Backup withholding erroneously withheld 6d 6d					
7	Total credits and payments. Add lines 6a through 6d	7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax	11				
	rt VII-A Statements Regarding Activities					1
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	e in			Yes	No
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	n)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publi	shed o	r			
	distributed by the foundation in connection with the activities.					
	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. \blacktriangleright \$ 0 . (2) On foundation managers. \blacktriangleright \$ 0	•				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ▶ \$0 .					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X_
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		ec	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?			4b		02/21
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			_ 5		X
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	te law				
	remain in the governing instrument?			6	X	<u></u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part X	V :::::::	0.000100000	7	X	_
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	PA					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calculations are considered as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calculations are considered as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calculations are considered as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(4) for calculations are considered as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(4) for calculations are considered as a private operating foundation within the meaning of section 4942(j)(4) for calculations are considered as a					
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	CMTS	9	10	X	I

Pa	rt VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		_X_
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	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	N	/A	
16	At any time during calendar year 2016, 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
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		7	
	(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.)			
Ь	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			
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
•	before the first day of the tax year beginning in 2016?	1c		х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	-10		
-	defined in section 4942(j)(3) or 4942(j)(5)):			
,	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
٥	before 2016? Yes X No			
	the state of the s			
ь	If "Yes," list the years \[\bigsim			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
		2b		
	statement - see instructions.) If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			_
2.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
00				
L	during the year? Yes LX No If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after			
E	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 2016.) N/A	3b		
4-	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	74		-23
L	had not been removed from leggardy before the first day of the tax year beginning in 2016?	4h		x

All other program-related investments. See instructions.

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must co	omplete this part. Foreign 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	76,861.	
				84,253.
	Fair market value of all other assets		1c	0.
	Total (add lines 1a, b, and c)		1d	161,114.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets	***************************************	2	0.
3	Subtract line 2 from line 1d		3	161,114.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see ins	structions)	4	2,417.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V	, line 4	5	158,697.
6	Minimum investment return. Enter 5% of line 5		6	7,935.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) foreign organizations check here and do not complete this part.)) private operating foundations ar	nd certain	
1	Minimum investment return from Part X, line 6	(1111-001(1)11110)111110011111000111110001	1	7,935.
2a	Tax on investment income for 2016 from Part VI, line 5			,
b	Income tax for 2016. (This does not include the tax from Part VI.)			
С	Add lines 2a and 2b		20	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	7,935.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	7,935.
6	Deduction from distributable amount (see instructions)		6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, lin		7	7,935.
	art XII Qualifying Distributions (see instructions)		10 10	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	104,014.
b	Program-related investments - total from Part IX-B		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		2	
3	Amounts set aside for specific charitable projects that satisfy the:			
а	Suitability test (prior IRS approval required)		3a	
	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		4	104,014.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment			
-	income. Enter 1% of Part I, line 27b		5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	104,014.
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when cal	lculating whether the foundation of	qualifies for th	
	4940(a) reduction of tax in those years	-		

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,				7,935.
line 7 2 Undistributed income, if any, as of the end of 2016:				1,955.
a Enter amount for 2015 only			0.	
b Total for prior years:		0.		1 N- 11
3 Excess distributions carryover, if any, to 2016:		0.		
a From 2011 25,444.				
b From 2012 50,572.				
c From 2013 87,964.				
d From 2014 74,110.				
e From 2015 75,903.				
f Total of lines 3a through e	313,993.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ► \$ 104,014.				
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0 .			
d Applied to 2016 distributable amount				7,935.
e Remaining amount distributed out of corpus	96,079.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a),)	0.			0.
6 Enter the net total of each column as indicated below:			M 3	
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	410,072.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				0
be distributed in 2017				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)	0.	-		
8 Excess distributions carryover from 2011 not applied on line 5 or line 7	25,444.			
9 Excess distributions carryover to 2017.	23, 444.			
0.11 18 7 106 6 0	384,628.			
Subtract lines / and 8 from line 6a 10 Analysis of line 9:	304,020.			
a Excess from 2012 50,572.				
b Excess from 2013 87,964.				
c Excess from 2014 74,110.				
d Excess from 2015 75,903.				
e Excess from 2016 96,079.				

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

c Any submission deadlines:

Tart Av Supplementary information	(continued)			
3 Grants and Contributions Paid During the Y	ear 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
Ivallie and address (notice of business)	or substantial contributor	recipient		
a Paid during the year				
		70.0	TOUGH ADOLLED / GDANE	
PHILABUNDANCE 3616 SOUTH GALLOWAY STREET	NONE	PC	SCHOLARSHIP / GRANT	
PHILADELPHIA, PA 19148				1,500,
FILLDADELFILA, FA 19140				1,500
TOWSON UNIVERSITY	NONE	₽C		
8000 YORK ROAD				
TOWSON, MD 21252		<u></u>	SCHOLARSHIP / GRANT	1,000
UNIVERSITY OF PITTSBURGH	NONE	₽C	CHARITABLE	
4200 FIFTH AVENUE			CONTRIBUTION	1,000.
PITTSBURGH, PA 15260				1,000
COMMONWEALTH YOUTHCHOIRS INC.	NONE	₽C	CHARITABLE	
35 WEST CHELTEN AVENUE			CONTRIBUTION	
PHILADELPHIA, PA 19144				1,000.
Total			▶ 3a	4.500
b Approved for future payment				
NONE				
		-		
Total			▶ 3h	ñ

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion	Amount	function income
a					
b					
C					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					89.
4 Dividends and interest from securities					1,973.
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					208.
9 Net income or (loss) from special events			05	4,902.	
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) .	4,902.	2,270.
13 Total. Add line 12, columns (b), (d), and (e)					7,172.
(See worksheet in line 13 instructions to verify calculations.)					

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

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
13	CONTRIBUTIONS ARE PLACED IN A SAVINGS OR INVESTMENT ACCOUNT UNTIL SUCH
13	TIME THEY ARE USED FOR THE FOUNDATIONS EXEMPT PURPOSE. THE KEEPING OF
13	FUNDS IN A SAVINGS OR INVESTMENT ACCOUNT PROVIDES THE ORGANIZATION
13	ADDED FUNDING IN FULFILLING THEIR CHARITABLE PURPOSE TO END
13	DISTRACTED DRIVING.
13	ALSO, WRISTBANDS ARE PRESENTED TO ATTENDEES AT SPEAKING ENGAGEMENTS
13	AS REINFORCEMENT AND A CONSTANT REMINDER ON THE DANGERS OF DISTRACTED
13	DRIVING. A NEGLIGIBLE FEE IS COLLECTED TO HELP COVER WRISTBAND COST.
-	
-	
-	
:=	
-	

_				27-08' d Relationships With Nonch			ge 13
1	Did the organization directly or indi		ng with any other organization	described in section 501(c) of		Yes	No
	the Code (other than section 501(c						
a	Transfers from the reporting found						
_					1a(1)		X
							Х
b	Other transactions:						
	(1) Sales of assets to a noncharita	ble exempt organization	W. H. COSANO, DANS		1b(1)		Х
							X
							X
							X
					1		X
							X
	Sharing of facilities, equipment, ma	iling lists, other assets, or paid er	nployees		1c		X
	or services given by the reporting f column (d) the value of the goods,	oundation. If the foundation receiventer assets, or services received	ved less than fair market value •	ys show the fair market value of the goods in any transaction or sharing arrangement	, show in		
(a)	Line no. (b) Amount involved	(c) Name of noncharitab	le exempt organization	(d) Description of transfers, transactions, ar	nd sharing an	rangeme	nts
=		N/A					
		D					
	DEVISED W	r than section 501(c)(3)) or in sec		tions described	Yes	[x	No
		r than section 501(c)(3)) or in sec edule.				X	No
	in section 501(c) of the Code (othe If "Yes," complete the following sch	r than section 501(c)(3)) or in sec edule.	otion 527?			X] No
	in section 501(c) of the Code (othe if "Yes," complete the following sch (a) Name of org	r than section 501(c)(3)) or in sec edule.	otion 527?			[X] No

(b) Type of organization	(c) Description of relationship
	(b) Type of organization

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than laxpayer) is based on all information of which preparer has any knowledge. Sign Here PRESIDENT Signature of officer or trustee Date Title Date Print/Type preparer's name Preparer's signature RAYMOND P. MARCHAK

Check if	PTIN
self- employed	
	P00838339
Firm's EIN ► 5	7-1139864
	self- employed

Paid Preparer **Use Only**

PRIEST & CO. Firm's name ► DISANTO, Firm's address ▶ 117 METRO CENTER BOULEVARD, #3000

RI 02886

WARWICK,

(401)921-2000 Phone no.

Form **990-PF** (2016)

May the IRS discuss this return with the preparer shown below (see instr.)?

X Yes

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990 .

OMB No. 1545-0047

Name of the organization

Employer identification number

CASEY	FELDMAN MEMORIAL FOUNDATION	27-0877433					
Organization type (check one):	ganization type (check one):						
Filers of: Secti	ion:						
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						
	red by the General Rule or a Special Rule. or (10) organization can check boxes for both the General Rule and a Special Ru	lle. See instructions.					
•	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ontributor. Complete Parts I and II. See instructions for determining a contributor						
Special Rules							
sections 509(a)(1) and 17	ribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support $(0(b)(1)(A)(v))$, that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, ng the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount Complete Parts I and II.	, or 16b, and that received from					
year, total contributions of	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educate children or animals. Complete Parts I, II, and III.						
year, contributions exclusions is checked, enter here the purpose. Don't complete	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sively for religious, charitable, etc., purposes, but no such contributions totaled me total contributions that were received during the year for an exclusively religious any of the parts unless the General Rule applies to this organization because it contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>					
but it must answer "No" on Part I	t covered by the General Rule and/or the Special Rules doesn't file Schedule B (F v, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F g 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) (2016)

Name of organization

Employer identification number

CASEY FELDMAN MEMORIAL FOUNDATION

27-0877433

Part I	Contributors	See instructions). Use duplicate copies of Part I if add	ditional space is needed.
Parti	Continuators	See instructions). Use duplicate copies of Fart in add	illional 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 469 RIDGE LAND SPRINGFIELD, PA 19064	\$19,580.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MILESTONE CONSULTING, LLC 737 MAIN STREET, SUITE 100 BUFFALO, NY 14203	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ISCO INDUSTRIES 49 COBBLER DRIVE FITCHBURG, MA 01420	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	TRAVELERS INSURANCE CO. 485 LEXINGTON AVENUE NEW YORK, NY 10017	\$16,330.	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
5	AMERICAN ASSOCIATION FOR JUSTICE 777 6TH STREET, NW, SUITE 200 WASHINGTON, DC 20001	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CASEY FELDMAN MEMORIAL FOUNDATION

27-0877433

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
_			

Name of organiz		MITON		27 0077422
Part III	ELDMAN MEMORIAL FOUNDA Exclusively religious, charitable, etc., contri the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	butions to organizations describe plumns (a) through (e) and the fol , charitable, etc., contributions of \$1,000	ed in section 501(c)(7), (8), or (lowing line entry. For organizations or less for the year, (Enter this info, once.)	27-0877433 (0) that total more than \$1,000 for \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
	Transferee's name, address, an	(e) Transfer of g	ift Relationship of trans	sferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
	Transferee's name, address, an	(e) Transfer of g	ift Relationship of trans	sferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
	Transferee's name, address, an	(e) Transfer of g	gift Relationship of trans	sferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
		(e) Transfer of g		
	Transferee's name, address, an	Id ZIP + 4	Relationship of tran	steror to transferee

FORM 990-PF INTERE	ST ON SAVI	NGS AND T	EMPOR <i>i</i>	ARY CASH	IN	VESTMENTS	STATEM	ENT	1
SOURCE		RE	(A) VENUE BOOKS		IN	(B) VESTMENT COME	(C) ADJUS NET II	STED	
WELLS FARGO			8	39.		89.			
TOTAL TO PART I, LI	NE 3		3	39.		89.			_
FORM 990-PF	DIVIDENDS	S AND INT	EREST	FROM SE	CUR	ITIES	STATEM	ENT	 2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	S	(A) REVENU PER BOO		(B) NET INVES MENT INCO	T- ADG	(C) JUSTE INCO	
MET LIFE SECURITIES	2,181	•	208.	1,9	73.	1,97	3.		
TO PART I, LINE 4	LINE 4 2,181. 208. 1,973.		1,97	3.					
FORM 990-PF		OTHER	INCOL	ИE			STATEM	ENT	3
DESCRIPTION			REV	(A) /ENUE BOOKS		(B) ET INVEST- ENT INCOME	ADJI	C) USTED INCOM	
GROSS INCOME FROM S FUNDRAISING EVENTS	PECIAL			4,902		0	•		
TOTAL TO FORM 990-P	F, PART I,	LINE 11		4,902	- - - -	0	•		_
FORM 990-PF		ACCOUN	TING 1	FEES			STATEM	ENT	4
DESCRIPTION		(A) EXPENSES PER BOOK		(B) F INVEST NT INCOM		(C) ADJUSTED NET INCOM	CHA	(D) RITAB RPOSE	
ACCOUNTING	-	2,60	0.		0.	*			0 .
TO FORM 990-PF, PG	1, LN 16B	2,60	0.		0.				0.

FORM 990-PF	OTHER E	XPENSES		STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	(D) CHARITAE E PURPOSE	
CHARITABLE PURPOSE SUPPLIES	10,206.	0.	•	10,20	6.
INVESTMENT & BANK CHARGES	2,637.	2,637.		·	0.
INSURANCE	1,264.	0.			0.
POSTAGE / DELIVERY	1,105.	0.		1,10)5.
PROGRAM ADVERTISING AND				00.40	
MARKETING	22,428.	0.		22,42	88.
PROGRAM CAUSE AND DIRECT	45.006	•		15 00	
CAMPAIGN	15,926.	0		15,92	60.
SUBCONTRACT - PROGRAM	F 103	0		5,19	2
WRITERS	5,193. 1,000.	0.		1,00	
DIRECT PROGRAM RESEARCH	•	0.		17,80	
WEBSITE MAINTENANCE OTHER DIRECT PROGRAM	17,805.	0.		17,00	, , ,
EXPENSES	6,229.	0.		6,23	ł۸.
DEPRECIATION - PROGRAM	0,225.	0.		1,57	
DEFINECTATION - LIGHTON	•	U .		1,5,	
		0.625	-		,
TO FORM 990-PF, PG 1, LN 23	83,793.	2,637.		81,46	57.
			ALANCES	81,46	
TO FORM 990-PF, PG 1, LN 23			ALANCES		6
TO FORM 990-PF, PG 1, LN 23 FORM 990-PF OTHER INCREASES	S IN NET ASS	ETS OR FUND BA	ALANCES	STATEMENT	6
TO FORM 990-PF, PG 1, LN 23 FORM 990-PF OTHER INCREASES DESCRIPTION	S IN NET ASS	ETS OR FUND BA	ALANCES -	STATEMENT	6
TO FORM 990-PF, PG 1, LN 23 FORM 990-PF OTHER INCREASES DESCRIPTION UNREALIZED GAIN FROM MARKETAR	S IN NET ASS	ETS OR FUND BA	ALANCES	STATEMENT AMOUNT 3,68	6
TO FORM 990-PF, PG 1, LN 23 FORM 990-PF OTHER INCREASES DESCRIPTION UNREALIZED GAIN FROM MARKETAE TOTAL TO FORM 990-PF, PART II	S IN NET ASS	ETS OR FUND BA	ALANCES	STATEMENT AMOUNT 3,68	30.
TO FORM 990-PF, PG 1, LN 23 FORM 990-PF OTHER INCREASES DESCRIPTION UNREALIZED GAIN FROM MARKETAN TOTAL TO FORM 990-PF, PART II FORM 990-PF	S IN NET ASS	ETS OR FUND BA	=	STATEMENT AMOUNT 3,68 3,68 STATEMENT FAIR MARKET	6 30.

FORM 990-PF DEPRECIATION OF ASSE	TS NOT HELD FOR INVESTMENT	STATEMENT 8
DESCRIPTION	COST OR ACCUMULATED OTHER BASIS DEPRECIATION	BOOK VALUE
WEBSITE VIDEO PRODUCTION COMPUTER EQUIPMENT COMPUTER EQUIPMENT	12,260. 7,593. 1,414. 2,141. 1,006. 428.	0. 1,311. 408. 1,713.
TOTAL TO FM 990-PF, PART II, LN 14	23,408. 19,976.	3,432.
	TANTIAL CONTRIBUTORS II-A, LINE 10	STATEMENT 9
NAME OF CONTRIBUTOR JOEL D. FELDMAN AND DIANNE L. ANDERSON	ADDRESS 469 RIDGE AVE SPRINGFIELD, PA 19064	

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 10 PART XV, LINES 2A THROUGH 2D

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

FORM AND CONTENT OF APPLICATIONS

SEE WEBSITE: WWW.CASEYFELDMANFOUNDATION.ORG

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

ONLY CONSISTENT WITH FOUNDATION MISSION

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM	6 H	990-PF PAGE 1					51	990-PF							
₹*	Asset No.	Description	Date Acquired	Method	Life	No E>	Unadjusted Cost Or 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
	Т	WEBSITE	07/01/11	SL	3.00	HY16	12,260.				12,260.	12,260.		0	12,260.
_	2	VIDEO PRODUCTION	07/01/13	200DB	5.00	HY17	7,593.				7,593.	5,407.		875.	6,282.
	3	COMPUTER EQUIPMENT	07/01/14	200DB	5.00	HY17	1,414.				1,414.	735.		271.	1,006.
	4	COMPUTER EQUIPMENT	07/01/16 200DB	200DB	5.00	HY19B	2,141.				2,141.			428.	428.
		* TOTAL 990-PF PG 1 DEPR					23,408.				23,408.	18,402.		1,574.	19,976.
		CURRENT YEAR ACTIVITY													
		BEGINNING BALANCE					21,267.			.0	21,267.	18,402.			19,548.
		ACQUISITIONS					2,141.			.0	2,141.	0.			428,
		DISPOSITIONS					0.			0.	0.	0			0
		ENDING BALANCE					23,408.			0.	23,408.	18,402.			19,976.
		ENDING ACCUM DEPR										19,976.			
		ENDING BOOK VALUE										3,432.			
528	111 0	628111 04-01-16					(D) - Asset disposed	pesoc		*	ITC, Salvage,	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	ercial Revita	lization Deduc	tion, GO Zone

(D) - Asset disposed

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

Depreciation and Amortization (Including Information on Listed Property)

990-PF

Attach to your tax return.

OMB No. 1545-0172 16

Attachment Sequence No. **179**

Department of the Treasury Internal Revenue Service (99)

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

CAS	EY FELDMAN MEMORIA	L FOUNDAT	ION FOR	M 990-PI	PAGE	1	27-0877433
Par							ou complete Part I.
1 N	laximum amount (see instructions)					4	500,000.
	otal cost of section 179 property place						
	hreshold cost of section 179 property					10.000	2,010,000.
	eduction in limitation. Subtract line 3					100	
	ollar limitation for tax year, Subtract line 4 from lin					0.1000:	
6	(a) Description of p		(b) Cost (busin		(c) Elected		
-							
-							
-							
7	sted property. Enter the amount fron	a lino 20		7			
	otal elected cost of section 179 prop	0.0016	in column (a) lines 6 and	******		8	
	entative deduction. Enter the smalle					1972	
	arryover of disallowed deduction from						
	usiness income limitation. Enter the s		,				
	ection 179 expense deduction. Add I					12	
	arryover of disallowed deduction to 2			🖊 13			
-	Don't use Part II or Part III below for			11 - 4 1 (B) (\$22 1/2) (B)	(C) X (r)		
Par							
	pecial depreciation allowance for qua						
	ne tax year						
15 P	roperty subject to section 168(f)(1) el	ection		*******		15	
	ther depreciation (including ACRS)					16	
Par	t III MACRS Depreciation (Don'	t include listed pro	perty.) (See instructions.)				
			Continu A				
_			Section A				
17 N	ACRS deductions for assets placed	in service in tax ye		5		17	1,146.
	you are electing to group any assets placed in se	vice during the tax year	ars beginning before 2016	unts, check here .	> [
	you are electing to group any assets placed in se	vice during the tax year s Placed in Servic	ars beginning before 2016 into one or more general asset according to the control of the control	unts, check here .	> [
	you are electing to group any assets placed in se	vice during the tax year	ars beginning before 2016	unts, check here .	> [ation Syste	
	you are electing to group any assets placed in set Section B - Assets	s Placed in Servic (b) Month and year placed	ars beginning before 2016 Into one or more general asset accree During 2016 Tax Year ((c) Basis for depreciation (business/investment use	Jsing the Gene	eral Deprecia	ation Syste	em
18 If	you are electing to group any assets placed in sea Section B - Assets (a) Classification of property	s Placed in Servic (b) Month and year placed	ars beginning before 2016 Into one or more general asset accree During 2016 Tax Year ((c) Basis for depreciation (business/investment use	Jsing the Gene	eral Deprecia	ation Syste	em
18 if	you are electing to group any assets placed in set Section B - Assets (a) Classification of property 3-year property	s Placed in Servic (b) Month and year placed	ars beginning before 2016 nto one or more general asset acce e During 2016 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions)	unts, check here Jsing the Gene (d) Recovery period	eral Deprecia (e) Convention	ation Syste	(g) Depreciation deduction
18 if	Section B - Assets (a) Classification of property 3-year property 5-year property	s Placed in Servic (b) Month and year placed	ars beginning before 2016 nto one or more general asset acce e During 2016 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions)	unts, check here Jsing the Gene (d) Recovery period	eral Deprecia (e) Convention	ation Syste	(g) Depreciation deduction
19a b c d	Section B - Assets Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property	s Placed in Servic (b) Month and year placed	ars beginning before 2016 nto one or more general asset acce e During 2016 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions)	unts, check here Jsing the Gene (d) Recovery period	eral Deprecia (e) Convention	ation Syste	(g) Depreciation deduction
19a b c d e	Section B - Assets Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	s Placed in Servic (b) Month and year placed	ars beginning before 2016 nto one or more general asset acce e During 2016 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions)	unts, check here Jsing the Gene (d) Recovery period	eral Deprecia (e) Convention	ation Syste	(g) Depreciation deduction
19a b c d e	Section B - Assets Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property	s Placed in Servic (b) Month and year placed	ars beginning before 2016 nto one or more general asset acce e During 2016 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions)	Jsing the Gene (d) Recovery period	eral Deprecia (e) Convention	ation Syste	(g) Depreciation deduction
19a b c d e	Section B - Assets Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	s Placed in Servic (b) Month and year placed	ars beginning before 2016 nto one or more general asset acce e During 2016 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions)	Jsing the General Jsing the Ge	eral Deprecia (e) Convention HY	ation Syste (f) Method 200DB	(g) Depreciation deduction
19a b c d e	Section B - Assets Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property	s Placed in Service (b) Month and year placed in service	ars beginning before 2016 nto one or more general asset acce e During 2016 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions)	Jsing the General Street Stree	eral Deprecia (e) Convention HY MM	ention Syste (f) Method 200DB S/L S/L	(g) Depreciation deduction
19a b c d e f	Section B - Assets Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property	s Placed in Servic (b) Month and year placed	ars beginning before 2016 nto one or more general asset acce e During 2016 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions)	Jsing the General Street Control of	eral Deprecia (e) Convention HY MM MM	(f) Method 200DB S/L S/L S/L	(g) Depreciation deduction
19a b c d e f	Section B - Assets Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property	s Placed in Service (b) Month and year placed in service	ars beginning before 2016 nto one or more general asset acce e During 2016 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions)	Jsing the General Street Stree	eral Deprecia (e) Convention HY MM MM MM	s/L S/L S/L S/L S/L	(g) Depreciation deduction
18 if 19a b c d e f g	Section B - Assets Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	Price during the tax year S Placed in Servic (b) Month and year placed in service / / / / /	ars beginning before 2016 Into one or more general asset acce e During 2016 Tax Year ((c) Basis for depreciation (business/investment use only - see instructions) 2,141.	25 yrs. 27.5 yrs. 39 yrs.	eral Deprecia (e) Convention HY MM MM MM MM	s/L S/L S/L S/L S/L	(g) Depreciation deduction 428.
19a b c d e f g h	Section B - Assets Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets	Price during the tax year S Placed in Servic (b) Month and year placed in service / / / / /	ars beginning before 2016 nto one or more general asset acce e During 2016 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 39 yrs.	eral Deprecia (e) Convention HY MM MM MM MM	stion Syste (f) Method 200DB S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	(g) Depreciation deduction 428.
19a b c d e f g h i 20a	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Section C - Assets Class life	Price during the tax year S Placed in Servic (b) Month and year placed in service / / / / /	ars beginning before 2016 Into one or more general asset acce e During 2016 Tax Year ((c) Basis for depreciation (business/investment use only - see instructions) 2,141.	25 yrs. 27.5 yrs. 39 yrs.	eral Deprecia (e) Convention HY MM MM MM MM	stion Syste (f) Method 200DB S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	(g) Depreciation deduction 428.
19a b c d e f g h i 20a b	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 20-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year	Price during the tax year S Placed in Servic (b) Month and year placed in service / / / / /	ars beginning before 2016 Into one or more general asset acce e During 2016 Tax Year ((c) Basis for depreciation (business/investment use only - see instructions) 2,141.	25 yrs. 27.5 yrs. 39 yrs. Sing the Altern	eral Deprecia (e) Convention HY MM MM MM MM MM Ative Deprecia	stion Syste (f) Method 200DB S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	(g) Depreciation deduction 428.
19a b c d e f g h i 20a b c	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 20-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year	Price during the tax year S Placed in Servic (b) Month and year placed in service / / / / /	ars beginning before 2016 Into one or more general asset acce e During 2016 Tax Year ((c) Basis for depreciation (business/investment use only - see instructions) 2,141.	25 yrs. 27.5 yrs. 39 yrs.	eral Deprecia (e) Convention HY MM MM MM MM	stion Syste (f) Method 200DB S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	(g) Depreciation deduction 428.
19a b c d e f g h i 20a b c Par	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year Summary (See instructions.)	Placed in Service (b) Month and year placed in service (b) Month and year placed in service / / / / Placed in Service	ars beginning before 2016 Into one or more general asset acce e During 2016 Tax Year ((c) Basis for depreciation (business/investment use only - see instructions) 2,141.	25 yrs. 27.5 yrs. 39 yrs. Sing the Altern	eral Deprecia (e) Convention HY MM MM MM MM MM Ative Deprecia	stion Syste (f) Method 200DB S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	(g) Depreciation deduction 428.
19a b c d e f g h 20a b c Par 21 L	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year \$\$\text{\$\text{Summary}\$} (\text{See} instructions.)}\$ isted property. Enter amount from line	Placed in Service (b) Month and year placed in service (c) Month and year placed in service // // // Placed in Service	ars beginning before 2016 Into one or more general asset acce Puring 2016 Tax Year ((c) Basis for depreciation (business/investment use only - see instructions) 2,141. During 2016 Tax Year Use	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 40 yrs.	eral Deprecia (e) Convention HY MM MM MM MM MM Ative Deprecia	stion Syste (f) Method 200DB S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	(g) Depreciation deduction 428.
19a b c d e f g h c Par 21 L 22 T	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year t IV Summary (See instructions.) isted property. Enter amount from lino otal. Add amounts from line 12, lines	Placed in Service (b) Month and year placed in service (c) Month and year placed in service // // // Placed in Service 4 2 4 4 4 4 7 Placed in Service	ars beginning before 2016 Into one or more general asset acce Puring 2016 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions) 2,141. During 2016 Tax Year Uses es 19 and 20 in column (g	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 40 yrs.	eral Deprecia (e) Convention HY MM MM MM MM MM MM MM MM MM	S/L S/L	(g) Depreciation deduction 428.
19a b c d e f 9 h i 20a b c Par 21 L 22 T	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year t IV Summary (See instructions.) isted property. Enter amount from line otal. Add amounts from line 12, lines nter here and on the appropriate line	Placed in Service (b) Month and year placed in service (c) Month and year placed in service / / / / Placed in Service 4 through 17, lines of your return. Page 18	ars beginning before 2016 Into one or more general asset acce Puring 2016 Tax Year ((c) Basis for depreciation (business/investment use only - see instructions) 2,141. During 2016 Tax Year Use es 19 and 20 in column (granterships and S corporate	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 40 yrs.	eral Deprecia (e) Convention HY MM MM MM MM MM MM MM MM MM	S/L S/L	(g) Depreciation deduction 428.
19a b c d e f g h i 20a b c Par 21 L 22 T E 23 F	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year t IV Summary (See instructions.) isted property. Enter amount from lino otal. Add amounts from line 12, lines	Placed in Service (b) Month and year placed in service (c) Month and year placed in service / / / / / Placed in Service 14 through 17, lin sof your return. Part is service during the service dur	ars beginning before 2016 Into one or more general asset acce Puring 2016 Tax Year ((c) Basis for depreciation (business/investment use only - see instructions) 2,141. During 2016 Tax Year Use es 19 and 20 in column (goartnerships and S corporate current year, enter the	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 39 yrs. 40 yrs. 40 yrs.	eral Deprecia (e) Convention HY MM MM MM MM MM MM MM MM MM	S/L S/L	(g) Depreciation deduction 428.

	4562 (2016)		EY FELD										0877		
Par	Listed Proper		utomobiles, ce	rtain oth	ner vehic	les, cer	tain aircr	aft, ce	rtain com	outers, a	nd prop	perty use	ed for en	tertainme	ent,
	Note: For any	vehicle for w	hich you are u	sing the	standar	d milea	ge rate o	r dedu	cting leas	e expens	se, com	plete or	ıly 24a, 2	4b, colu	mns
	(a) through (c)	of Section A	all of Section	B, and S	Section (C if app	licable.								
			on and Other			7 7		_						7	1
24a	Do you have evidence to			nt use cla	aimed?	Y	es	No	24b If "Y			nce writ	ten? L	J Yes ∟	No
	_ (a)	(b) Date	(c) Business/		(d)	Ras	(e) sis for depre	eciation	(f)	1	g)		(h)		(i) cted
	Type of property (list vehicles first)	placed in	investment	ot	Cost or her basis		siness/inve	stment	Recovery period		hod/ ention		eciation uction	sectio	
		service	use percentag	le			use only		L					CO	st
25 S	pecial depreciation all	owance for q	ualified listed	oroperty	placed	in servi	ce during	g the t	ax year an	d					
	sed more than 50% in	A STATE OF A PERSON AND A PROPERTY AND	The state of the s				43204000000000	1000000000			25				
26 P	roperty used more tha	an 50% in a c	ualified busine	ess use:											
		1 1	9			_									
			9			_									
1155			9												
27 P	roperty used 50% or	less in a qual	Ī				_								
			9							S/L·					
		1 1	9			-				S/L·					
_			9							S/L·					
	dd amounts in columi		-										1 00		
29 A	dd amounts in columi	n (i), line 26. E			71=						***********		. 29		
_							on Use				l	. 16		وواواطوييا	
	olete this section for v														S
to you	ur employees, first ans	swer the que	stions in Section	on C to s	see if you	ı meet a	an excep	otion to	o completi	ng this s	ection t	or those	venicies	i.	
-							0-1		(-)	1.	J.		-1	(f	`
00 T	atal business for estment	milaa driwan d	uring the		a) nicle		(b) hicle	١,	(c) /ehicle	Veh	•		e) hicle	Veh	
	otal business/investment		•	Vei	noie	Ve	HILLE	-	GIIICIE	VGII	1016	70	illoic	VOII	1010
	ear (don't include commi														
	otal commuting miles otal other personal (no														
	· · · · · · · · · · · · · · · · · · ·														
	riven otal miles driven durin														
	add lines 30 through 3	•													
	Vas the vehicle availat			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	luring off-duty hours?			103	140	103	1,10	100	, ,,,,	100	110	100	1,10		
	Vas the vehicle used p														
	han 5% owner or relat														
	s another vehicle avail														
-	se?				1										
			- Questions f	or Emp	lovers W	/ho Pro	vide Vel	nicles	for Use b	v Their E	wolam	ees	•		
Answ	er these questions to												ren't mo	re than 5	5%
	ers or related persons.		, .												
	o you maintain a writt		tement that pr	ohibits a	all persor	nal use	of vehicle	es, inc	luding co	nmuting,	by you	ır		Yes	No
	mployees?												**********		
38 D	o you maintain a writt	en policy sta	tement that pr	ohibits p	ersonal	use of	vehicles,	excep	ot commu	ing, by y	our				
е	mployees? See the in	structions for	vehicles used	by corp	orate of	ficers, o	directors.	, or 1%	6 or more	owners		*********			
39 D	o you treat all use of	vehicles by e	mployees as p	ersonal	use?						******				
	o you provide more th														
	ne use of the vehicles										*********	*********			
41 D	o you meet the requir	ements cond	erning qualifie	d autom	obile de	monstra	ation use	?				************			
N	lote: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	s," don'	t comple	te Sect	tion B for	the c	overed ve	nicles.					
	t VI Amortization														
	(a)	-44-	Date	(b)		(c)	blo		(d) Code		(e) Amortiz		Δ	(f) mortization	
	Description	UI COSIS	Date	amortization begins		Amortiza amoun			section		period or pe	rcentage	fc	r this year	
42 A	Amortization of costs t	hat begins du	uring your 2016	3 tax yea	ar:			-							
43 A	Amortization of costs t	hat began be	fore your 2016	tax yea	ar							43			

44 Total. Add amounts in column (f). See the instructions for where to report

Form **8868**

(Rev. January 2017)

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 each return.

▶ Information about Form 8868 and its instructions is at www.lrs.gov/form8868 .

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/efile, click on Charities & Non-Profits, and click on 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 filer's identifying number Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or print 27-0877433 CASEY FELDMAN MEMORIAL FOUNDATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 469 RIDGE LANE return, See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. SPRINGFIELD, PA 19064 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 Application Return Return Application Code Is For Code Is For Form 990-T (corporation) 01 Form 990 or Form 990-EZ 08 Form 1041-A Form 990-BL Form 4720 (other than individual) 03 Form 4720 (individual) 10 04 Form 5227 Form 990-PF Form 6069 11 05 Form 990-T (sec. 401(a) or 408(a) trust) 12 Form 8870 Form 990-T (trust other than above) JOEL D. FELDMAN The books are in the care of ► 469 RIDGE AVE. - SPRINGFIELD, PA 19064 Telephone No. ► 215-285-9145 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. 2017 , to file the exempt organization return NOVEMBER 15, I request an automatic 6-month extension of time until for the organization named above. The extension is for the organization's return for: ► X calendar year 2016 or , and ending tax year beginning Final return Initial return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. LHA

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

estimated tax payments made. Include any prior year overpayment allowed as a credit.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,

nonrefundable credits. See instructions.

Form 8868 (Rev. 1-2017)

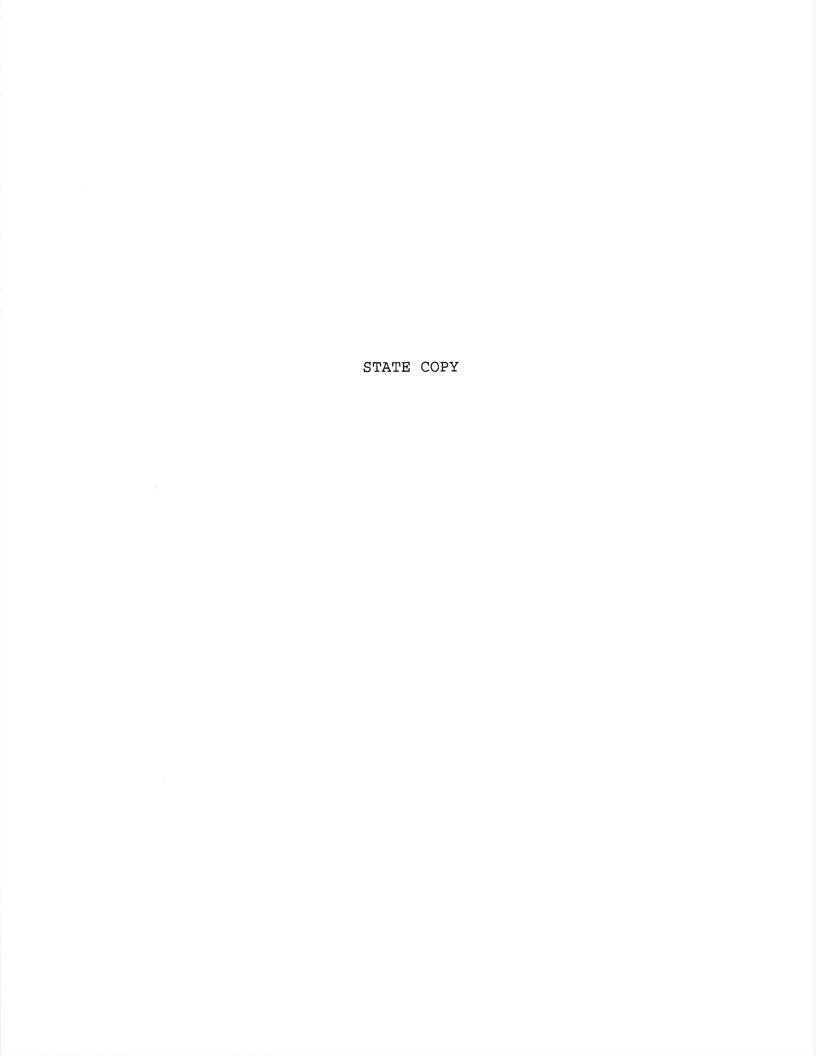
За

3b

3c

0.

0.



CASEY FELDMAN MEMORIAL FOUNDATION 469 RIDGE LANE SPRINGFIELD, PA 19064

BUREAU OF CHARITABLE ORGANIZATIONS 207 NORTH OFFICE BUILDING HARRISBURG, PA 17120

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

Telephone: (717) 783-1720 (800) 732-0999 (within PA only) Fax: (717) 783-6014 Website: www.dos.state.pa.us/charities

For Official Use On	ly
Approved: RF: AF: LF: Fee Received:	

Commonwealth of Pennsylvania Department of State

Charitable Organization Registration Statement - Form BCO-10

	Check if registering voluntarily (See note under "important information")		Certificate Number:	101737 (Renewals Only)			
	Fiscal Year Ended: 12/31/2016						
	Employer Identification Number (EIN): 27-0877433						
1.	Legal name of organization: CASEY FELDMAN MEMORIAL FOUNDATION						
	Check if name change Previou	ıs name:					
2.	All other names used to solicit contributi	ons:					
_							
3.	Contact person: JOEL D. FELDMAN	, ESQ.					
	Contact's E-mail: JFELDMAN@ANAPOLWEISS.COM						
	Physical address of organization: (Require		Mailing address: (If different that				
		- -	S				
	469 RIDGE LANE						
	City: SPRINGFIELD		City:				
	State: PA ZIP code: 19064		State: ZIP code:				
	County: DELAWARE		800 number:				
	Phone number: <u>215-285-9145</u>		Fax number:				
	E-mail (If different than Contact's E-mail):						
	Website: CASEYFELDMANMEMORIAL	FOUNDATION.O	RG				
4.	 Names, addresses, and telephone numbers of all offices, chapters, branches, auxiliaries, affiliates, or other subordinate units located in Pennsylvania: (Attach separate sheet if necessary) 						
	NONE						
	<i>i</i>						

5.	CASEY FELDMAN MEMORIAL FOUNDATION 27-0877433 For Organizations described in Section 162.7(a) of the Act, check section that describes organization: (See footnote #2 of instructions. Volunteer registrants do not respond.) 162.7(a)(1)
6.	List type of organization (e.g. corporation, association, etc.): PRIVATE FOUNDATION Where established: SPRINGFIELD, PENNSYLVANIA Date established:** 08/28/2009 **(Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution, or other organizational instrument, and by-laws.)
7.	Is any person compensated, or do you intend to compensate any person, for soliciting contributions in Pennsylvania, including employees of the organization and professional solicitors? Yes No X (Do not check "Yes" if you only use or intend to only use a professional fundraising counsel.)
	If "Yes", give date person or entity started or will start soliciting contributions from Pennsylvania residents.
	Items 8 and 9 are required to be completed by initial registrants only
8.	Date organization first solicited contributions from Pennsylvania residents:
9.	If organization solicited Pennsylvania residents and received gross * contributions totaling more than \$25,000 during the fiscal year covered by this registration statement, or during its current fiscal year, give date contributions first totaled more than \$25,000. *Includes contributions received both within and outside Pennsylvania
10.	Has organization been granted IRS tax-exempt status? Yes X No (If "Yes", please submit copy of IRS exemption letter if not previously submitted.)
	A. If "Yes", under which IRS code section: 501(C)(3)
	B. Has organization's tax-exempt status ever been denied, revoked, or modified? Yes No X (If "Yes", attach copy of denial, revocation, or modification.)
11.	Was the organization required to file an IRS 990 return and applicable schedules for its most recently completed fiscal year? Yes X No (If "No", attach explanation of why organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return must file a Pennsylvania public disclosure form BCO-23. This includes an organization that files a 990N, 990EZ, or 990PF.)
12.	A clear description of the specific programs for which contributions will be used, and a statement whether such programs are planned or in existence:
FOU	OGRAMS DESIGNED TO CALL ATTENTION TO AND END DISTRACTED DRIVING. ALSO, JNDATION TEAMS UP AND PARTNERS WITH CHARITABLE ORGANIZATIONS FOR PURPOSE BRINGING AWARENESS TO TEENS, PARENTS, NATION, ON THE DETRAMENTS
ASS	SOCIATED WITH DISTRACTED DRIVING. PARTNER WITH NATIONAL, STATE, AND
	CAL ORGANIZATIONS TO END DISTRACTED DRIVING, PROMOTE SAFE SAFE DRIVING.
PR(OGRAM IN EXISTENCE.

Page 3 of 6

Form BCO-10 Revised (7/2009)

NONE

18.	CASEY FELDMAN MEMORIAL FOUNDATION 27-0877433 you are a parent organization located in Pennsylvania, do you elect to file a combined registration cover like the second sec	/ering
	If "Yes", give all names and certificate numbers of your affiliate organizations: (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)	
19.	are you a Pennsylvania affiliate of a parent organization, which elected to file a combined registration of our behalf? Yes No X (See note under "important information"))n
	If "Yes", provide the name and, if available, certificate # of your parent organization. (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)	-
	(Legal name of parent organization) (Certificate #)	
20.	Does your organization share contributions or other revenue with any other nonprofit corporation or inincorporated association? Yes No X (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)	
21.	Does your organization share formal governance with any other nonprofit corporation or unincorporate association? Yes \square No $\boxed{\mathbb{X}}$ (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)	d
22.	Does any other domestic or foreign organization own a 10% or greater interest in your organization? Yes \bigcirc No \bigcirc (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your rganization.)	
23.	Ooes your organization own a 10% or greater interest in any other domestic or foreign organization? Yes No X (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your rganization.)	
24.	Provide the names and addresses of all officers, directors, trustees, and principal salaried executive startificers: (Attach separate sheet if necessary)	aff
	SEE STATEMENT 3	

CASEY FELDMAN MEMORIAL FOUNDATION 25. Names and addresses for: (Attach separate sheet if necessary)

	Α.	individual(s) in charge of solicitation activities.
	<u>JO</u>	EL D. FELDMAN
	46	9 RIDGE LANE SPRINGFIELD, PA 19064
	В.	Individual(s) with final responsibility for the custody of contributions:
	<u>JO</u>	EL D. FELDMAN
	46	9 RIDGE LANE SPRINGFIELD, PA 19064
	C.	Individual(s) with final responsibility for final distribution of contributions:
	JO	EL D. FELDMAN & DIANNE L. ANDERSON
	46	9 RIDGE LANE SPRINGFIELD, PA 19064
	D.	Individual(s) responsible for custody of financial records:
	JO:	EL D. FELDMAN
	46	9 RIDGE LANE SPRINGFIELD, PA 19064
26.	resident marriag A. B.	Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? Yes No X Any supplier or vendor providing goods or services? Yes No X No X No X No X
27.	If you ai	nswer "Yes" to any of the following, attach full written explanations, including reasons for actions, lies of all relevant documents. Has organization or any of its present officers, directors, executive liel, trustees, employees, or fundraisers:
	Α.	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 are such proceedings pending in this or any other jurisdiction? Yes \square No \square
	В.	Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes \square No $\boxed{\mathbb{X}}$
	C.	Entered into any legally enforceable agreement such as a consent agreement, an assurance of voluntary compliance or discontinuance with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes \square No \square

5

CASEY FELDMAN MEMORIAL FOUNDATION

27-0877433

I certify that the information provided in this registration, including all statements and documentation, is true and correct. I understand that the falsification of any statement or documentation is subject to criminal penalties for unsworn falsifications pursuant to 18 PA. C.S. § 4904.

Signature of Chief Fiscal Officer	Date
JOEL D. FELDMAN, PRESIDENT Type or Print Name and Title of Chief Fiscal Officer Signature of Another Authorized Officer DIANNE L. ANDERSON, SECRETARY / CFO	Date
Type or Print Name and Title of Another Authorized Officer	Checklist X Original Registration Statement Properly Signed and Dated X A Copy of Form IRS 990 Return and Required Schedules Signed and Dated by an Authorized Officer X Form BCO-23, if Required X Applicable Financial Statements X Registration Fee and any Late Filing Fees Additional Filings, if an Initial Registrant

FORM BCO-10	ALL PROFESSIONAL SOLICITORS	STATEMENT 1
NAME AND ADDRESS NONE		PHONE NUMBER
CONTRACT BEGIN DATE	CONTRACT END DATE SOLICIT DA	ATE

FORM BCO-10	PROFESSIONAL FUNDRAISING COUNSELS	STATEMENT 2
NAME AND ADDRESS NONE		PHONE NUMBER
CONTRACT BEGIN DATE	CONTRACT END DATE SERVICE DATE	

FORM BCO-10	OFFICERS,	DIRECTORS,	TRUSTEES	AND	EXECUTIVES	STATEMENT	3
NAME AND ADDRESS				TITI	ĿE		
JOEL D. FELDMAN 469 RIDGE LANE SPRINGFIELD, PA 1	.9064			PRES	SIDENT		
NAME AND ADDRESS				TITI	Œ		
DIANNE L. ANDERSO 469 RIDGE LANE SPRINGFIELD, PA 1				SECI	RETARY		
NAME AND ADDRESS				TITI	LE		
BRETT FELDMAN 380 30TH STREET BOULDER, CO 80305	;			TREA	ASURER		

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

STATEMENT

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

RETIRED

NAME AND ADDRESS

BRETT FELDMAN 380 30TH STREET BOULDER, CO 80305

BUSINESS

SYSTEM ENGINEER

(Rev	. 5-09) PENNSYLVANIA PUBLIC DISCLOSURE FORM BCO)-23
	ORGANIZATION NAME: CASEY FELDMAN MEMORIAL FOUNDATION	
	CERTIFICATE NUMBER: 101737 FOR FISCAL YEAR ENDED: 101737	2/31/2016
Part	l: Gross Contributions	
	1) General Contributions	1 78,956.
	2) Gross Receipts from Special Events	2 0.
	3) Contributions from Affiliates	3 0.
	4) Contributions Received from Federated Fundraising Organizations	4 0.
	5) Receipts from Membership Dues in Excess of Bona Fide Dues	5 0.
	6) Gross Contributions (add lines 1 through 5)	6 78,956.
Part	II: Other Income	
	7) Program Service Revenues	7 0.
	8) Bona Fide Membership Dues and Assessments	8 0.
	9) Government Grants and Contracts	9 0.
	10) Miscellaneous Income	10 7,171.
	11) Total Income (add lines 6 through 10)	11 86,127.
Part	III: Expenses	
	12) Program Services	12 104,014.
	13) Administrative Expenses	13 6,499.
	14) Fundraising Expenses	14 0.
	15) Payments to Affiliated Organizations	15 0.
	16) Other Expenses from Special Events (other than fundraising expenses)	16 0.
	17) Miscellaneous Expenses	17 0.
	18) Total Expenses (add lines 12 through 17)	18 110,513.
Part	IV: Net Assets	
	19) Excess or (Deficit) for the Year (subtract line 18 from line 11)	19 -24,386.
	20) Net Assets or Fund Balances at Beginning of Year	20 174,618.
	21) Other Changes in Net Assets or Fund Balances (attach explanation)	21 3,678.
	22) Net Assets or Fund Balances at End of Year (combine lines 19, 20, and 21)	22 153,910.

(See Next Page for "Salaries and Expense Allowance Statement") 04-01-16 CCH

CASEY FELDMAN MEMORIAL FOUNDATION

SALARIES AND EXPENSE ALLOWANCE STATEMENT

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:			
1.	(i)		(
2.			
3.		-	
4.	1 		
5.			-
Officers:	PRESIDENT		
JOEL D. FELDMAN	30.00	0	0.
	SECRETARY		
DIANNE L. ANDERSON	25.00	0.	0.
	TREASURER	•	0
BRETT FELDMAN	1.00	0.	0.
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EXTENDED TO NOVEMBER 15, 2017 Return of Private Foundation

Form 990-PF
Department of the Treasury
Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

2016

, and ending For calendar year 2016 or tax year beginning A Employer identification number Name of foundation 27-0877433 CASEY FELDMAN MEMORIAL FOUNDATION Room/suite B Telephone number Number and street (or P.O. box number if mail is not delivered to street address) 215-285-9145 469 RIDGE LANE C If exemption application is pending, check here ... City or town, state or province, country, and ZIP or foreign postal code 19064 PASPRINGFIELD, D 1. Foreign organizations, check here Initial return Initial return of a former public charity G Check all that apply: Amended return Final return 2. Foreign organizations meeting the 85% test, check here and attach computation Name change Address 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 ... J Accounting method: X Cash Accrual I Fair market value of all assets at end of year F If the foundation is in a 60-month termination, under section 507(b)(1)(B), check here ... \ Other (specify) (from Part II, col. (c), line 16) 153,910. (Part I, column (d) must be on cash basis.) ▶\$ (d) Disbursements for charitable purposes (cash basis only) Part | Analysis of Revenue and Expenses (c) Adjusted net (b) Net investment (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) expenses per books income income 78.956. N/A Contributions, gifts, grants, etc., received 1 Check if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 89 STATEMENT 89 3 1,973 STATEMENT 973 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 208 6a Net gain or (loss) from sale of assets not on line 10 Revenue b Gross sales price for all assets on line 6a 208. 208 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications.... Gross sales less returns 10a and allowances b Less: Cost of goods sold c Gross profit or (loss) STATEMENT 0 4,902 11 Other income 2.270 86,128. 12 Total, Add lines 1 through 11 0. 0 0. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits and Administrative Expenses 16a Legal fees 0. 0. b Accounting fees STMT 4 2,600. c Other professional fees 17 Interest 18 Taxes 1,574. 0. Depreciation and depletion 20 Occupancy 16,768. 16,768 0. 21 Travel, conferences, and meetings 1,279 1,279. 0. Printing and publications 81,467. 2,637. 83,793. Operating STMT 5 23 Other expenses 24 Total operating and administrative 99,514. 106,014 2,637 expenses. Add lines 13 through 23 4,500. 4,500. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 104,014. 2,637 110,514 Add lines 24 and 25 27 Subtract line 26 from line 12: -24,386 a Excess of revenue over expenses and disbursements 0. b Net investment income (if negative, enter -0-) N/Ac Adjusted net income (if negative, enter -0-)

623501 11-23-16 LIIA For Paperwork Reduction Act Notice, see instructions.

Part IV Capital Ga	ins and Lo	sses for Tax on In	vestment	Income	14.517				
(a) List and 2-story bri	describe the ki ck warehouse;	nd(s) of property sold (e.g. or common stock, 200 shs	., real estate, s. MLC Co.)		(b) Ho P - F D -	w acquired Purchase Donation		acquired day, yr.)	(d) Date sold (mo., day, yr.)
1a CAPITAL GAIN	S DIVI	DENDS							
b									
C					-				
đ					-		-		
е					4		(1-)	Cain or (loss	\
(e) Gross sales price		Depreciation allowed (or allowable)		t or other basis xpense of sale				Gain or (loss us (f) minus	(g)
a 20)8.								208.
b									
C									
d	_								
e Complete only for assets s	handa in sister ha	column (h) and owned by	the foundation	on 12/31/60			(I) Coine /	Col. (h) gain	minue
Complete only for assets s					-	С	ol. (k), but	not less that	n -0-) or
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69	over	cess of col. (i) col. (j), if any			Losses	s (from col. (h))
a									208.
b									
C									
d									
_e									
2 Capital gain net income or (net capital loss	If gain, also enter If (loss), enter -0	r in Part I, line I - in Part I, line	7 7	}	2			208.
3 Net short-term capital gain		•			850				
If gain, also enter in Part I, I			14 (0).)				
If (loce) enter -0- in Part I	line 8]	3		N/A	
Part V Qualification	on Under S	Section 4940(e) for	Reduced	Tax on Ne	t Inve	stment Ir	come		
(For optional use by domestic	private foundat	ions subject to the section	4940(a) tax on	net investment i	income.)				
If anotion 4040/d\/0\ applies It	anua thia part h	lank							
If section 4940(d)(2) applies, l									
Was the foundation liable for th					eriod?				Yes X No
If "Yes," the foundation does no	ot qualify under	section 4940(e). Do not co	omplete this pa	rt.					
1 Enter the appropriate amou	ınt in each colu	mn for each year; see the i	nstructions bet	ore making any					(4)
(a) Base period year	S	(b)	tributions	Net value of n	(c)	ahla-uca acca	te	Distril	(d) oution ratio
Calendar year (or tax year b	eginning in)	Adjusted qualifying dis		Net value of fi				(col. (b) all	rided by col. (c)) • 514693
2015			4,070.			163,34			15.807995
2014			4,345.			4,70			
2013			2,801.			96,74			.959203
2012			55,128.			91,11			.605064
2011		3	31,359.			118,29	6.		.265089
									10 1520//
2 Total of line 1, column (d)				<			2	-	18.152044
3 Average distribution ratio for									2 620400
the foundation has been in	existence if les	s than 5 years				(0)(1:11:11:11)(11:11)	3	-	3.630409
									150 607
4 Enter the net value of nonc	haritable-use a	ssets for 2016 from Part X,	line 5				4	-	158,697.
								1	F76 13F
5 Multiply line 4 by line 3	aniii meesis				MINISTERNI		5		576,135.
									0
6 Enter 1% of net investment	l income (1% o	f Part I, line 27b)					6	-	0.
							_		E76 12E
7 Add lines 5 and 6					1 - 1 - 1 - 1 - 1		7_		576,135.
									104,014.
8 Enter qualifying distribution							8		104,014.
If line 8 is equal to or great See the Part VI instructions		heck the box in Part VI, line	e 1b, and comp	olete that part usi	ing a 1%	tax rate.			

orm	990-PF (2016) CASEY FELDMAN MEMORIAL FOUNDATION	27-	<u>0877.</u>	<u> 133</u>		Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	1948 -	- see ir	istru	ction	15)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					_
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1				0.
	of Part I, line 27b	28.2	8 82 -			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	MEDIC!	No.			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2		_		0.
	Add lines 1 and 2	3				0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4		_		0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	CELLUS STORE	tera o	-20.0	0.
	Credits/Payments:					
a	2016 estimated tax payments and 2015 overpayment credited to 2016					
b	Exempt foreign organizations - tax withheld at source		187			
C	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld	NAME OF				
	Total credits and payments. Add lines 6a through 6d	7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be: Credited to 2017 estimated tax	11				
Pa	rt VII-A Statements Regarding Activities					
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	e in		M. S.	Yes	No
	any political campaign?			1a		_X_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	1)? 🦏		1b_		X_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis	hed or		915.		
	distributed by the foundation in connection with the activities.					8
C	Did the foundation file Form 1120-POL for this year?			1c		_X_
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				MACLO	5
-	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0	<u>.</u>				100
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			No.	gi.	Sugar
•	managers. ▶ \$ 0.			3.0		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		_X_
	If "Yes," attach a detailed description of the activities.			19		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or		9		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X_
-	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
•	By language in the governing instrument, or					
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the sta 	e law				
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part X	V	5-000 0000	7	Х	
•	on the footbacker hare at least possess was a series of the footbacker hare at least possess of the footbacker hare at least p					
Яa	Enter the states to which the foundation reports or with which it is registered (see instructions)					
υa	PA					
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
b	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
q	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca	endar				
J	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	TMT	9	10	Х	
	M A CONTRACTOR OF THE CONTRACT		For	m 99)-PF	(2016)

Pa	nt VII-A Statements Regarding Activities (continued)			
- 10			Yes	No
1	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		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
_	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► CASEYFELDMANMEMORIALFOUNDATION.ORG		W	
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		/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		_X_
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	Ser.	STANK I	Essy.
	foreign country		4	
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
1a	During the year did the foundation (either directly or indirectly):	Fig		15100
, ,	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		Set of	8 1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?		THE PARTY	34.27
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1.7%	3.70	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	100	200	0.5
	(5) Transfer any income or assets to a disqualified person (or make any of either available	1.8.3		
	for the benefit or use of a disqualified person)?	He.		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		See s	
	if the foundation agreed to make a grant to or to employ the official for a period after		Lagar.	
	termination of government service, if terminating within 90 days.)			
h	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	ME 6		
-	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			200
c	E Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	J= 10	N. S.	W.S.P.
	before the first day of the tax year beginning in 2016?	1c		_X_
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		= 180	30 1
_	defined in section 4942(j)(3) or 4942(j)(5)):	1		
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2016?			
	If "Yes " list the years •			
t	o 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		
(If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
3 8	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
t	o If "Yes," did it have excess business holdings in 2016 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 2016.) N/A	3b		
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
ı	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 2016?	4b		X

orm 990-PF (2016) CASEY FELDMAN MEMORIAL F	OUNDATION		27-087743	33 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4/20 May Be F	requirea (continu	ued)	
5a During the year did the foundation pay or incur any amount to:			₩	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s LX No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,		
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes'	?	Ye	s LXL No	KI SHOT OF
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
4945(d)(4)(A)? (see instructions)			s X No	发展信息
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or o		
the prevention of cruelty to children or animals?		******	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations	18	SHIP SHIP STATE
section 53,4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A 5	b
Organizations relying on a current notice regarding disaster assistance check h	ere		▶Ш [
a If the answer is "Ves" to question 52(4), does the foundation claim exemption for	rom the tax because it maintai	ined	5.59	
expenditure responsibility for the grant?	N	[/A Ye	s No	
If "Yes," attach the statement required by Regulations section 53.494	5-5(d).		100	See and the second
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pav premiums on		- A	
a personal benefit contract?	promet as said series as	Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?	A AND DESCRIPTION		b X
If "Yes" to 6b, file Form 8870.			80	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s X No	A SAN PERMIT
b If "Yes," did the foundation receive any proceeds or have any net income attribu	Itable to the transaction?		N/A	b
Part VIII Information About Officers, Directors, Trust	ees Foundation Ma	nagers, Highly	/	
Paid Employees, and Contractors	cco, i canadaon ma		•	
List all officers, directors, trustees, foundation managers and their	compensation.			
1 Ziot dii omosto, directori, il detecto,	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deterred	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other
TORY D. FRIDMAN	PRESIDENT	United 6 7	00,00	
OCHE D. I DEDILLA,	INDIDDINI			
469 RIDGE LANE	30.00	0.	0.	0.
SPRINGFIELD, PA 19064	SECRETARY	0.		
DIANNE L. ANDERSON	DECKEIAKI			
469 RIDGE LANE	25.00	0.	0.	0.
SPRINGFIELD, PA 19064	TREASURER	0.	0.0	0.
BRETT FELDMAN	TREASURER			
380 30TH STREET	1 00	0	ا م	0.
BOULDER, CO 80305	1.00	0.	0.	0.
What is the company that a visit married to a strategies of the company of the co	Later Con W. Manage	amtau IINONE II		
2 Compensation of five highest-paid employees (other than those inc		enter INONE.	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(4) 14110 4110 4110 4110 4110 4110 4110 4	devoted to position		compensation	allowances
NONE				
Total number of other employees paid over \$50,000				0
AND			Form	990-PF (2016)

Form 990-PF (2016)

Total, Add lines 1 through 3

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: A wareage monthly fair market value of securities B Average of monthly cash balances Fair market value of all other assets C Fair market value of all other assets Reduction claimed for blockage or other factors reported on lines 1a and 1c (datab dealined explanation) C Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 1c (datab dealied explanation) C Acquisition indebtedness applicable to line 1 assets C 2 0. S Subtract line 2 from line 16 C Sand deermed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) A 2 2,417. S Net value of noncharitable -use assets. Subtract line 4 from line 1 S. Enter here and on Part V, line 4 C Sand deermed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) A 2 2,417. Net value on noncharitable -use assets. Subtract line 4 from line 1 S. Enter here and on Part V, line 4 C Sand deermed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) B Not value on noncharitable -use assets. Subtract line 6 (for line 3 (for greater amount, see instructions) A Minimum investment return. Enter 5% of line 5 A delines on one state of the state of	P	art X Minimum Investment Return (All domestic foundations must co	omplete this part. Foreign four	ndations, see	e instructions.)
A Average of monthly cash balances Fair market value of all other assets Fair value of nonthly cash balances Subtract line 2 from line 10 Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 10 Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 10 Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 10 Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 10 Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 10 Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 10 Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 10 Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 10 Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 10 Acquisition indebtedness applicable assets in the 1 line 4 from line 3 (for greater amount, see instructions) Acquisition indebtedness applicable assets in the 4 from line 3 (for greater amount, see instructions) Bistributable Amount (see instructions) (Section 4942(0)(3) and (0)(5) private operating foundations and certain foreign organizations check here be an another and the form and the form of the property of the form and the form of the form and t	1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	purposes:		EC 061
Fair market value of all other assets 1c					
Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) Reduction contained block reduction (attach detailed explanation) Reduction for other interests applicable to line 1 (attach detailed explanation) Reduction for other interests and contained factors reported on lines 1 (attach detailed explanation) Reduction for part XI Distributable Amount (see instructions) (Section 4942(l)(3) and (l)(5) private operating foundations and certain foreign organizations check here and do not complete this part.) Reduction from distributable amount (see instructions) 2a 2a 2a 2a 2a 2a 2a 2	b	Average of monthly cash balances			
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .	C	Fair market value of all other assets			
1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 3 Authrat line 2 from line 1d. 3 161,1114. 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 2,417. 5 Netvalue of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 6 7,935. Part XI Distributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) private operating foundations and certain foreign organizations check here and do not complete this part.) Part XI Distributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) private operating foundations and certain foreign organizations check here and do not complete this part.) Nation Amount Am				1d	161,114.
2	е	Reduction claimed for blockage or other factors reported on lines 1a and	02	100	
2 Acquisition indebtedness applicable to line 1 assets 2 Usustated line 2 from line 1d 3 161,114.4 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 158, 697. 6 Minimum investment return. Enter 5% of line 5 6 7,935. Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ and do not complete this part.) 1 Minimum investment return from Part X, line 6 1 7,935. 2a Tax on investment income for 2016 from Part VI, line 5 1 Income tax for 2016. (This does not include the tax from Part VI.) 2		1c (attach detailed explanation)	0.	总图	
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6 Minimum investment return. Enter 5% of line 5	4				
Part XI Distributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) private operating foundations and certain foreign organizations check here ▶ and do not complete this part.) Minimum investment return from Part X, line 6	5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V	, line 4	5	
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here	6	Minimum investment return. Enter 5% of line 5	***************************************		7,935.
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a Expenses, contributions, gifts, etc total from Part I, column (d), line 26 b Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) b Cash distribution test (attach the required schedule) 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b Adjusted qualifying distributions. Subtract line 5 from line 4 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.	P	art XII Qualifying Distributions (see instructions)			
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b Cash distribution test (attach the required schedule) 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 6 Adjusted qualifying distributions. Subtract line 5 from line 4 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.				3a	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 6 Adjusted qualifying distributions. Subtract line 5 from line 4 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.				3b	
Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b Adjusted qualifying distributions. Subtract line 5 from line 4 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.				4	104,014.
income. Enter 1% of Part I, line 27b 6 Adjusted qualifying distributions. Subtract line 5 from line 4 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.					
Adjusted qualifying distributions. Subtract line 5 from line 4 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.	J			5	0.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.	6				104,014.
4940(e) reduction of tax in those years.	U	Note: The amount on line 6 will be used in Part V. column (b), in subsequent years when co	Iculating whether the foundation	qualifies for th	

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7		Harris Area		7,935.
2 Undistributed income, if any, as of the end of 2016:				
a Enter amount for 2015 only	N	Conference of the Conference o	0.	
ь Total for prior years:		0		
Formation to 2016:		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011 25,444. b From 2012 50,572.				
5 0010 07 064				
4 Crom 2014 74 110				
- Fram 2015 75 903				
f Total of lines 3a through e	313,993.			
4 Qualifying distributions for 2016 from			MEDICAL SERVICE	
Part XII, line 4: ▶\$ 104,014.				
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	Y	A PARTY OF TAXA		
(Election required - see instructions)	0.			Second of the se
d Applied to 2016 distributable amount	or freezil treatment			7,935.
e Remaining amount distributed out of corpus	96,079.			0.
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a).)	0 -			
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	410,072.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0 •		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				0.
be distributed in 2017				0 •
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions) 8 Excess distributions carryover from 2011	0.			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7	25,444.			
9 Excess distributions carryover to 2017.	23/1111			
Subtract lines 7 and 8 from line 6a	384,628.			
10 Analysis of line 9:				
a Excess from 2012 50,572.				
b Excess from 2013 87,964.				
c Excess from 2014 74,110.				
d Excess from 2015 75,903.				
e Excess from 2016 96,079.				

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year NONE PC SCHOLARSHIP / GRANT PHILABUNDANCE 3616 SOUTH GALLOWAY STREET 1,500. PHILADELPHIA, PA 19148 PC NONE TOWSON UNIVERSITY 8000 YORK ROAD 1,000. SCHOLARSHIP / GRANT TOWSON, MD 21252 PC CHARITABLE UNIVERSITY OF PITTSBURGH NONE CONTRIBUTION 4200 FIFTH AVENUE 1,000. PITTSBURGH, PA 15260 NONE PC CHARITABLE COMMONWEALTH YOUTHCHOIRS INC. CONTRIBUTION 35 WEST CHELTEN AVENUE 1,000. PHILADELPHIA, PA 19144 → 3a 4,500. Total **b** Approved for future payment NONE 0. Total

Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code		
a					
b					
·			_		
d					
e					
l :					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					89
investments			-		89. 1,973.
4 Dividends and interest from securities			LAFTE OF		
5 Net rental income or (loss) from real estate:				AND THE PERSON NAMED IN	Sandy III A TO SAND SAND SAND SAND SAND SAND SAND SAND
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					000
than inventory				4 000	208
9 Net income or (loss) from special events			0.5	4,902.	
10 Gross profit or (loss) from sales of inventory			_		
11 Other revenue:					
a					
b					
C					
d			_		
e				4 000	2 270
12 Subtotal. Add columns (b), (d), and (e)			0.	4,902.	
13 Total. Add line 12, columns (b), (d), and (e)					7,172
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to					
Line No. Explain below how each activity for which incor the foundation's exempt purposes (other than to	ne is reported in a	column (e) of Part X\ s for such purposes)	/I-A contrib	outed importantly to the accom	plishment of
13 CONTRIBUTIONS ARE PLACE				ESTMENT ACCOUN	NT UNTIL SUC
13 TIME THEY ARE USED FOR	THE FOIL	NDATIONS	EXEMP	T PURPOSE. TI	HE KEEPING O
13 FUNDS IN A SAVINGS OR I	NVESTME	NT ACCOUN'	T PRO	VIDES THE ORGA	
13 ADDED FUNDING IN FULFIL	LING TH	EIR CHARI'	TABLE	PURPOSE TO E	ND
13 DISTRACTED DRIVING.				July produced posterior de la constitución de la co	
TO DIDITACIDO DITATIO.	nanamen	mo ammian	DDDG	AR CDRAKTAG E	MICIACINICA

ALSO, WRISTBANDS ARE PRESENTED TO ATTENDEES AT SPEAKING ENGAGEMENTS 13 AS REINFORCEMENT AND A CONSTANT REMINDER ON THE DANGERS OF DISTRACTED 13 DRIVING. A NEGLIGIBLE FEE IS COLLECTED TO HELP COVER WRISTBAND COST. 13

orm 990		16) CASEY	FELDMAN MEMORI	AL FOUNDATION	N Dolotional	27-08	77433	Page 13
Part X	VII	Information Re	egarding Transfers To	and Transactions a	na Relationsr	lips with Noncr	iaritable	
		Exempt Organ			n described in section	on 501(a) of		Yes No
1 Did	the orga	anization directly or indir	rectly engage in any of the following	ng with any other organization	ir described iir seciil	JII 30 I(6) 01		100 110
the (Code (o	ther than section 501(c)	(3) organizations) or in section 52	27, relating to political organi	izations?			1000
			ation to a noncharitable exempt or				1a(1)	x
								X
(2)	Other a	issets		************************************			1a(2)	1 50 3280
		actions:					45/43	х
			ble exempt organization					X
			ncharitable exempt organization					X
			or other assets					X
								X
								X
			mbership or fundraising solicitation					X
c Sha	ring of	facilities, equipment, ma	illing lists, other assets, or paid en	iployees			1c	
or s	ervices	given by the reporting for	"Yes," complete the following schoundation. If the foundation received other assets, or services received	ved less than fair market valu	e in any transaction	or sharing arrangemen	t, show in	
(a) Line no	. (b) Amount involved	(c) Name of noncharitabl	e exempt organization	(d) Description	of transfers, transactions, a	nd sharing arr	angements
			N/A					
in s	ection :	dation directly or indirec 501(c) of the Code (othe mplete the following sch	otly affiliated with, or related to, on or than section 501(c)(3)) or in sec andule	e or more tax-exempt organi: otion 527?	zations described		Yes	X No
D: (10)	55, 50	(a) Name of org		(b) Type of organization		c) Description of relation	onship	
		N/A						
Sign	Under and be	penalties of perjury, I declare lief, it is true, correct, and co	that I have examined this return, includ implete. Declaration of preparer (other th	ing accompanying schedules and an taxpayer) is based on all inform	nation of which preparer	has any knowledge	May the IRS of return with the shown below	e preparer (see instr.)?
Here				Data	PRESID	ENT	_X Yes	No
	Sign	ature of officer or trustee		Date	Date	Check If PT	1N	
		Print/Type preparer's n		CO Mon lanca	2 n 18/17	self- employed		
De: 4		RAYMOND P.	MAKCHAK	AD D MADOUA	11/08/17		00838	339
Paid Prepa	aror	CPA	SANTO, PRIEST &	ND P. MARCHA CO.	TT/00/1/	Firm's EIN ▶ 57-		
i i chi	41 G1	Firm's name ► DIS	DAMIO, LUTEDI &	CU+		I HINDEN P D /		

Use Only

Firm's address ► 117 METRO CENTER BOULEVARD, #3000

WARWICK, RI 02886

Phone no. (401)921-2000

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

Employer identification number

CASEY	FELDMAN MEMORIAL FOUNDATION	27-0877433						
Organization type (check one):								
Filers of: Secti	ers of: Section:							
Form 990 or 990-EZ	501(c)() (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	red by the General Rule or a Special Rule. or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.						
General Rule								
	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ontributor. Complete Parts I and II. See instructions for determining a contributor							
Special Rules	· ·							
sections 509(a)(1) and 17 any one contributor, during	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.							
year, total contributions of	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educate children or animals. Complete Parts I, II, and III.							
year, contributions exclusions is checked, enter here the purpose. Don't complete	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
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 F	nution: 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), tit 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 rtify 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) (2016)

Name of organization

Employer identification number

CASEY FELDMAN MEMORIAL FOUNDATION

27-0877433

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is need	∍ded.
--------	---	-------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOEL D. FELDMAND AND DIANNE L. ANDERSON 469 RIDGE LAND SPRINGFIELD, PA 19064	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MILESTONE CONSULTING, LLC 737 MAIN STREET, SUITE 100 BUFFALO, NY 14203	\$\$	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	ISCO INDUSTRIES 49 COBBLER DRIVE FITCHBURG, MA 01420	\$6,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	TRAVELERS INSURANCE CO. 485 LEXINGTON AVENUE NEW YORK, NY 10017	\$16,330.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	AMERICAN ASSOCIATION FOR JUSTICE 777 6TH STREET, NW, SUITE 200 WASHINGTON, DC 20001	\$\$.	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
	18-10	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

CASEY FELDMAN MEMORIAL FOUNDATION

27-0877433

(a) No. from	Noncash Property (See instructions). Use duplicate copies of Pa (b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
Part I		\$	
(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
S:		\$	1
(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

lame of organ	ization		Employer identification number							
יא פינוער ד	FELDMAN MEMORIAL FOUNDA	.πτ∩N	27-0877433							
Part III	Evolucively religious charitable etc contri	hutions to organizations described	d in section 501(c)(7), (8), or (10) that total more than \$1,000 for							
	the year from any one contributor. Complete co	lumns (a) through (e) and the folio charitable, etc., contributions of \$1,000 o	DWING TIME ENTRY. For organizations or less for the year, (Enter this info. once.)							
	Use duplicate copies of Part III if additiona	space is needed.								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
Part I	(b) i dipose oi giit	(4)								
· ·										
		în e								
\(\frac{1}{2}\)										
		(e) Transfer of gi	ft							
1		F=921. 9	8 / 12 / 12 / 12 / 12 / 12 / 12 / 12 / 1							
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee							
E=										
-										
())										
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
Part I										
	-									
		(e) Transfer of gi	π							
	Transferee's name, address, an	Relationship of transferor to transferee								
172	Transfer of the transfer of th									
).=										
(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, an	d ZIP + 4	Relationship of transferor to transferee							
-										
-										
-										
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
Part I	(b) i dipose oi giit	(0) 200 20 300								
=										
		(e) Transfer of gi	ft							
	Toursele	4.7ID = 1	Relationship of transferor to transferee							
	Transferee's name, address, an	Q ZIP + 4	nerationship of transferor to transferee							
=										

FORM 990-PF INTERE	ST ON SAVIN	GS AND T	EMPOR <i>I</i>	ARY C	'ASH	INV	ESTMENTS	SI	ATEMENT	1
		RE ^v	(A) VENUE		NET) INV	B) ESTMENT		(C) ADJUSTED	
SOURCE	PER	PER BOOKS			INCOME			ET INCOME		
WELLS FARGO			8	39.			89.			
TOTAL TO PART I, LI	NE 3		3	39.			89.	_		
FORM 990-PF	DIVIDENDS	AND INT	EREST	FROM	SEC	URI	TIES	SI	ATEMENT	2
SOURCE	GROSS AMOUNT	CAPITA GAINA DIVIDE	S	REV	A) ENUE BOOK		(B) NET INVES MENT INCC			
MET LIFE SECURITIES	2,181.	-27	208.		1,97	3.	1,97	3.		
TO PART I, LINE 4	2,181.	*	208.		1,97	3.	1,97	3.		
FORM 990-PF		OTHER	INCO	ME				SI	ATEMENT	3
DESCRIPTION			REV	(A) VENUE BOOK			(B) T INVEST-		(C) ADJUSTEI NET INCOM	
	SPECIAL	,		4,	902.	•	0			
TOTAL TO FORM 990-1	PF, PART I,	LINE 11		4,	902.	18 <u></u>	0) .		
FORM 990-PF		ACCOUN	TING 1	FEES				SI	ATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOK		(B) VNI TN	EST-		(C) ADJUSTEL NET INCOM		(D) CHARITAI PURPOSI	
ACCOUNTING	-	2,60	0.		0					0 .
TO FORM 990-PF, PG	1, LN 16B	2,60	0.		0	•				0.
	: 					_==		—	=====	_

FORM 990-PF	OTHER E	OTHER EXPENSES					
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI			
CHARITABLE PURPOSE SUPPLIES	10,206.	0.	33 	10,20)6.		
INVESTMENT & BANK CHARGES	2,637.	2,637.		,	0.		
INSURANCE	1,264.	0.			0.		
POSTAGE / DELIVERY	1,105.	0.		1,10)5.		
PROGRAM ADVERTISING AND	•						
MARKETING	22,428.	0.		22,42	28.		
PROGRAM CAUSE AND DIRECT	•						
CAMPAIGN	15,926.	0.		15,92	26.		
SUBCONTRACT - PROGRAM							
WRITERS	5,193.	0.		5,19	93.		
DIRECT PROGRAM RESEARCH	1,000.	0.		1,00	00.		
WEBSITE MAINTENANCE	17,805.	0.		17,80	05.		
OTHER DIRECT PROGRAM	,						
EXPENSES	6,229.	0.		6,23	30.		
	0.	0.		1,5	74.		
DEPRECIATION - PROGRAM							
DEPRECIATION - PROGRAM TO FORM 990-PF, PG 1, LN 23	83,793.	2,637.		81,46	57.		
	83,793.	2,637. ETS OR FUND B	ALANCES	81,46			
TO FORM 990-PF, PG 1, LN 23 FORM 990-PF OTHER INCREASES	83,793.		ALANCES				
TO FORM 990-PF, PG 1, LN 23	83,793.	ETS OR FUND B	ALANCES	STATEMENT	6		
TO FORM 990-PF, PG 1, LN 23 FORM 990-PF OTHER INCREASES DESCRIPTION	83,793. S IN NET ASS	ETS OR FUND B	ALANCES	STATEMENT	6		
TO FORM 990-PF, PG 1, LN 23 FORM 990-PF OTHER INCREASES DESCRIPTION UNREALIZED GAIN FROM MARKETAN	83,793. S IN NET ASS	ETS OR FUND B	ALANCES	STATEMENT AMOUNT 3,68	6		
TO FORM 990-PF, PG 1, LN 23 FORM 990-PF OTHER INCREASES DESCRIPTION UNREALIZED GAIN FROM MARKETAN	83,793. S IN NET ASS	ETS OR FUND E	ALANCES	STATEMENT AMOUNT 3,68	6 8 0 .		
TO FORM 990-PF, PG 1, LN 23 FORM 990-PF OTHER INCREASE: DESCRIPTION UNREALIZED GAIN FROM MARKETAI TOTAL TO FORM 990-PF, PART I	83,793. S IN NET ASS BLE SECURITI II, LINE 3	ETS OR FUND E	ALANCES	STATEMENT AMOUNT 3,68	80.		
TO FORM 990-PF, PG 1, LN 23 FORM 990-PF OTHER INCREASES DESCRIPTION UNREALIZED GAIN FROM MARKETAN TOTAL TO FORM 990-PF, PART INCREASES	83,793. S IN NET ASS BLE SECURITI II, LINE 3	ETS OR FUND E		STATEMENT AMOUNT 3,68 3,68 STATEMENT FAIR MARKE	80.		

FORM 990-PF DEPREC	IATION OF ASSE	TS NOT HELD FOR	INVESTMENT	STATEMENT 8
DESCRIPTION		COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
WEBSITE VIDEO PRODUCTION COMPUTER EQUIPMENT COMPUTER EQUIPMENT		12,260. 7,593. 1,414. 2,141.	12,260. 6,282. 1,006. 428.	0. 1,311. 408. 1,713.
TOTAL TO FM 990-PF,	PART II, LN 14	23,408.	19,976.	3,432.
FORM 990-PF		TANTIAL CONTRIB	UTORS	STATEMENT 9
NAME OF CONTRIBUTOR		ADDRESS		
JOEL D. FELDMAN AND ANDERSON	DIANNE L.	469 RIDGE AVE		
111111111111111111111111111111111111111		SPRINGFIELD,	PA 19064	

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 10

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

FORM AND CONTENT OF APPLICATIONS

SEE WEBSITE: WWW.CASEYFELDMANFOUNDATION.ORG

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

ONLY CONSISTENT WITH FOUNDATION MISSION

2016 DEPRECIATION AND AMORTIZATION REPORT

FOR	66 M	FORM 990-PF PAGE 1						990-PF							
~~	Asset No.	Description	Date Acquired	Method	Life	0 o e >	Unadjusted Cost Or 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
	н	WEBSITE	07/01/11	SI	3.00	HW16	12,260.	1			12,260.	12,260.	Company of Strategies	0	12,260.
	73	VIDEO PRODUCTION	07/01/13	200DB	5.00	HY17	7,593.				7,593.	5,407.		.875.	6,282.
	т	COMPUTER EQUIPMENT	07/01/14	200DB	5.00	HV17	1,414	and the same	SCHOOL STATE	25/29/11 27/4	1,414.	735.	I WATER STATE	271.	1,006.
	4	COMPUTER EQUIPMENT	07/01/16	2000B	5.00	HY19B	2,141.				2,141.			-428.	428.
		* TOTAL 990-PF PG 1 DEPR				ST	23,408.				23,408.	18,402.		1,574.	19,976.
		CURRENT YEAR ACTIVITY						ALCOHOL:							
		BEGINNING BALANCE				- 10	21,267.			0.	21,267.	18,402.			19,548.
		ACQUISITIONS					2,141.	SECONO	A STATE OF S	*0	2,141.	.0	2007709900		428.
		DISPOSITIONS				277 277 278 278 278 278 278 278 278 278	.0			0.	0.	0			0
		ENDING BALANCE				R	23,408.	91.75.718		.0	23,408.	18,402.			19,976.
_		ENDING ACCUM DEPR										19,976.			
		ENDING BOOK VALUE					Mari					3,432.		, 1 941	
								127	31	ī		372			
								10/6							
628	1111 04	628111 04-01-16					(D) - Asset disposed	pasoc			TTC Salvade	* ITG Salvage Bonus Commercial Bevitalization Deduction, GO Zone	nercial Bevita	alization Deduc	tion, GO Zone

(D) - Asset disposed

4562 Form

Department of the Treasury Internal Revenue Service (9

Depreciation and Amortization

(Including Information on Listed Property) 990-PF

Attach to your tax return.

x return.

OMB No. 1545-0172

Attachment Sequence No. 179

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Business or activity to which this form relates

Identifying number Name(s) shown on return 27-0877433 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. 500,000. 1 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2.010.000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year, Subtract line 4 from line 1. If zero or less, enter -0-. If married filling separately, see instructions (a) Description of property 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 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2015 Form 4562 10 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. 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 year 15 15 Property subject to section 168(f)(1) election 16 16 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property.) (See instructions.) Part III Section A 1,146. 17 17 MACRS deductions for assets placed in service in tax years beginning before 2016 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 2016 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Depreciation deduction (business/investment use only - see instructions) (e) Convention (f) Method year placed in service (a) Classification of property period 3-year property 19a 428 2,141 5 YRS. HY 200DB 5-year property b 7-year property C 10-year property d 15-year property e 20-year property f 25 vrs. 25-year property g 27.5 yrs. MM S/L Residential rental property 27.5 yrs. MM S/L MM S/L 39 yrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System S/L 20a Class life 12 yrs. S/L 12-year 40 yrs. MM S/L 40-year 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.

616251 12-21-16 LHA For Paperwork Reduction Act Notice, see separate instructions.

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

Enter here and on the appropriate lines of your return. Partnerships and S corporations see instr.

Form 4562 (2016)

22

1,574.

For	m 4562 (2016)	CAS	EY FEL	DMAN	MEMO	RIAL	FOU	NDA	TION					433	
1	art V Listed Proper	ty (Include a	utomobiles, o	certain oth	er vehic	cles, cer	tain aircr	aft, ce	rtain com	puters, a	nd prop	erty use	d for en	tertainm	ent,
	recreation, or a Note: For any	amusement.)	biob vou ero	ualna tha	standa	rd milea	ae rate o	r dedi	ictina leas	e evnen	se com	nlete on	ly 24a 2	4b. colu	mns
	(a) through (c)	of Section A.	, all of Section	n B, and S	Section	C if app	licable.								
===	Section A	- Depreciation	on and Othe	r Informa	tion (Ca	aution: S	See the ir	nstruc	tions for li	mits for p	passeng	er autor	nobiles.)		
24a	Do you have evidence to						es 🗀	7	24b If "Y					Yes	No
-10		(b)	(c)		(d)		(e)		(f)	(g)	(h)		(i)
	(a) Type of property (list vehicles first)	Date placed in service	Business investmer use percent	nt ot	Cost or her basis	(bu	sis for depre siness/inve use only	stment	Recovery period	Met	hod/ ention		ciation action	section	cted in 179 ist
	Special depreciation all										0.5			65,511.6	
	used more than 50% in						**********				25			100.092=40	MI PIEWS
26	Property used more that	an 50% in a c	ualified busi												
		_ = ==		%		-									
				%											_
				%											
27	Property used 50% or I	ess in a qual	ified busines	s use:						Y					-
				%						S/L					
		1 1		%						S/L·				0.29	
		1 1		%						S/L-					
28	Add amounts in column	n (h), lines 25	through 27.	Enter her	e and or	n line 21	, page 1				28		_,	13 h "	
29	Add amounts in column	n (i), line 26. E	Enter here an	d on line	7, page	1							29		
				Section											
Cor	mplete this section for v	ehicles used	by a sole pro							or related	d persor	ı. If you i	provided	l vehicle	s
ton	our employees, first ans	swer the alle	stions in Sec	tion C to	see if vo	u meet :	an excer	tion to	o complet	ina this s	ection f	or those	vehicles	3.	
io y	our employees, maran	ower the que	00,0110 117 000		,-					Ü					
-				Τ,	a)	1	b)		(c)	10	d)	10	e)	(1	f)
	Tatal business for contend of	miles drives d	luring the	1	nicle		hicle	١ ,	/ehicle	Veh	-	1	nicle		icle
30	Total business/investment		_		licie	76	IIIOIC	<u> </u>	/ GITIOIG	VOI.	11010	701	11010		
	year (don't include commi					—									
	Total commuting miles					-		-							
32	Total other personal (no														
	driven							-		-					
33	Total miles driven durin														
	Add lines 30 through 3	2													
34	Was the vehicle availab	ole for persor	nal use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p	orimarily by a	more												
	than 5% owner or relat	ted person?													
36	Is another vehicle avail														
-	use?														
		Section C	- Questions	for Emp	lovers \	Nho Pro	vide Vel	nicles	for Use b	v Their I	Employ	ees			
Λ	swer these questions to	determine if	vou most an	evcention	to com	nletina	Section	B for v	ehicles us	sed by er	nplovee	s who a	ren't mo	re than	5%
			you meet an	exception	1 10 0011	ipioting	000000	B 101 1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	ners or related persons. Do you maintain a writt		tomant that	probibite (all pareo	naluse	of vehicle	es inc	eludina co	mmutina	hy you	r		Yes	No
37	-														1
	employees?			***********	*******			*******	***********	mariani.		*********			
38	Do you maintain a writt	ten policy sta	itement that	prohibits	persona	luse of	venicies,	excep	ot commu	ting, by y	our				
	employees? See the in														-
	Do you treat all use of														
40	Do you provide more th	nan five vehic	cles to your e	mployees	, obtain	informa	tion from	ı your	employee	s about					
	the use of the vehicles	, and retain tl	he informatio	n receive	1?										
41	Do you meet the requir														
, .	Note: If your answer to) V	
P	art VI Amortization		and distant												
-	(a)			(b)		(c)			(d)		(e)			(f)	
	Description	of costs	0	ate amortization begins		Amortiza amour	ble it		Code section		Amortiza period or pe		A I	mortization or this year	
40	Amortization of costs t	hat begine di	uring vour 20		ar:										
42	AMORIZATION OF COSTS I	nat begins ut	aring your 20	o tax ye	1										

44 Total. Add amounts in column (f). See the instructions for where to report 6 16252 12-2 1-16

43

43 Amortization of costs that began before your 2016 tax year

Form **8868** (Rev. January 2017)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No. 1545-1709

▶ Information about Form 8868 and its instructions is at www.lrs.gov/form8868 .

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/efile, click on Charities & Non-Profits, and click on 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 filer's identifying number Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or print 27-0877433 CASEY FELDMAN MEMORIAL FOUNDATION File by the Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. filing your 469 RIDGE LANE return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions SPRINGFIELD, PA 19064 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 4 Return Return Application Application Code Code Is For Is For Form 990-T (corporation) 01 Form 990 or Form 990-EZ Form 1041-A 08 02 Form 990-BL Form 4720 (other than individual) 09 03 Form 4720 (individual) 10 04 Form 5227 Form 990-PF Form 6069 11 05 Form 990-T (sec. 401(a) or 408(a) trust) 12 Form 8870 Form 990-T (trust other than above) JOEL D. FELDMAN The books are in the care of ► 469 RIDGE AVE. - SPRINGFIELD, PA 19064 Telephone No. ► 215-285-9145 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 . If it is for part of the group, check this box 🕨 ... and attach a list with the names and EINs of all members the extension is for. 2017 , to file the exempt organization return I request an automatic 6-month extension of time until NOVEMBER 15, for the organization named above. The extension is for the organization's return for: ► X calendar year 2016 or , and ending tax year beginning Final return If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. 3a nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. LHA

estimated tax payments made. Include any prior year overpayment allowed as a credit.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,

Form 8868 (Rev. 1-2017)

\$ 3b

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CASEY FELDMAN MEMORIAL FOUNDATION

FINANCIAL STATEMENTS - TAX BASIS

DECEMBER 31, 2016

(WITH INDEPENDENT ACCOUNTANTS' COMPILATION REPORT THEREON)

CASEY FELDMAN MEMORIAL FOUNDATION TABLE OF CONTENTS DECEMBER 31, 2016

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John J. Brough, Jr., CPA/ABW/CFF, MST Emilio N., Colaptetro, CPA, MST Robert A., D'Amico, CPA, CFPP, MST David P. DiSanto, CPA/PS, MST Thomas N. Forsythe, CPA, MST, MBA Jacqueline B. Gaipo, CPA, MST Peter M., Gervais, CPA, CFPP, MST Michael J., Mellor, CPA William R. Pirolli, CPA/CFF, PSS/CGMA James P. Queenan, CPA/CFF, MST Leah J. Stalteny, CPA/CFF, CVA, MSPFR MST

James Martin, CPA
Frank T. Sciuto, CPAVPFS, CFP*, MST, MBAVMS

INDEPENDENT ACCOUNTANTS' COMPILATION REPORT

To the Board of Directors of Casey Feldman Memorial Foundation Springfield, Pennsylvania

Management is responsible for the accompanying financial statements of Casey Feldman Memorial Foundation (a nonprofit 501(c)(3) organization), which comprise the statement of assets and net assets – tax basis as of December 31, 2016, and the related statement of revenue, expenses and changes in net assets – tax basis for the year then ended in accordance with the tax basis of accounting, and for determining that the tax basis of accounting is an acceptable financial reporting framework. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or the completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

The financial statements are prepared in accordance with the tax basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America.

Management has elected to omit substantially all of the disclosures ordinarily included in financial statements prepared in accordance with the tax basis of accounting. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the Foundation's assets, net assets, revenue, expenses and changes in net assets. Accordingly, these financial statements are not designed for those who are not informed about such matters.

Warwick, Rhode Island November 7, 2017

Di Santo, Priest . Co.





CASEY FELDMAN MEMORIAL FOUNDATION STATEMENT OF ASSETS AND NET ASSETS - TAX BASIS DECEMBER 31, 2016

ASSETS

Assets:	
Cash - Checking	\$ 18,793
Cash - Savings	52,238
Investments, at fair value (Cost: \$78,004)	79,447
Equipment, less accumulated depreciation of \$1,434	2,121
Video production, less amortization of \$6,282	1,311
Website, less amortization of \$12,260	
Total assets	153,910
NET ASSETS, UNRESTRICTED	\$ 153,910

CASEY FELDMAN MEMORIAL FOUNDATION STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET ASSETS - TAX BASIS FOR THE YEAR ENDED DECEMBER 31, 2016

Unrestricted revenues:	
Donations	\$ 65,064
Gifts in-kind	13,892
Sale of wristbands	4,902
Interest and dividend income	2,061
Capital gain distributions	208
Total unrestricted revenue	86,127
Program service expense:	
Subcontract	22,998
Supplies	10,206
Printing, handouts	1,279
Postage	1,105
Advertising, web and other	22,428
Conference and meetings	2,795
Travel and lodging	11,574
Scholarship awards	4,500
Travel meals	2,399
Other program expenses	23,156
Amortization and depreciation	1,574
Total program services	104,014
Administrative	6,499
Total operating expenses	110,513
Decrease in net assets from operations	(24,386)
Unrealized gain from investments	3,680
Decrease in net assets	(20,706)
Net assets, beginning of year	174,616
Net assets, end of year	\$ 153,910