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

OMB No. 1545-0052

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

For	calen	ndar year 2016 or tax year beginning		6, and			, 20
		undation				r identification numbe	r
SIL	VERBA	ACK EDUCATIONAL FOUNDATION FOR THE ARTS, DANCE	AND ATHLETICS			46-4902114	
Nu	mber an	d street (or P.O. box number if mail is not delivered to street address)	Roor	m/suite	B Telephor	e number (see instructi	ons)
381	1 W. C	CHESTER PIKE, BUILDING 2		200		(484) 420-0225	5
Cit	y or tow	n, state or province, country, and ZIP or foreign postal code	-		C If exempt	tion application is pendi	na. check here ▶ □
NE	WTOW	N SQUARE, PA 19073					5, 1 11 11
G	Check	call that apply: Initial return Initial return	of a former public	c charity	D 1. Foreig	n organizations, check h	nere ▶
		☐ Final return ☐ Amended r	eturn			n organizations meeting	
		☐ Address change ☐ Name char	nge			here and attach compu	
Н	Check	type of organization: Section 501(c)(3) exempt po	rivate foundation			foundation status was t 07(b)(1)(A), check here	
		on 4947(a)(1) nonexempt charitable trust Other tax	able private foun	dation	Section 5	or(b)(1)(A), check here	
		narket value of all assets at J Accounting method	: 🗌 Cash 🗹 A	Accrual	F If the fou	ndation is in a 60-month	n termination
					under se	ction 507(b)(1)(B), check	chere ▶
		6) ► \$ 97,362 (Part I, column (d) must be	on cash basis.)				
P	art I	Analysis of Revenue and Expenses amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	(a) Revenue and expenses per books		investment ncome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	998,501				
	2	Check ► ☐ if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities					
	5a	Gross rents					
	b	Net rental income or (loss)					
ne	6a	Net gain or (loss) from sale of assets not on line 10	(D			
en	b	Gross sales price for all assets on line 6a					
Revenue	7	Capital gain net income (from Part IV, line 2)			0		
ш	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances 0 Less: Cost of goods sold 0					
	b	Less: Cost of goods sold 0 Gross profit or (loss) (attach schedule)	()			
	11	Other income (attach schedule)			0	0	
	12	Total. Add lines 1 through 11	998,501		0	0	
	13	Compensation of officers, directors, trustees, etc.	000,00				
Ses.	14	Other employee salaries and wages					
enses	15	Pension plans, employee benefits					
	16a	Legal fees (attach schedule)	37,299	9	0	0	0
Щ	b	Accounting fees (attach schedule)	13,424	1	0	0	0
ti≷	С	Other professional fees (attach schedule)	4,395	5	0	0	0
ā	17	Interest					
jist	18	Taxes (attach schedule) (see instructions)	(0	0	0
Operating and Administrative Exp	19	Depreciation (attach schedule) and depletion	(0	0	
₽d	20	Occupancy					
Ď	21	Travel, conferences, and meetings		1			
ā	22	Printing and publications	0.000				
ng	23 24	Other expenses (attach schedule)	6,332	2	0	0	689
ʻati		Add lines 13 through 23	61,450		0	0	689
be	25	Contributions, gifts, grants paid	1,320,239		0	0	1,320,239
Ō	26	Total expenses and disbursements. Add lines 24 and 25	1,381,689		0	0	1,320,239
	27	Subtract line 26 from line 12:	1,301,000				1,020,020
	a	Excess of revenue over expenses and disbursements	(383,188))			
	b	Net investment income (if negative, enter -0-) .	(===)		0		
	1	Adjusted net income (if negative, enter -0-)				0	

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2016) Cat. No. 11289X

В	vet II	Attached schedules and amounts in the description column	Beginning of year	End o	f year
Pä	art II	Balance Sheets should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	477,000	97,362	97,362
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts		0	0
	4	Pledges receivable			
		Less: allowance for doubtful accounts		0	0
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)	0	0	0
	7	Other notes and loans receivable (attach schedule)0			
		Less: allowance for doubtful accounts 0	0	0	0
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments—U.S. and state government obligations (attach schedule)	0	0	0
	b	Investments—corporate stock (attach schedule)	0	0	0
	С	Investments—corporate bonds (attach schedule)	0	0	0
	11	Investments—land, buildings, and equipment: basis0			
		Less: accumulated depreciation (attach schedule) 0	0	0	0
	12	Investments-mortgage loans			
	13	Investments—other (attach schedule)	0	0	0
	14	Land, buildings, and equipment: basis0			
		Less: accumulated depreciation (attach schedule) 0	0	0	0
	15	Other assets (describe ►)	0	0	0
	16	Total assets (to be completed by all filers-see the			
		instructions. Also, see page 1, item I)	477,000	97,362	97,362
	17	Accounts payable and accrued expenses	0	3,550	
S	18	Grants payable			
Liabilities	19	Deferred revenue			
pi	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	
Lia	21	Mortgages and other notes payable (attach schedule)	0	0	
	22	Other liabilities (describe ►)	0	0	
	23	Total liabilities (add lines 17 through 22)	0	3,550	
Ś		Foundations that follow SFAS 117, check here > V			
ances		and complete lines 24 through 26 and lines 30 and 31.	05.400	00.040	
_	24	Unrestricted	95,400	93,812	
Ba	25	Temporarily restricted	381,600		
þ	26	Permanently restricted			
Net Assets or Fund Ba		Foundations that do not follow SFAS 117, check here ▶ □ and complete lines 27 through 31.			
70	27	Capital stock, trust principal, or current funds			
S	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
sei	29	Retained earnings, accumulated income, endowment, or other funds			
As	30	Total net assets or fund balances (see instructions)	477,000	93,812	
et	31	Total liabilities and net assets/fund balances (see	477,000	33,012	
Z	• •	instructions)	477,000	97,362	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	111,000	07,002	
_		I net assets or fund balances at beginning of year—Part II, colur	mn (a), line 30 (must	agree with	
		of-year figure reported on prior year's return)			477,000
2		r amount from Part I, line 27a		<u> </u>	(383,188)
3		er increases not included in line 2 (itemize)			0
4	Add	lines 1, 2, and 3		4	93,812
5	_				0
6	Tota	reases not included in line 2 (itemize) ► I net assets or fund balances at end of year (line 4 minus line 5)—F	Part II, column (b), lin	e 30 6	93,812

Part I	V Capital Gains and	Losses for Tax on Investm	ent Income			
		kind(s) of property sold (e.g., real estate e; or common stock, 200 shs. MLC Co.)	,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a						
b						
С						
d						
е		40.5	() 0 .		#NO:	4 \
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	107	r other basis ense of sale		n or (loss) n minus (g)
а						
b						
<u> </u>						
d						
е	Complete only for assets show	 ving gain in column (h) and owned b	ov the foundation	on 12/31/60		
	Complete only for assets show					. (h) gain minus less than -0-) or
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col. (i) . (j), if any		rom col. (h))
<u>a</u>						
b						
C						
d						
е		(If gain	also enter in Pa	rt I line 7)		
2	Capital gain net income or		enter -0- in Pa		2	
3		or (loss) as defined in sections line 8, column (c) (see instruc	1222(5) and (6)	:		
Part		r Section 4940(e) for Redu			3	(
as th		ection 4942 tax on the distribut qualify under section 4940(e). De			pase period?	☐ Yes 🗹 No
1		int in each column for each yea		•	aking any entries.	
	(a)	(b)	<i>,</i>	(c)		(d)
Caler	Base period years ndar year (or tax year beginning in)	Adjusted qualifying distributions	Net value o	f noncharitable-use a		ribution ratio livided by col. (c))
	2015	43	3,643		2,554 1	7.088097
	2014				C	0.000000
	2013				C	0.000000
	2012				С	0.000000
	2011				С	0.000000
2	Total of line 1, column (d)				. 2	17.08809
3		or the 5-year base period—dividation has been in existence if le				17.08809
4	Enter the net value of nonc	haritable-use assets for 2016 fr	om Part X, line	5	. 4	73,58
5	Multiply line 4 by line 3 .				. 5	1,257,35
6		income (1% of Part I, line 27b)			. 6	(
7					. 7	1,257,359
8		s from Part XII, line 4			. 8	1,320,928
J		er than line 7, check the box in				

Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see i	nstru	ction	ns)
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		0	
	here ► 🗹 and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
3	Add lines 1 and 2		0	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		0	
6	Credits/Payments:			
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 0			
b	Exempt foreign organizations—tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) . 6c			
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d		0	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
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		0	
11 Part	Enter the amount of line 10 to be: Credited to 2017 estimated tax Refunded ▶ 11		0	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
ıu	participate or intervene in any political campaign?	1a	103	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	Ia		
-	Instructions for the definition)?	1b		~
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		~
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		~
_	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		~
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		~
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		>
	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 law remain in the governing instrument?	6	~	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	~	
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	~	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"			
10	complete Part XIV	9		/
10	names and addresses	10		٧

	0-11 (2010)			rage U
Part	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)		Yes	No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	11		-
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	12 13	~	<i>'</i>
14	Website address ► HTTP://SILVERBACK-SEFADA.ORG The books are in care of ► WILLIAM ROMANELLI Telephone no. ► (48-	4) 420-	-0225	
	Located at ► 3811 W. CHESTER PIKE, BUILDING 2, 200, NEWTOWN SQUARE, PA ZIP+4 ►	1907	3	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the year ▶ 15		.	▶ □
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority	,	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		~
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? \checkmark Yes \square No			
	(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.)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		V
	Organizations relying on a current notice regarding disaster assistance check here			
С	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		~
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?			
L	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
b	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.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		~
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		V

Part	VII-B	Statements Regarding Activities	for W	/hich Form	4720 l	May Be R	equire	ed (contii	nued)			
5a	During	the year did the foundation pay or incur a	ny amo	ount to:								
	(1) Carı	y on propaganda, or otherwise attempt t	o influe	nce legislation	n (sect	ion 4945(e))? .	☐ Yes	✓ No			
		ence the outcome of any specific public		on (see secti	on 495	5); or to ca	arry on	,				
	dire	ctly or indirectly, any voter registration dr	ive?					☐ Yes	✓ No			
		ride a grant to an individual for travel, stu	•						✓ No			
		vide a grant to an organization other than						1				
		ion 4945(d)(4)(A)? (see instructions)						☐ Yes	✓ No			
		vide for any purpose other than religious,										
		poses, or for the prevention of cruelty to c							<u></u> No			
b		nswer is "Yes" to 5a(1)-(5), did any of the							ribed in			
	_	ions section 53.4945 or in a current notice	_	_						5b		
_	_	rations relying on a current notice regarding	-									
С		nswer is "Yes" to question 5a(4), does to										
		e it maintained expenditure responsibility						∐ Yes	∐ No			
6-		attach the statement required by Regula			. ,		miuma					
bа		foundation, during the year, receive any rsonal benefit contract?		=	_		emiums	_				
								∐ Yes	ຼ ເ∠ No			
b		foundation, during the year, pay premiun to 6b, file Form 8870.	is, aire	ctly or indired	ctiy, on	a personai	benen	i contract		6b		
72		me during the tax year, was the foundation a	a narty i	to a prohibited	l tav cha	alter transac	tion?	Yes	√ No			
		' did the foundation receive any proceeds						_	_	7b		
	VIII	Information About Officers, Direc									ees.	
		and Contractors	,	,			J - ,	5 ,			,	
1	List all	officers, directors, trustees, foundation	n mana	gers and th	eir con	npensation	(see i	nstructio	ns).			
		(a) Name and address		e, and average rs per week		mpensation not paid,		Contribution byee benefit		(e) Expe		
		(a) Name and address		ed to position		ter -0-)		erred compe		other a	allowan	ces
	RA WILLI			TARY &		0			0			0
		STER PIKE, #200, NEWTON SQUARE, PA 19073		URER, 1.0								
	EN GRAH		CHAIR	MAN, 1.0		0			0			0
		ER PIKE, #200, NEWTON SQUARE, PA 19073										
		NELLI, JR.	PRESI	DENT, 1.0		0			0			0
3811 W	/. CHESTE	R PIKE, #200, NEWTOWN SQUARE, PA 19073										
2	Compe	nsation of five highest-paid employee	se (oth	or than thos	e incli	uded on li	na 1_	eaa inetr	uction	e) If n	nne e	ntor
_	"NONE		,5 (Otil	ci tilali tilo.		uucu on n		300 11130	uotion.	<i>3)</i> . II II.	J.1.C, C	,,,,,,,,
				# N T'''				(d) Contribu	utions to			
	(a) Name a	nd address of each employee paid more than \$50,00	0	(b) Title, and a hours per v	veek	(c) Comper	sation	employee plans and	benefit	(e) Expe	nse acc	ces
				devoted to p	osition			compens		Other	anowani	003
NONE												
<i>.</i>		(II										
otal	number (of other employees paid over \$50,000 .		<u></u>					<u>. ▶</u>		0	

	nformation About Officers, Directors, Trustees, Foundation Managers, Highly Paid E	mployees,
	hest-paid independent contractors for professional services (see instructions). If none, enter "NO	NE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
Total number of	of others receiving over \$50,000 for professional services	0
Part IX-A	Summary of Direct Charitable Activities	
	cion's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1		
2		
3		
4		
•		
Part IX-B	Summary of Program-Related Investments (see instructions)	
	o largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1		
2		
All other progra	m-related investments. See instructions.	
3		
Total. Add line	s 1 through 3	

Part	Minimum Investment Return (All domestic foundations must complete this part. Forei	gn found	lations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	74,701
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	74,701
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	74,701
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	1,120
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	73,581
6	Minimum investment return. Enter 5% of line 5	6	3,679
Part		oundatio	ns
	and certain foreign organizations check here ▶ □ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	3,679
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.)		
C	Add lines 2a and 2b		0.070
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,679
4	Recoveries of amounts treated as qualifying distributions	4	2.070
5	Add lines 3 and 4	5	3,679
6 7	Deduction from distributable amount (see instructions)	6	
'	line 1	7	2.670
		/	3,679
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
' a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	1,320,928
a b	Program-related investments—total from Part IX-B	1b	1,320,928
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	10	
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	_	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,320,928
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	-	.,020,020
-	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,320,928
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating		· · · · · ·
	qualifies for the section 4940(e) reduction of tax in those years.	9 WINGHIGH	are roundation

Part	XIII Undistributed Income (see instruction	ons)			
	<u> </u>	(a)	(b)	(c)	(d)
1	Distributable amount for 2016 from Part XI,	Corpus	Years prior to 2015	2015	2016
	line 7				3,679
2	Undistributed income, if any, as of the end of 2016:				0,010
	Enter amount for 2015 only				
a	-				
b	Total for prior years: 20 12 ,20 13 ,20 14				
3	Excess distributions carryover, if any, to 2016:				
а	From 2011				
b	From 2012				
С	From 2013				
d	From 2014				
е	From 2015 43,514				
f	Total of lines 3a through e	43,514			
4	Qualifying distributions for 2016 from Part XII,				
	line 4: ▶ \$ 1,320,928				
а	Applied to 2015, but not more than line 2a .			0	
b	Applied to undistributed income of prior years				
-	(Election required—see instructions)		0		
С	Treated as distributions out of corpus (Election		0		
·	required—see instructions)				
		0			0.070
d	Applied to 2016 distributable amount				3,679
е	Remaining amount distributed out of corpus	1,317,249			
5	Excess distributions carryover applied to 2016				0
	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,360,763			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b		0		
С	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				
d	Subtract line 6c from line 6b. Taxable				
	amount—see instructions		0		
е	Undistributed income for 2015. Subtract line				
C	4a from line 2a. Taxable amount—see				
	instructions			0	
				U	
f	Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must 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 may be				
	required—see instructions)	0			
8	Excess distributions carryover from 2011 not				
	applied on line 5 or line 7 (see instructions).	0			
9	Excess distributions carryover to 2017.				
	Subtract lines 7 and 8 from line 6a	1,360,763			
10	Analysis of line 9:				
а	Excess from 2012 0				
b	Excess from 2013 0				
C	Excess from 2014 0				
d	Excess from 2015				
u	Excess from 2016				
G	LACCOCC ITCHT 2010				

Part :	XIV Private Operating Founda	tions (see instru	ctions and Part	VII-A, question 9	9)	
1a	If the foundation has received a ruling	or determination	letter that it is a	private operating		
	foundation, and the ruling is effective for	2016, enter the da	ate of the ruling .	•		
b	Check box to indicate whether the four	ndation is a private	operating foundat	ion described in se	ection	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
	each year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test - enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter / of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"Support" alternative test—enter:					
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part	• • • • • • • • • • • • • • • • • • • •			ne foundation h	ad \$5,000 or m	ore in assets at
	any time during the year-		ns.)			
1	Information Regarding Foundation					
а	List any managers of the foundation					by the foundation
	before the close of any tax year (but o	nly if they have co	ontributed more th	an \$5,000). (See s	ection 507(a)(2).)	
	EN C GRAHAM, CHAIRMAN	1 100/	6.11		/ 11 1	
b	List any managers of the foundation ownership of a partnership or other er			•		rge portion of the
	ownership of a partnership of other er	itity) of which the	iouriuation nas a	10% of greater lift	erest.	
	Information Describer Contribution	Cront Cift Loo	n Cabalayahin a	to Duosuomo:		
2	Information Regarding Contribution Check here ▶ ☐ if the foundation			_	organizations and	door not cocont
	unsolicited requests for funds. If the f					
	other conditions, complete items 2a, I		girts, grants, etc.	(See manacheris)	o marriadais or or	gariizations ander
	The name, address, and telephone nustatement)		Idress of the perso	on to whom applic	ations should be a	addressed:
b	The form in which applications should	be submitted and	d information and	materials they sho	uld include:	
	- NO SPECIFIC INFORMATION OR MATE			•		
С	Any submission deadlines:					
NONE						
d	Any restrictions or limitations on aw factors:	ards, such as by	y geographical ar	eas, charitable fie	elds, kinds of ins	titutions, or other

Form **990-PF** (2016)

NONE

Par	Supplementary Information (conti	inued)			
3	Grants and Contributions Paid During t	he Year or Approve	ed for Fut	ture Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	Contribution	
а					
(SEE	STATEMENT)				
	Total			<u> </u>	4 000 000
	Approved for future payment	· · · · · · · · · · · ·		▶ 3a	1,320,239
D	Approved for luture payment	+			
	Total	L			

Pa	rt XV	I-A Analysis of Income-Producing Ac	tivities				
Ente	er aro	ss amounts unless otherwise indicated.		isiness income	Excluded by sect	ion 512, 513, or 514	
		gram service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
•	a	grain service revenue.					
	b .						
	C						
	d						
	е						
	f						
	g Ī	Fees and contracts from government agencies					
2	_	nbership dues and assessments					
3		rest on savings and temporary cash investments					
_							
4		dends and interest from securities					
5		rental income or (loss) from real estate:					
		Debt-financed property					
		Not debt-financed property					
6	Net	rental income or (loss) from personal property					
7	Oth	er investment income					
8	Gain	or (loss) from sales of assets other than inventory					
9		income or (loss) from special events					
10		ss profit or (loss) from sales of inventory					
11							
• • •	b	er revenue: a					
	b .						
	C.						
	d _						
	е						
40	Sub	total. Add columns (b), (d), and (e)		0		0	0
		al. Add line 12, columns (b), (d), and (e)				13	0
13	Tota					13	0
13 (See	Tota work	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	 ıs.)			13	0
13 (See P a	Tota work irt XV	al. Add line 12, columns (b), (d), and (e) Asheet in line 13 instructions to verify calculation Ale Relationship of Activities to the Ale	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 (See P a	Tota work irt XV ne No.	al. Add line 12, columns (b), (d), and (e) Asheet in line 13 instructions to verify calculation Ale Relationship of Activities to the Ale	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 (See P €	Tota work irt XV	al. Add line 12, columns (b), (d), and (e)	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
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13 (See P €	Tota work irt XV ne No.	al. Add line 12, columns (b), (d), and (e) Asheet in line 13 instructions to verify calculation Ale Relationship of Activities to the Ale	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
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13 (See P a	Tota work irt XV ne No.	al. Add line 12, columns (b), (d), and (e) Asheet in line 13 instructions to verify calculation Ale Relationship of Activities to the Ale	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 (See P a	Tota work irt XV ne No.	al. Add line 12, columns (b), (d), and (e) Asheet in line 13 instructions to verify calculation Ale Relationship of Activities to the Ale	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 (See P a	Tota work irt XV ne No.	al. Add line 12, columns (b), (d), and (e) Asheet in line 13 instructions to verify calculation Ale Relationship of Activities to the Ale	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 (See P a	Tota work irt XV ne No.	al. Add line 12, columns (b), (d), and (e) Asheet in line 13 instructions to verify calculation Ale Relationship of Activities to the Ale	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 (See P a	Tota work irt XV ne No.	al. Add line 12, columns (b), (d), and (e) Asheet in line 13 instructions to verify calculation Ale Relationship of Activities to the Ale	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
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13 (See P a	Tota work irt XV ne No.	al. Add line 12, columns (b), (d), and (e) Asheet in line 13 instructions to verify calculation Ale Relationship of Activities to the Ale	 ıs.) ıccomplishm	ent of Exemp	t Purposes		

Part	XVII		n Regarding Trar rganizations	nsfers T	o and Trans	actions	and	Relationsh	ips W	/ith N	loncha	aritabl	е	<u> </u>
1	Did th		directly or indirectly	engage ir	any of the fo	llowing w	ith an	v other orga	nizatio	on des	scribed		Yes	No
•	in sec		ne Code (other than											
а	•		porting foundation to	n a nonch	aritable exem	nt organi	zation	of:						
u		· ·										1a(1)		~
												1a(2)		~
b		r transactions:										14(<u>2</u>)		-
			a noncharitable exe	emnt oraș	anization							1b(1)		~
			ets from a noncharita									1b(2)		~
			s, equipment, or othe									1b(3)		~
			rrangements									1b(4)		~
			arantees									1b(5)		~
		_	ervices or membersh									1b(6)		~
С			equipment, mailing lis	-	_							1c		~
		-	of the above is "Ye										fair m	
•			other assets, or servi											
			on or sharing arrang											
(a) Line		(b) Amount involved	(c) Name of noncl					ription of transfe						
		•	,					•						
	desci	ribed in section (ectly or indirectly af 501(c) of the Code (ce following schedule	other than				_	pt org	ganiza 	itions · · [Yes	; v	No
		(a) Name of organ	nization		(b) Type of organ	nization			(c) Des	scription	n of relation	onship		
			I declare that I have examine								my knowle	dge and	belief, it	is true,
Sign Here	<u> </u>		laration of preparer (other th	an taxpayer)	is dased on all into	CHAIRM		parer nas any kno	wieage.		May the with the (see instru	preparer	shown	below
	Sign	ature of officer or tru			Date	Title							55	
Paid		Print/Type prepare	r's name	Preparer	's signature	n Q		Date 5/12/20	17	Check	⟨ 🔲 if	PTIN		
Prepa	arer	JOHN WOODHU			y. Woodhull	c, esq.		5/12/20	1/		mployed	P0′	30526	86
Use (Firm's name ►	CROWE HORWATH							s EIN ▶	•	35-092	1680	
	Firm's address ► 225 WEST WACKER D			R DRIVE	SUITE 2600,	, CHICAG	O, IL	60606-1224	Phone	e no.	(3	12) 899	-7000	

Form **8879-E0**

IRS e-file Signature Authorization for an Exempt Organization

, 2016, and ending For calendar year 2016, or fiscal year beginning

▶ Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

Department of the Treasury ▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Internal Revenue Service Name of exempt organization Employer identification number SILVERBACK EDUCATIONAL FOUNDATION FOR THE ARTS, DANCE AND ATHLETICS 46-4902114 Name and title of officer STEVEN GRAHAM, CHAIRMAN Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I. **1a** Form 990 check here ▶ □ **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) . . . 2a Form 990-EZ check here ▶ □ b Total revenue, if any (Form 990-EZ, line 9) **3a** Form 1120-POL check here ▶ □ **b Total tax** (Form 1120-POL, line 22) 3b 4a Form 990-PF check here ▶ ☑ b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . 4b 5a Form 8868 check here ▶ ☐ b Balance Due (Form 8868, line 3c) Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only ☑ I authorize CROWE HORWATH LLP to enter my PIN as my signature FRO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. ☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. With Gb Zer Officer's signature ▶ 5/12/2017 Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 6 2 number (EFIN) followed by your five-digit self-selected PIN. do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ▶ Date ▶ **ERO Must Retain This Form — See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So Form **8879-EO** (2016) For Paperwork Reduction Act Notice, see back of form.

Arts, Dance and Athletics- 46-4902114

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

SILVERBACK EDUCATIONAL FOUNDATION FOR THE ARTS, DANCE AND ATHLETICS

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

OMB No. 1545-0047

2016

Employer identification number

46-4902114

Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF ✓ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization
SILVERBACK EDUCATIONAL FOUNDATION FOR THE ARTS, DANCE AND ATHLETICS

Employer identification number

46-4902114

Part I	Contributors (See instructions). Use duplicate co	opies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GRAHAM PARTNERS, INC.		Person 🔽 Payroll 🗌
	3811 W CHESTER PIKE, BUILDING 2, 200	\$ 986,001	Noncash 🔽
	NEWTON SQUARE, PA 19073		(Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
2	UHS OF PENNSLYVANIA INC		Person ✓ Payroll □
	367 GULPH ROAD, PO BOX 61558	10,000	Noncash
	KING OF PRUSSIA, PA 19406		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part II

Name of organization
SILVERBACK EDUCATIONAL FOUNDATION FOR THE ARTS, DANCE AND ATHLETICS

Employer identification number

46-4902114

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	PROFESSIONAL, ADMINISTRATIVE, AND PROGRAM SERVICES EXPENSES PAID ON BEHALF OF THE FOUNDATION.	185,451	
(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
		\$	

Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

Employer identification number

Name of organization

SILVERBACK EDUCATIONAL FOUNDATION FOR THE ARTS, DANCE AND ATHLETICS 46-4902114 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) Use duplicate copies of Part III if additional space is needed. (a) No. (d) Description of how gift is held from Part I Transferee's name, address, and 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 (e) Transfer of gift Transferee's name, address, and 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Supplemental Information

Supplemental Information. additional information (see instructions).

Return Reference - Identifier	Explanation
	WILLIAM J ROMANELLI JR, 3811 W. CHESTER PIKE, BUILDING 2, 200, NEWTON SQUARE, PA 19073, 484-420-0225, BROMANELLI@GRAHAMPARTNERS.NET

Part I, Line 16a	Legal fees	
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Description	(a) Revenue and expenses	(b) Net investment income	(c) Adjusted net income	(d) Charitable disbursements
(1) LEGAL FEES	37,299			
TOTAL	37,299	0	0	0

Part I. Line 16b	Accounting fees

Description	(a) Revenue and expenses	(b) Net investment income	(c) Adjusted net income	(d) Charitable disbursements
(1) ACCOUNTING FEES	13,424			
TOTAL	13,424	0	0	0

Part I. Line 16c Other	professional fees
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Description	(a) Revenue and expenses	(b) Net investment income	(c) Adjusted net income	(d) Charitable disbursements
(1) OTHER CONTRACTORS	4,395			
TOTAL	4,395	0	0	0

Part I, Line 23	Other expenses
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Description	(a) Revenue and expenses	(b) Net investment income	(c) Adjusted net income	(d) Charitable disbursements
(1) BANK FEE	12			
(2) COMPUTER SOFTWARE	467			467
(3) INSURANCE	5,436			182
(4) MISC. EXP	195			20
(5) POSTAGE, MAILING SERVICE	182			
(6) TELEPHONE, TELECOMMUNICATIONS	20			20
(7) WEB COSTS	20			
TOTAL	6,332	0	0	689

Name and Address	Relationship	Foundation status	Purpose	Amount
BENCHMARK SCHOOL 2107 N. PROVIDENCE RD. MEDIA, PA, 19063	NONE	PC	EDUCATIONAL SUPPORT	166,977
DOWN THE LINE & BEYOND 1308 VALLEY ROAD VILLANOVA, PA, 19085	NONE	PC	YOUTH TENNIS SUPPORT	2,500
HAVERFORD SCHOOL 450 LANCASTER AVE. HAVERFORD, PA, 19041	NONE	PC	EDUCATIONAL SUPPORT	47,977
HOLY CROSS SCHOOL 240 NORTH BISHOP AVENUE SPRINGFIELD, PA, 19064	NONE	PC	EDUCATIONAL SUPPORT	3,000
LOWER MERION SOCCER CLUB BOX 360 BRYN MAWR, PA, 19010	NONE	PC	YOUTH SOCCER PROGRAM SUPPORT	35,000
MULTICULTURAL COMMUNITY FAMILY SERVICES 7016 TERMINAL SQUARE, SUITE 1-A UPPER DARBY, PA, 19082	NONE	PC	YOUTH SOCCER PROGRAM SUPPORT	12,100
PHILADELPHIA SOCCER CLUB OF NORTHEAST PHILADELPHIA PO BOX 63056 PHILADELPHIA, PA, 19114	NONE	PC	YOUTH SOCCER PROGRAM SUPPORT	5,000
SPIRIT SOCCER CLUB OF CHESTER COUNTY PO BOX 156 DOWNINGTOWN, PA, 19090	NONE	PC	YOUTH SOCCER PROGRAM SUPPORT	251,835
ST ROSE OF LIMA SCHOOL 1522 N. WANAMAKER STREET PHILADELPHIA, PA, 19131	NONE	PC	EDUCATIONAL SUPPORT	6,000
THE PHELPS SCHOOL 583 SUGARTOWN ROAD MALVERN, PA, 19355	NONE	PC	EDUCATIONAL SUPPORT	10,000
THE SHIPLEY SCHOOL 814 YARROW STREET BRYN MAWR, PA, 19010	NONE	PC	EDUCATIONAL SUPPORT	104,667
YSC ACADEMY INC 224 COUNTY LINE ROAD WAYNE, PA, 19087	NONE	PC	EDUCATIONAL SUPPORT	675,183