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Form. 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

| Α | For the | 2009 cal | endar ye | ar, or tax year beg | innıng | 7/1/2009 | | , and | ending | 6/3 | 0/2010 | | | | |
|---|---|---|---------------------------|---|---|---------------------------------------|-----------------|----------|----------------|---|----------------|---------------------------------------|--|--|--|
| <u>B</u> | Check if a | usé IRS | | | | | | | | | | cation number | | | |
| \Box | Address | change | label or | Doing Business A | s | _ | | | | 23-7839769 |) | | | | |
| | Name ch | ange | print or | Number and stree | t (or P O box if mail is | s not delivered to | street address | 5) | Room/suite | | | | | | |
| | Initial reti | urn | type See | c/o Larry R Roth | Esquire 123 N | orth 5th Stree | et . | | | 610-434-15 | 17 | | | | |
| \sqcap | Terminat | ed | Specific | | or country, and ZIP + | | | | | 010 101 10 | '' | | | | |
| Ħ | Amended | d return | Instruc- tions | Allentown | ••• | P.A | ۱ ۱ | 8102 | | G Gross rece | eipts \$ | 661,557 | | | |
| Ħ | Application | on pending | F N | lame and address o | f principal officer | - | | | H(a) le t | this a group retu | rn for aff | | | | |
| | | | | | , | | | | | | | | | | |
| _ | - | | ا ا | 24(-) (2) 1 | , | 7 .0.77 | | - | | e all affiliates ind | | Yes No | | | |
| | | mpt status | | (c) (3) ◄ | (insert no) | 4947(a)(1) o | 527 | | " | 'No," attach a lis | i (see ii | istructions) | | | |
| <u>J '</u> | Website | e: ▶ N/A | | | | | | _ | H(c) Gr | oup exemption i | number | <u> </u> | | | |
| K | Form of o | rganization | c _o | prporation X Trus | Association | 'Other ▶ | | LY | ear of forma | tion 1996 | MS | tate of legal domicile PA | | | |
| F | art I | Sur | nmary | | | | | | | | | | | | |
| | 1 | Briefly d | escribe ' | the organization's | mission or most | significant a | ctivities. Ii | nvestr | nent of tr | ust assets fo | or the b | penefit of its | | | |
| 吕 | | sole ber | eficiary, | The Corporation | of the President | of the Church | n of Jesus (| Christ | of Latter | -Day Saints | , for the | e benefit of | | | |
| چة | | two nam | ed local | congregations of | later formed cor | ngregations | | | | | | | | | |
| ÆË | 4 <u>E</u> | | | | | | | | | | | | | | |
| - 8 | 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% | | | | | | | | | | | et assets | | | |
| توب | 3 | Number | of voting | g members of the | | | | • | | | 3 | 2 | | | |
| ES: | 4 | Number | of indep | endent voting me | embers of the gov | verning body | (Part VI, lin | ne 1b) | | | 4 | 2 | | | |
| ₹ے | 5 | Total nu | mber of | employees (Part | V, line 2a) | | | | | | 5 | 0 | | | |
| ΠŠ | 6 | Total nu | mber of | volunteers (estim | ate if necessary) | ı | | | | | 6 | 2 | | | |
| Z, | 7a | Total gro | oss unre | lated business re | venue from Part | VIII, column | (C), line 12 | | | | 7a | 0 | | | |
| 2 | b | Net unre | elated bu | usiness taxable in | come from Form | 990-T, line 3 | 4 | | | | 7b | 0 | | | |
| SCANNED DEC 1 4 2010 | | 8 Contributions and grants (Part VIII, line III) | | | | | | | | | | Current Year | | | |
| | 8 | | | | | | | | <u> </u> | · | 0 | 0 | | | |
| Revenue | 9 | | | | | | | | | 0 | 0 | | | | |
| ě | 10 | | | | | | | | - | -54 | 3,554 | . 123,520 | | | |
| _ | [' ' | | | Part VIII, column | | | • | | | | 0 | 0 | | | |
| | 12 | | | ld lines 8 through 11 | | | | | <u> </u> | | 3,554 | 123,520 | | | |
| | 13 | | | lar amounts paid | | | ·) | | | 12 | 5,000 | 72,200 | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A) times 5 10) | | | | | | | | | | 0 | | | |
| ės | 15 | Salaries | , other c | compensation, em | pioyee beneti is (| PERF | | s 5+10 | ⁽⁾ | | 0 | 0 | | | |
| Expenses | 16a | | | draising fees (Part | | | | ပ္တြ | م ا | 0 ፲፱ <i>፰ሚ</i> የተለ ታ ጀልታ- ' ' | | 0 | | | |
| Exp | b | Other | mansing | g expenses (Part I | A, Column (D), III | 115-246 | | | 0,50 | | | | | | |
| | 18 | Total ov | ponece | (Part IX, column Add lines 13–17 | (A), lines Tra-Tra | P. 'NOAT'IL | 9 ZUIU | IRS-0 | | | 3,625 | 2,301 | | | |
| | 19 | | | cpenses Subtract | | | 4), iirie 25) | <u> </u> | | | 8,625 2,179 | 74,501 | | | |
| - 5 | | TTCVCITAL | C 1033 CX | tpenses oubtract | inie to nominie | OGDE | NUT | - | Begini | ning of Current | | 49,019 End of Year | | | |
| ets | 20 | Total as | sets (Pa | ırt X, line 16) | L_ | CODE | -14, 0. | | - Deg | | 6,115 | 1,315,134 | | | |
| Ass | 21 | | - | Part X, line 26) | | | | | | 1,20 | 0,110 | 1,515,154 | | | |
| Net Assets or | 22 | | • | nd balances Sub | tract line 21 from | line 20 | | | | 1.26 | 6,115 | 1,315,134 | | | |
| | art II | | nature | | | | | | | | -1 | | | | |
| | | | | of perjury, I declare the | at I have examined thi | s return, includin | g accompanyin | ng sched | dules and st | atements, and to | the bes | st of my knowledge | | | |
| | | and b | pelief, it is t | rue, correct, and comp | lete Declaration of pre | eparer (other than | officer) is bas | ed on a | II informatio | n of which prepa | arer has | any knowledge | | | |
| | | | and. | I Ro. L | DAW. | 1 | 1/_ / |]r / | 1-4 | | | | | | |
| Sig | an | 1 19 | COVE | y a rece | far file | you ! | ary E | inel | M | | - [[- | -2010 | | | |
| Hare Date | | | | | | | | | | | | | | | |
| Charles E. Blades, Robert Najpauer and Harry Rinehart Co-Trustees | | | | | | | | | | | | | | | |
| | | Prepa | | int name and title | - 7 | · · · · · · · · · · · · · · · · · · · | Date | 1 | Chool: f | | Dress | orta identifica comba- | | | |
| Pa | id | signa | | 111 | 11/1/11 | | Date | | Check if self- | | | er's identifying number tructions) | | | |
| | iu eparer': | | 11/11/2010 employed ► | | | | | | | | <u> </u> | | | | |
| | e Only | Fum: | s name (or | ' N I I I I I I I I I I I I I I I I I I | th Law Firm | K | | | | EIN ► | | | | | |
| US | o omy | | -employed ess, and ZII |). | rth 5th Street, All | entown PA 1 | 8102 | | | Phone no ► (610) 434-1517 | | | | | |
| Ma | v the IE | - | | turn with the prep | | | | | | THORIC HO | (0:0) | | | | |
| _ | | | | | | | | | | | | | | | |
| For (HTA | | y Act and | raperwo | ork Reduction Act I | NOTICE, see the se | parate instruc | tions. | | | | X | 5 Form 990 (2009) | | | |

| _ | art III Statement of Program Service Accomplishments | 23-7639769 | Page Z |
|----|--|-----------------|-------------|
| 4 | | | |
| ı | Briefly describe the organization's mission: See Attached | | |
| | | | |
| | | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | | |
| 2 | the prior Form 990 or 990-EZ? | . Yes | X No |
| | If "Yes," describe these new services on Schedule O | res | ✓ NO |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | | |
| 3 | services? | Yes | X No |
| | If "Yes," describe these changes on Schedule O | res | _ NO |
| 4 | Describe the exempt purpose achievements for each of the organization's three largest program services in | ny avnancac | |
| • | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amo | | nd |
| | allocations to others, the total expenses, and revenue, if any, for each program service reported | ant or grants a | |
| | | | |
| 4a | (Code:) (Expenses \$ 0 including grants of \$ 72,200) (Revenue \$ | | 0) |
| 74 | See Attached | | |
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| 46 | (Code) \(\sum_{\text{code}}\) | | |
| 4D | (Code:) (Expenses \$0 including grants of \$0) (Revenue \$ | | |
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| | ••••••••••••••••••••••••••••••••••••••• | | |
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| _ | | | |
| 4C | (Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ | | 0) |
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| | ••••••••••••••••••••••••••••••••••••••• | | |
| | | | |
| 4d | Other program services. (Describe in Schedule O) | | |
| | (Expenses \$ 0 including grants of \$ 0) (Revenue \$ | 0) | |
| 40 | Total program convice expenses A | | |

| _ | t IV Checklist of Required Schedules | 23-783976 | 59 | | age C |
|-------|--|-----------|-----|-----|-------|
| F all | t IV Checklist of Required Schedules | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | Γ | | | NO |
| | complete Schedule A | · | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | 3 | | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedul Part II | ıle C, | 4 | | Х |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) no and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | otice . | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," | | | | |
| _ | complete Schedule D, Part I | · - | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | [| 8 |] | х |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," | | | | |
| | complete Schedule D, Part IV | - | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | | 10 | | Х |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable | . [| 11 | | Х |
| • | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | | | | |
| • | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | | | | |
| • | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | | | | |
| • | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | | | | |
| • | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part | X | | | |
| • | Did the organization's separate or consolidated financial statements for the tax year include a footnote that | | | | |
| | addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Po | | | 4 | 4. |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | | 12 | *** | X |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A | s No | | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | 13 | | Х |
| | Did the organization maintain an office, employees, or agents outside of the United States? | F | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | · 1 | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | | | | |
| | organization or entity located outside the United States? If "Yes," complete Schedule F, Part II | | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III | . [| 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services | Ì | | | |
| | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | - | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | ļ | 19 | | х |
| | If "Yes," complete Schedule G, Рап III | ↓ | | | |

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

19? Note. All Form 990 filers are required to complete Schedule O

Part IV Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. 22 Х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Schedule L. Part I 25b Х Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Χ 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 27 If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28a Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b Х An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Х . . . Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . 32 Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Χ 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Х 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part 37 Х . . Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

38

| Par | V Statements Regarding Other IRS Filings and Tax Compliance | | | | |
|-----|---|-----------------|----------------|----------------------|--|
| , | | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | | | , | |
| | U.S. Information Returns Enter -0- if not applicable . | 1a | _ 0 🔀 | | 7 |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors | and reportable | , . | ેં હે | 300 |
| | gaming (gambling) winnings to prize winners? | | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 0 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment ta | x returns? . | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return | n (see | 3 | ٠, | - |
| | instructions) | | - 1 | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year | covered by | \$ 14. | ` \$ ¹ %@ | 70 |
| | this return? | | . 3a | | Х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | . 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or | other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or of | ther financial | | | ĺ |
| | account)? | | 4a | | Х |
| b | If "Yes," enter the name of the foreign country ▶ | | المُنْ وَالْمُ | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Form TD F | oreign Bank | | | |
| | and Financial Accounts | | | | 1 |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax y | ear? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter t | ransaction? | . 5b | | X |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity | / Regarding | | | |
| | Prohibited Tax Shelter Transaction? | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and | d did the | | | ł |
| | organization solicit any contributions that were not tax deductible? | | _6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such con | tributions or | | | |
| | gifts were not tax deductible? | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | 1,15 |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and part | tly for goods | | | 1.00 |
| | and services provided to the payor? . | | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which | ch it was | | | |
| | required to file Form 8282? | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums | on a personal | | د ماهاده تبته | Section with |
| | benefit contract?. | | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit | | . 7f | | X_ |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as red | | <u>7g</u> | | <u> </u> |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form | 1098-C as | | | |
| | required? | | 7h | 2 of sult | 4#16 c # 2 |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) suppo | - | | 3 24 - 37 W | 4.4 |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a spon | soring | | | |
| | organization, have excess business holdings at any time during the year? | | 8 | SURVEY WAY | X |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | المعددة المالية المعددة المعددة الم |
| а | Did the organization make any taxable distributions under section 4966? | | 9 <u>a</u> | | <u>X</u> |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | • | 9b | Territorio | X |
| 10 | Section 501(c)(7) organizations. Enter | 1 | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter | 11 | | Soft . | 1 |
| a | Gross income from members or shareholders | 11a | | 200 | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | 54 | | |
| | against amounts due or received from them) | 11b | | <u></u> | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of | | . 12a | 94021 34. | <i>क</i> इस्क |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | S. 92 | 3. 3. |

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

| Sect | tion A. Governing Body and Management | | | | | | |
|----------|--|----------|----------------|-------|-----------------------|--------------------|----------------------|
| | | | | | - | Yes | No |
| 1a | Enter the number of voting members of the governing body | 1a | | 2 | | 7.7 % | • ` |
| b | Enter the number of voting members that are independent | 1b | | 2 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business rel | ations | hip with | | · | | |
| | any other officer, director, trustee, or key employee? | | • | | 2 | | Χ |
| 3 | Did the organization delegate control over management duties customarily performed by or u | | | | | | |
| | supervision of officers, directors or trustees, or key employees to a management company or | | • | | 3 | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 9 | | | . | 4 | | <u> </u> |
| 5 | Did the organization become aware during the year of a material diversion of the organization | ı's ass | ets? . | | 5 | | _X_ |
| 6 | Does the organization have members or stockholders? | | | . | 6 | | _X_ |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or refitte government had a | nore n | nembers | | _ | | |
| . | of the governing body? Are any decrease of the government body subject to government by a subject to government by the subject to g | | | | 7a | | <u> </u> |
| ь 8 | Are any decisions of the governing body subject to approval by members, stockholders, or of Did the organization contemporaneously document the meetings held or written actions under | | | . | 7b | 7 | <u> </u> |
| • | the year by the following. | пакег | auring | | | 1: 4 | |
| а | The governing body? | | | | 8a | Χ | لثثثة |
| b | Each committee with authority to act on behalf of the governing body? | | | | 8b | $\hat{\mathbf{x}}$ | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot | t he re | ached | ŀ | 00 | ^ | |
| | at the organization's mailing address? If "Yes," provide the names and addresses in Schedul | | | | 9a | x | |
| Sect | tion B. Policies (This Section B requests information about policies not required by the | | rnal | | | | |
| | enue Code.) | | | | | | |
| | | | | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | | | | 10a | | X |
| b | If "Yes," does the organization have written policies and procedures governing the activities of | | chapters, | | | | |
| | affiliates, and branches to ensure their operations are consistent with those of the organization | | | . | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body beform? | etore | filing the | ŀ | | | |
| 110 | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | - | <u>11</u> រន្ទីរុះ | X | - ভিন্ন স্থা |
| 12a | | | • | } | 12a | 20. | <u>х</u> |
| | Are officers, directors or trustees, and key employees required to disclose annually interests | that co | uld ave | ŀ | 12a | | |
| _ | rise to conflicts? | iiiai CC | ulu give | ļ | 12b | | |
| С | Does the organization regularly and consistently monitor and enforce compliance with the pol | icv? If | "Yes." | ŀ | 120 | | |
| | describe in Schedule O how this is done. | | , | | 12c | | |
| 13 | Does the organization have a written whistleblower policy? | | | . | 13 | | X |
| 14 | Does the organization have a written document retention and destruction policy? | | | | 14 | | Х |
| 15 | Did the process for determining compensation of the following persons include a review and a | | | | | | #C* / * L*, \$3 \ |
| | independent persons, comparability data, and contemporaneous substantiation of the deliber | ation a | and decision | 12 | | Ä | |
| a | The organization's CEO, Executive Director, or top management official | | | ļ | 15a | | |
| b | Other officers or key employees of the organization | | | | 15b | ج سے ہ | ₹2 × 7. I |
| 10- | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | | | - Air , , | 1 m 63 | |
| l6a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar a with a taxable entity during the year? | rrange | ement | - } | 40- | A SAL WARE 3 | |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization | to ove | Nuato | ŀ | 16a | | X |
| | its participation in joint venture arrangements under applicable federal tax law, and taken step | | | | | | |
| | the organization's exempt status with respect to such arrangements? | 3 10 3 | aleguaru | - | 16b | | era Tar |
| Sect | ion C. Disclosure | | - | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ PA | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ar | nd 990 | -T (501(c)(3 |)s oi | nly) | | |
| | available for public inspection Indicate how you make these available. Check all that apply | | , , , , , , | • | • • | | |
| | Own website Another's website X Upon request | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing docur | nents, | conflict of ir | ntere | st | | |
| | policy, and financial statements available to the public | | | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the b | ooks a | | | | | |
| | organization: ► Larry R Roth, Esquire | | 610-434 | 151 | 7 | | |
| | 123 North 5th Street, Allentown, PA 18102 | | | | | | |

23-7839769

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons

X Check this box if the organization did not compensate any current officer, director, or trustee

| (A) | (B) | | | (| C) | | | (D) | (E) | (F) |
|------------------------------|------------------------|-------------|-----------------------|---------|--------------|------------------------------|--------|--|--|--|
| Name and Title | Average | | | | | that app | | Reportable | Reportable | Estimated |
| | hours per week , | or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| Charles E Blades Co-Trustee | 2 | х | | | | | | 0 | 0 | 0 |
| Robert Najpauer Co-Trustee | 1 | х | | | | | | 0 | 0 | 0 |
| Harry Rinehart Co-Trustee | 1 | х | | | | | | 0 | 0 | 0 |
| | | | | | | | | | | |
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more than \$100,000 in compensation from the organization

Page 8

| • | (A) | (B) | | | • | C) | | | (D) | (E) | | (F) |
|-------|--|---------------------------------------|-------------|-------|-----------|-----------------|--------------------------------|--------------|--|--|------------------|--|
| | Name and title | Average hours per week | or director | | Officer | al Key employee | a Highest compensated employee | | Reportable compensation from the organization (W-2/1099-MISC) | Reportab compensat from relate organizatic (W-2/1099-N | ion ed ins | Estimated amount of other compensation from the organization and related organizations |
| | | _ | | | | | | | | | | |
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| | | | | | | | | | | | | |
| 1b | Total | • | | | | | | • | 0 | | 0 | 0 |
| 2 | Total number of individuals (including but no reportable compensation from the organization list any former officer, | director or trust | ee, k | ey e | 0 mplo | | | | | | | Yes No |
| 4 | employee on line 1a? If "Yes," complete Sci. For any individual listed on line 1a, is the su the organization and related organizations g individual | ım of reportable | com | pens | satio | | | | | | 3 4 | X |
| 5 | Did any person listed on line 1a receive or a services rendered to the organization? If "You | | | | | | | | rganization for | | 5 | Y X |
| Sec | tion B. Independent Contractors | | | | | | | | | | | |
| 1 | Complete this table for your five highest cor compensation from the organization | npensated inde | pend | ent d | contr | acto | rs th | at re | ceived more tha | s100,000 | of | |
| | (A) Name and business a | address | | | | | | | (B) Description of ser | vices | Com | (C) pensation |
| | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | 0 |
| | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | | | | | | | | <u> </u> | 0 |
| | | | | | | | | | | | | 0 |
| 2 | Total number of independent contractors (in | cluding but not | limite | ed to | thos | se lis | sted a | abov | e) who received | | 12 3.5 | |

0

| | 4 1 (200 | The train of an analysis france | | | | | 23-7839 | 769 Page 9 |
|--|----------------------------------|--|--|------------------|---------------------------------|--|---|--|
| Par | t VIII | Statement of Revenue | ,, | - 2. | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
| Contributions, gifts, grants and other similar amounts | 1a b c d | Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) | 1a 1b 1c 1d |) (C | | , evenue | 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 | 512, 513, or 514 |
| | g | All other contributions, gifts, grants similar amounts not included above Noncash contributions included in Total . Add lines 1a–1f | e <u>1f</u> | 0 Business Code | 0 | | , | |
| Program Service Revenue | 2a b c d e f g | All other program service revenue Total. Add lines 2a–2f | | | 0 0 0 0 0 0 0 | | 2. | |
| | 3 4 5 | Investment income (including divid other similar amounts). Income from investment of tax-exe Royalties. | | • | 81,340 0 0 | | | A Company |
| | 6a b c | Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss) | C | 0 | 0 | 39 ₄₅ | | |
| | 7a b | Gross amount from sales of assets other than inventory Less. cost or other basis and sales expenses Gain or (loss) | (i) Securities 580,076 538,037 42,039 | , 0 | | | | |
| enne | d 8a | Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c | 0 | . • | 42,180 | *r-, | | |
| Other Revenue | С | See Part IV, line 18 Less: direct expenses Net income or (loss) from fundraising Gross income from gaming activities. | . a b ng events | 0 | 0 | | | |
| : | b | See Part IV, line 19 Less direct expenses Net income or (loss) from gaming a Gross sales of inventory, less | . a . b | 0 0 | . 0 | • | | |
| | b | returns and allowances . Less: cost of goods sold Net income or (loss) from sales of a | a b nventory | 0 | 0 | 1 | | |
| | 11a b c | Miscellaneous Revenue | | Business Code | 0 | | | -Agy tropic |
| | | All other revenue Total. Add lines 11a–11d Total revenue. See instructions | · · | | 0 0 123,520 | 0 | 0 | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| | All other organizations must complete column | (A) but are not re | quired to complete | columns (B), (C), | and (D) |
|--------|--|-----------------------|------------------------------|---------------------------------------|---|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | 776 | |
| | organizations in the U S See Part IV, line 21 | 72,200 | 72,200 | I | ALCONOMICS OF THE PARTY OF THE |
| 2 | Grants and other assistance to individuals in | | | 234 | |
| | the U.S. See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to governments, | | | 33.144 | |
| | organizations, and individuals outside the | | | | |
| | U.S See Part IV, lines 15 and 16 | o | | | |
| 4 | Benefits paid to or for members | 0 | | | X 3.4.4.5. |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees. | o | | | |
| 6 | Compensation not included above, to disqualified | - | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | o | | | |
| 7 | Other salaries and wages | 0 | | | |
| 8 | Pension plan contributions (include section 401(k) | | | · · · · · · · · · · · · · · · · · · · | |
| | and section 403(b) employer contributions). | O. | | | |
| 9 | Other employee benefits | 0 | | | |
| 10 | Payroll taxes | 0 | | | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | l o | | | |
| b | Legal | 1,980 | | - | |
| C | Accounting | 0 | | | |
| d | Lobbying | 0 | | | |
| e | Professional fundraising services. See Part IV, line 17 | | 2440 | 74 | |
| f | Investment management fees | 0 | | 2) (MARKET | - |
| g | Other | 0 | | | |
| 12 | Advertising and promotion | 0 | | | |
| 13 | Office expenses | 88 | | | |
| 14 | Information technology | 0 | | | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 0 | | | |
| 17 | Travel | 0 | | | |
| 18 | Payments of travel or entertainment expenses | | | , , , , , , , , , , , , , , , , , , , | |
| | for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 0 | | | |
| 20 | Interact | 0 | | | |
| 21 | Payments to affiliates | 0 | | - | |
| 22 | Depreciation, depletion, and amortization | 0 | 0 | 0 | |
| 23 | Insurance | 0 | | | |
| 24 | Other expenses. Itemize expenses not | 27.7 | The state of the state of | | |
| | covered above (Expenses grouped together | | | | |
| | and labeled miscellaneous may not exceed | | | | |
| | 5% of total expenses shown on line 25 below) | 3 * * 2 | | | |
| а | Carama Tay Mithhald | 233 | 233 | | |
| b | | 200 | | | |
| C | | 0 | | | |
| d | | 0 | | | |
| u A | | 0 | | | |
| f | All other expenses | 0 | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 74,501 | <u> </u> | 0 | 0 |
| | | 14,301 | 74,301 | | |
| 26 | Joint costs. Check here ► if following | | | | |
| | SOP 98-2. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising | | | | |

23-7839769

| | ar <u>t</u> A | Dalance Sneet | | | | | |
|-----------------------------|---------------|--|--------------------------|----------|--|-------------|--|
| | • | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | | | 19,867 | 1 | 31,372 |
| | 2 | Savings and temporary cash investments | · . | | | 2 | |
| | 3 | Pledges and grants receivable, net . | | | 0 | | 0 |
| | 4 | Accounts receivable, net | | | 0 | 4 | 0 |
| | 5 | Receivables from current and former officers, | directors trustees key | , | | X 4 | CHENNEL TO A CONTROL OF THE |
| | | employees, and highest compensated employ | | | | | |
| | | Schedule L | reco complete i alt ii | 0, | 0 | 5 | المحادث المحاد |
| i | 6 | Receivables from other disqualified persons (| as defined under section | nn. | | , | (1) YEL/WEST (1993) 漢枕地 |
| | " | 4958(f)(1)) and persons described in section 4 | | | | - " on" i'd | |
| | ŀ | Part II of Schedule L | rood(o)(o)(b) complet | | 0 | 6 | |
| ιχ | 7 | Notes and loans receivable, net | • | | 0 | 7 | 0 |
| Assets | 8 | Inventories for sale or use | • | | - | 8 | |
| As | ٥ | Prepaid expenses and deferred charges | • | | | 9 | |
| | 40- | Land, buildings, and equipment cost or | 10a | 0 | 3. 3 - W 5.7 10.1 | -70 T | |
| | Iva | · · · · · · · · · · · · · · · · · · · | 10a | | | | |
| | | other basis Complete Part VI of Schedule D Less: accumulated depreciation | 10b | 0 | Man | 10c | |
| | | • | 100 | | 1,246,248 | | 1 202 762 |
| | 11 | Investments—publicly traded securities . | 11 | | | | 1,283,762 |
| | 12 | Investments—other securities. See Part IV, In | | | 0 | | 0 |
| | 13 | Investments—program-related. See Part IV, I | ne II . | • | 0 | | 0 |
| | 14 | Intangible assets | | | 0 | | 0 |
| | 15 | Other assets. See Part IV, line 11 | | | 0 | | 0 |
| | 16 | Total assets. Add lines 1 through 15 (must e | quai line 34) | | 1,266,115 | | 1,315,134 |
| | 17 | Accounts payable and accrued expenses | | | <u> </u> | 17 | |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | | | 19 | |
| 48 | 20 | Tax-exempt bond liabilities . | | _ | 0 | | |
| Liabilities | 21 | Escrow or custodial account liability Complet | | J | Marie Carlos Car | 21 | |
| Ĕ | 22 | Payables to current and former officers, direct | | | | | |
| į | | employees, highest compensated employees | , and disqualified | | | | |
| | | persons. Complete Part II of Schedule L | | | 0 | 22 | |
| | 23 | Secured mortgages and notes payable to unr | • | | 0 | 23 | 0 |
| | 24 | Unsecured notes and loans payable to unrela | | | 0 | | 0 |
| | 25 | Other liabilities Complete Part X of Schedule | D | | 0 | 25 | 0 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 0 | 26 | 0 |
| 10 | ļ | Organizations that follow SFAS 117, check | here ▶ and | | | | |
| ĕ | | complete lines 27 through 29, and lines 33 | and 34. | | | | |
| a | 27 | Unrestricted net assets | | | | 27 | |
| Ba | 28 | Temporarily restricted net assets | | | | 28 | |
| 힏 | 29 | Permanently restricted net assets | | | | 29 | |
| Ē | | Organizations that do not follow SFAS 117 | check here | | March March | | |
| ō | | and complete lines 30 through 34. | , | | | | |
| Net Assets or Fund Balances | 30 | Capital stock or trust principal, or current fund | le | | 1,169,900 | 30 | 1,210,108 |
| Se | 30 | Paid-in or capital surplus, or land, building, or | | • | 1,109,900 | 31 | 1,210,100 |
| Ă | 31 | Retained earnings, endowment, accumulated | • | • | 96,215 | | 105,026 |
| ě | 32 | Total net assets or fund balances | moonie, or other lung: | 5 | | | 1,315,134 |
| _ | 33 | Total liabilities and net assets/fund balances | • | | 1,266,115 1,266,115 | | 1,315,134 |
| | 34 | rotal habilities and net assets/fund balances | | | 1,200,113 | J 34 | I,315,134 |

| Part | XI ` Financial Statements and Reporting | | | |
|------|--|----|----------|----------|
| , | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 X Cash Accrual Other | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | - | | |
| | Schedule O. | | | - |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | | X |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | |
| _ | the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | |
| | Schedule O | | | ! |
| ď | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were | | ' | ' |
| - | issued on a consolidated basis, separate basis, or both | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| 2- | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | ļ | ļ |
| 3a | the Single Audit Act and OMB Circular A-133? | 3a | | |
| _ | | Ja | - | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | 3b | | \ |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 99/ | 1 (2000) |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Open to Public Inspection

| | | organization | | | | | | | Limpioyer | 00.7 | | | |
|-------|--------|---|---------------------------------------|---|---------------------|--|------------------------|--|----------------------------|---------------|---------------------|----------|--------------|
| | | orok Charitabl | | haultus Otantiia / All | | | | - Alexa | 4 \ C = = | | 839769 | | |
| Par | | | | harity Status (All or | | | | | | structio | ns | | |
| ine o | orgar | | - | ation because it is (Forches, or association of | | - | | - | - | | | | |
| | H | | | | | | eu iii se t | | (D)(T)(A)(I |). | | | |
| 2 | 님 | | | on 170(b)(1)(A)(ii). (Ai | | • | | | | | | | |
| 3 | 닏 | • | • | hospital service organi | | | | | | | | | |
| 4 | Ш | | _ | ation operated in conju | inction wi | th a hosp | ıtal descri | bed in se | ction 170 | (b)(1)(A) | (iii). Ent | er the | |
| _ | | = | me, city, and st | •••• | | | | | | - | | | |
| 5 | | | | r the benefit of a colled (Complete Part II) | ge or univ | ersity owi | ned or op | erated by | a governr | nental u | nit descr | ibed | |
| 6 | Ш | A federal, sta | ate, or local gov | ernment or governme | ntal unit d | lescribed | ın sectio | n 170(b)(| 1)(A)(v). | | | | |
| 7 | | - | | ly receives a substanti i(1)(A)(vi). (Complete | | its suppo | rt from a g | governme | ental unit o | r from th | e genera | al publi | С |
| 8 | | A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) | | | | | | | | | | | |
| 9 | \Box | An organizat | ion that normal | ly receives (1) more tl | han 33 1/3 | 3 % of its | support fi | rom contr | ibutions, n | nembers | hip fees | and g | ross |
| | | receipts from support from | n activities relate gross investme | ed to its exempt function ent income and unrelated and after June 30, 1975 | onssub ted busin | ject to cei ess taxab | tain exce le income | ptions, ar e (less sec | nd (2) no n ction 511 t | nore that | n 33 1/3 | % of its | |
| 10 | \Box | - | _ | and operated exclusive | | - | | - | | 1) | | | |
| 11 | 岗 | _ | _ | and operated exclusive | - | • | = | | | • | rn, out th | _ | |
| • • | لكا | | | blicly supported organ | | | | | | | | | n |
| | | | • | at describes the type of | | | | | • | , , | ` ' | 000 | |
| | | a Type | | Type II c | | e III–Fund | | | | | Type III- | Other | |
| e | X | | | y that the organization | | | • | _ | | | | | |
| • | لنثنا | | | on managers and othe | | | - | - | - | | • | | on |
| | | - | section 509(a)(| - | | | | | 3 | | | | |
| f | | If the organiz | zation received | a written determination | n from the | e IRS that | ıt ıs a Typ | oe I, Type | II, or Type | e III supp | orting | | |
| | | | , check this box | | | | ,. | | , | | | | |
| g | | | | the organization acce | pted any | gift or cor | tribution | from any | of the | | | | |
| | | following per | | | | | | | | | 1 | | |
| | | | - | or indirectly controls, | | • | | persons | described | in (II) | 44 (1) | Yes | No |
| | | • | | verning body of the su person described in (i | | organizatio | on z | | | | 11g(i) | | <u>X</u> |
| | | | • | ty of a person describe | • | r (II) above | 27 | | | | 11g(ii) 11g(iii) | _ | ^ |
| h | | | | ation about the suppor | | | | | | | · · · g(···/) | | |
| | Name | e of supported | (II) EIN | (III) Type of organization | (IV) Is the | organization | (v) Did y | you notify | (vi) l | | , , | Amount | of |
| (1) | | anization | (, | (described on lines 1–9 above or IRC section | 1 | sted in your document? | | nization in of your | organizat (i) organiz | | 1 | support | |
| | | | | (see instructions)) | 3 | | | port? | U S | | | | |
| | | | | | Yes | No | Yes | No | Yes | No | | | |
| _ | _ | | | | ,, | | | | | | | | |
| The | Corp | oration of the | 23-7300405 | 1 | X | | X | - | X | | | 7 | 2,200 |
| Pres | dent | of the Church | | | | | | | | | | | 0 |
| 1 103 | uciii | or the original | | | | | | | | - | 1 | | |
| of Je | sus (| Christ of | | | | <u> </u> | | | | | | | 0 |
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| Latte | r-Da | y Saints | | | | | | | | | | | 0 |
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| Tota | ı | | | | | 平 線 引 | Section 1 | Sale in Sur | | Harry Co. | | 7 | 2,200 |

| Par | | | | | (1)(A)(iv) and | 170(b)(1)(A)(| vi) |
|---------------|---|--------------------|---|---------------------------------------|---|------------------|---------------------------------------|
| | (Complete only if you checked | the box on line | <u>e 5, 7, or 8 of</u> | Part I) | | | . , |
| | ion A. Public Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| | include any "unusual grants ") | 0 | 0 | | | | 0 |
| 2 | Tax revenues levied for the organization's | | | | | | |
| | benefit and either paid to or expended on | | | | | 1 | |
| | its behalf. | 0 | 0 | | | | 0 |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | 0 | 0 | | | | 0 |
| A | Total. Add lines 1 through 3 | 0 | 0 | | _ | 0 | 0 |
| 4 5 | The portion of total contributions by each | 1,000,000,000 | ## 15 M 15 M | · · · · · · · · · · · · · · · · · · · | , , , , , , , , , , , , , , , , , , , | | |
| • | person (other than a governmental unit | No. of Mary | | | | | |
| | or publicly supported organization) | | assisting on | | | 5. | |
| | included on line 1 that exceeds 2% of the | | | | Mangkin and | | |
| | amount shown on line 11, column (f) | Service Control | | | 2 m. 1. 26 c. 2 3. | | |
| 6 | Public support. Subtract line 5 from line 4 | 3 3 4 | 1.13 E - 1 1. 1 | · | \$ 18 1 | | 0 |
| Sect | ion B. Total Support | | | | | | · · · · · · · · · · · · · · · · · · · |
| Cale | ndar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 7 | Amounts from line 4 | 0 | 0 | 0 | 0 | | 0 |
| 8 | Gross income from interest, dividends, | | | | <u>_</u> | · | |
| • | payments received on securities loans, | | | | | | |
| | rents, royalties and income from similar | | | | | | |
| | sources. | 0 | 0 | | | | 0 |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the business is | | | | | | |
| | regularly carried on | | | | | | 0 |
| 10 | Other income Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | _ | | | | _ |
| | (Explain in Part IV) | 0 | <u>, , , , , , , , , , , , , , , , , , , </u> | | , | : | 0 |
| 11 | Total support. Add lines 7 through 10 | | <u> </u> | | | | 0 |
| 12 | Gross receipts from related activities, etc (| | • | | | 12 | |
| 13 | | | | | | | |
| | organization, check this box and stop here | | | | | | ▶ |
| Sect | ion C. Computation of Public Suppor | | | | | | |
| 14 | Public support percentage for 2009 (line 6, | | | column (f)) | | 14 | 0.00% |
| 15 | Public support percentage from 2008 Sche | dule A, Part II, I | ine 14 | | | 15 | 0 00% |
| 16a | 33 1/3% support test-2009. If the organization | ation did not che | eck the box on | line 13, and lin | ne 14 is 33 1/3° | % or more, che | ck this box |
| | and stop here. The organization qualifies a | as a publicly sup | oported organia | zation | | | ▶ [] |
| b | 33 1/3% support test-2008. If the organization | ation did not chi | eck a box on lii | ne 13 or 16a, a | and line 15 is 3 | 3 1/3% or more | , check this |
| | box and stop here. The organization qualif | ies as a publicly | y supported org | ganization | | | ▶ 🗌 |
| 17a | 10%-facts-and-circumstances test-2009 | . If the organiza | tion did not ch | eck a box on li | ne 13, 16a, or | 16b, and line 14 | l is 10% |
| | or more, and if the organization meets the ' | facts-and-circu | mstances" test | t, check this bo | x and stop he | re. Explain in P | art IV how |
| | the organization meets the "facts-and-circu | | | | - | • | |
| b | 10%-facts-and-circumstances test-2008. | | | | | | |
| | or more, and if the organization meets the ' | 'facts-and-circu | mstances" test | t, check this bo | x and stop he | re. Explain in F | art IV how |
| | the organization meets the "facts-and-circu | mstances" test | The organizat | tion qualifies as | s a publicly sup | ported organiza | ation 🕨 🔲 |
| 18 | Private foundation. If the organization did not c | heck a box on line | e 13. 16a. 16b. 1 | 7a .or 17b. ched | k this box and se | ee instructions | ▶ □ |

Schedule A (Form 990 or 990-EZ) 2009 Martha Torok Charitable Trust 23-7839769 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III

| | (Complete only if you checked t | he box on line | 9 of Part I) | | | | |
|---------|--|-----------------|-----------------|-----------------|----------------|-----------------|----------------|
| | tion A. Public Support | | | | | | |
| Cale | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 0 | 0 | | | | 0 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the | | | | | | |
| _ | organization's tax-exempt purpose | 0 | 0 | | | | 0 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | 0 |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on | | | | | | · |
| 5 | its behalf The value of services or facilities furnished by a governmental unit to the | 0 | 0 | | | | 0 |
| | organization without charge . | 0 | 0 | | | | 0 |
| 6 7a | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons | 0 | 0 | 0 | 0 | 0 | 0 |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | 0 |
| С | Add lines 7a and 7b | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 | Public support (Subtract line 7c from line 6.) . | | | | | | 0 |
| Sec | tion B. Total Support | <u></u> | | 1.01.1.00 | | | |
| | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 | Amounts from line 6 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10a | | <u> </u> | | Ŭ | <u></u> | Ĭ | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties and income from similar | | | | | | 0 |
| ь | sources | | - | | | | 0 |
| U | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | 0 |
| | Add lines 10a and 10b | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether or not the business is regularly | | | | | | |
| | carried on | | | | | | o |
| 12 | Other income Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| 40 | (Explain in Part IV.) | 0 | 0 | | | | 0 |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | ا | 0 | 0 | 0 | 0 | 0 |
| 14 | First five years. If the Form 990 is for the or | | <u>_</u> | | | | |
| | organization, check this box and stop here | | | , | • | | `´. ▶ <u> </u> |
| Sec | tion C. Computation of Public Support | Percentage | | | | | |
| 15 | Public support percentage for 2009 (line 8, c | | d by line 13. c | olumn (f)) | | 15 | 0 00% |
| 16 | Public support percentage from 2008 Schede | ٠, | • | | | 16 | 0 00% |
| | tion D. Computation of Investment Inc | | | | | | |
| 17 | Investment income percentage for 2009 (line | | | ne 13, column (| f)) | 17 | 0 00% |
| 18 | Investment income percentage from 2008 Sc | chedule A, Part | III, line 17 | | | 18 | 0.00% |
| 19a | •• | | | | | | |
| | not more than 33 1/3%, check this box and s | - | - | | | | . ▶ ∟ |
| b | 33 1/3% support tests–2008. If the organization of | | | | | | , _ |
| | line 18 is not more than 33 1/3%, check this box a | | = | | | | P |
| 20 | Private foundation. If the organization did n | iot check a box | on line 14, 198 | a, or 190, cnec | k inis dox and | see instruction | s ▶ <u>L</u> |

| Schedule A (Forn | 1 990 or 990-EZ) 2009 | Martha Toro | k Charitable Tru | st | | 23-7839769 | Page 4 |
|---|-----------------------|---|------------------|-----------------------------------|-------------|------------|---------|
| Part IV | | Information. | . Complete this | part to provide the explanatio | ns required | | |
| | | | | Provide any other additional i | | | |
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Martha Torok Charitable Trust

Part I

General Information on Grants and Assistance

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.

| 8 7 |
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Open to Public

Inspection Employer identification number

23-7839769

| | | , | | | | |] |
|--|--------------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| The Corporation of the President | 23-7300405 | 501(c)(3) | 72,200 | 0 | | | To Church for benefit |
| of the Church of Jesus Christ of | | | O | 0 | | | of local wards |
| Latter-Day Saints | | | 0 | 0 | | | |
| Office of Donations - Room 1530 | | | 0 | C | | | |
| 50 East North Temple Street | | | 0 | 0 | | | |
| Salt Lake City, UT 84150 | | | 0 | 0 | | | |
| | | | 0 | 0 | | | |
| | | | 0 | 0 | | | |
| | | | 0 | 0 | | | |
| | - | | 0 | 0 | | | |
| | - | | 0 | 0 | | | |
| | | | 0 | 0 | | | |
| 2 Enter total number of section 501(c)(3) and government organizations | on 501(c)(3) and g | government organi | zations . | | | | 1 |
| | | | | | | • | |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

(HŢA)

Schedule I (Form 990) 2009

Page 2

Schedule I (Form 990) 2009 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance Part I Line 2 Limited to the amount of the grants or assistance distributed under the terms of the trust 0 O 0 Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (c) Amount of cash grant 0 0 0 (b) Number of recipients (a) Type of grant or assistance Part IV Part III

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization Attach to Form 990.

Inspection Employer identification number

| Martha Torok Charitable Trust | 23-7839769 |
|--|------------|
| Form 990 Part VI Section A Line 11 The Co-Trustees meet annually to review the Form 990 as | |
| well as a annual accounting of the trust's activities for the taxable year | |
| Form 990 Part VI Section A Line 9 Charles E. Blades, 116 Hillcrest Drive South, Macungie, PA | |
| 18062, Robert Najpauer, 1820 Stanley Street, Allentown, PA 18103, and Harry Rinehart, 113 | |
| Cornerstone Place, Whitehall, PA 18052 | |
| Form 990 Part VI Section C Line 19 The organization's governing documents and financial | |
| statements are made available to the public upon request to the organization | |
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Martha Torok Charitable Trust

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|------------------------------------|---------|--------------|--------------|-----------|-----------|------------------|-------------|-----------------------|-------------|------------------------|---|-------------|---------------------|----------------|
| | | | | | | | Pub | Public Securities | 000 | 580,076 | D C C C C C C C C C C C C C C C C C C C | 538.037 | | |
| | | | | | | | Non-Pub | Non-Public Securities | | 0 | | 0 | | |
| | | | | | | | | Other sales | | 141 | | 0 | | |
| | | Check if | Check if | | | | | | | | | Expense | | |
| | | gain/loss is | gain/loss is | Check if | | | | | | Cost or other basis | her basis | of sale and | - | |
| | | from sale | from sale of | purchaser | | | | | | (Enter one field only) | field only) | cost of | - 2 | , |
| | | of public | non public | es: | | Date | Acquisition | Date | Gross sales | | Donated | improve- | | Description of |
| Index Description | CUSIP # | securities | securities | pusiness | Purchaser | acquired | method | sold | price | Cost | value | ments | Depreciation | Basis Method |
| 1 9100 shs ACM Managed Dolls | | × | | | | 2/26/1998 | | 9/29/2009 | 128,811 | 128,811 | | | | |
| 2 Fract sh Alliance Bernstein G | | × | | | | 1/14/2008 | | 9/29/2009 | 8 | 80 | | | | |
| 3 4000 shs BP PLC ADR | | × | | | | 5/19/1998 | | 5/4/2010 | 219,198 | 199,164 | | 1 | | |
| 4 Fract sh MS Emerging Mkts [| | × | | | | 9/23/1997 | | 2/5/2010 | 4 | 4 | | | | |
| 5 5000 shs MS Global Oppty Bd | | × | | | | 9/23/1997 | | 2/2/2010 | 76,595 | 76,595 | | | | |
| Π | | × | | | | 3/25/2009 | | 8/5/2009 | 64,389 | 51,009 | | | | |
| 7 143 shs Merck & Co., Inc. | | × | | | | 2/9/2009 | | 8/13/2009 | 4,424 | 4,255 | | | | |
| 8 1857 shs Merck & Co., Inc. | | × | | | | 2/9/2009 | | 8/19/2009 | 57,557 | 55,254 | | | | |
| 9 200 shs Templeton Emrg Mkt | | × | | | | 8/6/2003 | | 2/8/2010 | 2,891 | 2,294 | | 1 | | |
| 10 1800 shs Templeton Emrg Mi | | × | | | | 8/6/2003 | | 3/12/2010 | 26,199 | 20,643 | | | | |
| 11 Templeton Emerging Mkts Ind | | | | | | | | | 141 | | | İ | | |
| 12 long term capital gain distribi | | | | | | | | | | | | | | |
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MARTHA TOROK CHARITABLE TRUST

Form 990 for Tax Year Ending 6/30/10

Part III Statement of Program Service Accomplishments

Primary Exempt Purpose

The trust's activities are limited to the investment of trust assets for the benefit of its sole beneficiary, The Corporation of the President of the Church of Jesus Christ of Latter-Day Saints, that is to say the Mormon Church, for the benefit of two named local congregations or later formed congregations.

Grants and allocations for the year ending 6/30/10

To: Corporation of the President of the Church of Jesus Christ of Latter-Day Saints:

For the benfit of the local wards

| 12/29/09 | Cash | 17,000.00 |
|----------|------|-----------|
| 04/29/10 | Cash | 55,200.00 |

Total Grants \$72,200.00

MARTHA TOROK CHARITABLE TRUST

Part X, line 11, Column B - List of Securities

Form 990 - Tax Year Ending 6/30/10

| Shs/ Face | Description | Fiduciary Cost |
|-----------|---|----------------|
| \$80,000 | U.S. Treasury 6.25% due 8/15/23 | 78,865.81 |
| 2000 | AT&T, Inc., New | 52,000.00 |
| 5301 | Alliance Bernstein Global | 128,802.19 |
| 2000 | Conagra Foods, Inc. | 49,008.95 |
| 2000 | Duke Energy Copr. | 33,508.95 |
| 2000 | Dupont E I De NeMour & Co. | 62,728.95 |
| 1000 | EnerPlus Res Fund New | 21,036.95 |
| 10020.04 | Federated High Yield Trust | 50,000.00 |
| 4000 | Gen Maritime Corp New F | 39,217.90 |
| 3000 | ING Prime Rate Trust | 14,468.95 |
| 1000 | Kinder Morgan Energy LP | 47,608.95 |
| 1418 | Knightsbrdg Tankers Ordf | 37,188.40 |
| 2000 | Lilly Eli & Company | 69,808.95 |
| 4000 | Linn Energy | 101,018.90 |
| 3336 | MS Emerging Mkts Debt | 76,591.39 |
| 1000 | Nordic American Tanker/Shipping | 41,505.06 |
| 1000 | Nustar Energy LP | 35,108.95 |
| 1437 | Penn Virginia Res Partners | 16,031.50 |
| 13197.503 | Wells Fargo Adv High Income Inv | 118,083.86 |
| 2000 | Windstream Corporation | 24,168.95 |
| 2000 | Ford Motor Credit, 7.375%, due 10/15/31 | 50,160.00 |
| 300 | Thornburg Mortgage, Inc. | 74,265.00 |
| 4000 | Van Kampen High Income Trust II | 62,583.29 |
| | Total Securities | 1,283,761.85 |
| | | , , |