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## Form **990-PF**

Department of the Treasury Internal Revenue Service

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

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2011

	For c	alend	lar year 2011 or tax year beginning ,	and ending				
•	Nan	ne of for	undation			A Emp	loyer identification number	
	·Τα	они	FAMILY FOUNDATION			23	3-2616038	
•			d street (or P O box number if mail is not delivered to street address)	R	oom/suite	<del>                                     </del>	phone number (see instruction	)e\
			COUNTY LINE ROAD	5 10.0,	onone number (see manded)	13)		
	-		n, state, and ZIP code			C If exe	emption application is pending	check here
	WINFIELD PA 17889							
(	G C	heck a		rn of a former public ch	arity	D 1 F	oreign organizations, check h	ere 🕨 📗
			Final return Amended Address change Name cha				oreign organizations meeting	
			<u></u>		<del></del>	^	5% test, check here and attac	n computation
_	_		type of organization: X Section 501(c)(3) exempt private				rate foundation status was ten	minated under
L				e private foundation			on 507(b)(1)(A), check here	
			ket value of all assets at  J Accounting method	X Cash Acc	rual		foundation is in a 60-month to r section 507(b)(1)(B), check I	
		•	ear (from Part II, col. (c), Uther (specify)  \$ 6,173,437 (Part I, column (d) must be	na an asah basis \		under	section 507 (b)(1)(b), check i	leie
		e 16)   <b>trt i</b>		1	T		1	(d) Disbursements
	FC	KI & #	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inve		(c) Adjusted net	for chantable
			the amounts in column (a) (see instructions) )	books	ļ.,		IIICOIIIE	purposes (cash basis only)
		1	Contributions, gifts, grants, etc , received (attach schedule)	253,518	ļ			
		2	Check ▶ ☐ If the foundation is not required to attach Sch. B					
		3	Interest on savings and temporary cash investments	100 500				
<u>N</u>		4	Dividends and interest from securities	132,526	1:	32,526	132,526	
MAY 2 3 2012		5a	Gross rents	:	ļ. <del></del>			
භ	Revenue	b	Net rental income or (loss)  Net gain or (bss) from sale of assets not on fine 10 Stmt 1	-153,646	<del></del>		<u> </u>	
3/3		6a b	Gross sales price for all assets on line 6a 197, 323	-133,040				1
>=		7	Capital gain net income (from Part IV, line 2)			44,403	1,6/ 1/	<del>/// 1 1 7///                           </del>
$\geq$	ш.	8	Net short-term capital gain				100	***
	į	9	Income modifications				1 Oi	TOTAL TOTAL
SCANNED		10a	Gross sales less returns & allowances	``			-	
Z		ь	Less: Cost of goods sold		111		***************************************	***************************************
$\mathcal{S}$		С	Gross profit or (loss) (attach schedule)					
S		11	Other income (attach schedule)					
		12	Total. Add lines 1 through 11	232,398	17	76,929	132,526	
	es	13	Compensation of officers, directors, trustees, etc.	0				
	penses	14	Other employee salaries and wages				·	
		15	Pension plans, employee benefits					
	ы	16a	Legal fees (attach schedule)  Accounting fees (attach schedule)  Stmt 2	720				
	ve	b	Accounting fees (attach schedule) Stmt 2 Other professional fees (attach schedule) Stmt 3	14,902				<del></del>
	rati	17	Interest	14,302				
	istı	18	Taxes (attach schedule) (see instructions) Stmt 4	4,653				
	in	19	Depreciation (attach schedule) and depletion		-			
	dn	20	Occupancy					<u> </u>
	Αľ	21	Travel, conferences, and meetings					<del></del>
	anc.	22	Printing and publications	89				
	g	23	Other expenses (att sch )					
	ıtin	24	Total operating and administrative expenses.					
	ere		Add lines 13 through 23	20,364		0	0	0
	Operating and Administrative Ex	25	Contributions, gifts, grants paid	324,740				324,740
		26	Total expenses and disbursements. Add lines 24 and 25	345,104	·	0	0	324,740
		27	Subtract line 26 from line 12	_110 700		İ		
		a	Excess of revenue over expenses and disbursements	-112,706		6,929		
		b	Net investment income (if negative, enter -0-)  Adjusted net income (if negative, enter -0-)		1/	3,929	132.526	
	3		ACTUSTED BELLICIOUS DE DECIZIVE PRIECALE				132.3261	

1	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	f year
_ '	- 44,4 4	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	114,046	46,856	46,856
	2	Savings and temporary cash investments			
ł	3	Accounts receivable ▶			
-		Less allowance for doubtful accounts ▶			
ļ	4	Pledges receivable ▶		W 43	······································
ļ		Less allowance for doubtful accounts ▶	1	1	
١	5	Grants receivable			<del></del>
-	6	Receivables due from officers, directors, trustees, and other			<u> </u>
		disqualified persons (attach schedule) (see			
ı		instructions)		ŀ	
-	7	Other notes and bans receivable (att schedule)			······································
-	•	Less, allowance for doubtful accounts ▶ 0	Ì	l	
ا.	8	Inventories for sale or use		·	
뜅	9	Prepaid expenses and deferred charges			
Assets		Investments—U S and state government obligations (attach schedule)	<del>                                     </del>		
٦	10a	Investments—corporate stock (attach schedule)  See Stmt 5	905,021	554,052	1 007 100
	b	Investments—corporate stock (attach schedule)	905,021	354,052	1,287,133
ŀ	C	,			
	11	Investments—land, buildings, and equipment basis	1		
	4.5	Less accumulated depreciation (attach sch.)	100 400	04 700	
	12	Investments—mortgage loans	102,488	94,732	94,732
١	13	Investments—other (attach schedule)  See Statement 6	4,472,469	4,784,454	4,744,716
1	14	Land, buildings, and equipment basis	1		
i		Less accumulated depreciation (attach sch.)			
	15	Other assets (describe ►	)		
-	16	Total assets (to be completed by all filers—see the			
4		Instructions Also, see page 1, Item I)	5,594,024	5,480,094	6,173,437
	17	Accounts payable and accrued expenses			
اا	18	Grants payable			`
Liabilities	19	Deferred revenue			
≣ا	20	Loans from officers, directors, trustees, and other disqualified persons			
ğ	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ▶ )			
┙	23	Total liabilities (add lines 17 through 22)	0	0	
ı		Foundations that follow SFAS 117, check here	]		
S		and complete lines 24 through 26 and lines 30 and 31.			
힏	24	Unrestricted			
Net Assets or Fund Balances	25	Temporarily restricted			
9	26	Permanently restricted			
팈		Foundations that do not follow SFAS 117, check here			
딘		and complete lines 27 through 31.			
힛	27	Capital stock, trust principal, or current funds			
뜅	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
S	29	Retained earnings, accumulated income, endowment, or other funds	5,594,024	5,480,094	
減	30	Total net assets or fund balances (see instructions)	5,594,024	5,480,094	
ž	31	Total liabilities and net assets/fund balances (see	-		
-		instructions)	5,594,024	5,480,094	
_	Part I	Analysis of Changes in Net Assets or Fund Balances			
_		net assets or fund balances at beginning of year—Part II, column (a), line 30 (must a	agree with		
		f-year figure reported on prior year's return)	-	1 1	5,594,024
2		amount from Part I, line 27a		2	-112,706
		ıncreases not included ın line 2 (ıtemıze) ▶		3	
		nes 1, 2, and 3		4	5,481,318
		eases not included in line 2 (itemize) See Statement 7		5	1,224
		net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b),	line 30	6	5,480,094
					- 000 DE

	ILY FOUNDATION		23-2616038		Page 3
	d Losses for Tax on Investmen	tincome	(b) How acquired		
	the kind(s) of property sold (e.g., real estate, thouse, or common stock, 200 shs MLC Co.)		PPurchase DDonation	(c) Date acq (mo , day,	1 1
1a LPL					
b					
<u> </u>					
<u>e</u>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		(h) Gain or (loss) (e) plus (f) minus (g)
a 44,403					44,403
b		- <u>-</u>			···
<u>c</u>					
_d		<del> </del>		<del></del>	
Complete only for goods chaying a	ain in column (h) and owned by the foundation	n on 12/21/60			<del></del>
Complete only for assets snowing g				• •	ains (Col (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any		), but not less than -0-) or osses (from col (h))
a					44,403
b					
С		·			
d		- · · · · · · · · · · · · · · · · · · ·	·		<del></del>
_e					
2 Capital gain net income or (net capit	If gain, also enter in Part	•			44 402
	If (loss), enter -0- in Part	i, line /	-	2	44,403
3 Net short-term capital gain or (loss)		–		1	
•	olumn (c) (see instructions) If (loss), enter -0	- in <b>-</b>		3	
Part V Qualification Un	der Section 4940(e) for Reduced	Tay on Net	Investment Inco		
	undations subject to the section 4940(a) tax of			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		THE INVESTIGATION	income.		
If section 4940(d)(2) applies, leave this p	part Diank				
Was the foundation liable for the section	4942 tax on the distributable amount of any	year in the base	period?		Yes X No
If "Yes," the foundation does not qualify	under section 4940(e) Do not complete this	part			
1 Enter the appropriate amount in eac	h column for each year, see the instructions	before making an	ny entries		
(a)	(b)		(c)		(d)
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value	of noncharitable-use assets		Distribution ratio (col (b) divided by col (c))
2010	253,0				
2009	359,3				
2008	508,1				
2007	348,0		5,982,0		0.058174
2006	575,6	39	5,491,6	64	0.104821
2 Total of line 1, column (d)				2	0.162995
	ear base period—divide the total on line 2 by	5, or by the		-	<u></u>
·	been in existence if less than 5 years	·		3	0.081498
4 Enter the net value of noncharitable-	use assets for 2011 from Part X. line 5			4	0
The time that the terminal transfer					
5 Multiply line 4 by line 3				5	
6 Enter 1% of net investment income	(1% of Part I, line 27b)			6	1,769
	•				
7 Add lines 5 and 6				7	1,769
8 Enter qualifying distributions from P				8	324,740
• -	e 7, check the box in Part VI, line 1b, and co	mplete that part u	using a 1% tax rate. See	e the	
Part VI instructions			<u>-</u>		- 000 DE
					Form <b>990-PF</b> (2011)

- 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
- Enter the states to which the foundation reports or with which it is registered (see instructions)

None

- 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
- 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 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes,"
- 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

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Х

X

8b

9

X

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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 2011?

_ <u> </u>	990-PF (2011) JOHN FAMILY			2616038				Page <b>6</b>
_		rding Activities for Which F	orm 4720 May Be	Required (co	ntinu	ed)	<del></del>	······
5a	- ,					(m)	1 1	
	(1) Carry on propaganda, or otherwise	= :			Yes	X No		
	(2) Influence the outcome of any speci	. , , , , , , , , , , , , , , , , , , ,	or to carry on,	L1		(T)		
	directly or indirectly, any voter regis		•	H	Yes	X No		
	(3) Provide a grant to an individual for t	•			Yes	X No		
	(4) Provide a grant to an organization of		on described in			<b>₩</b>		
	section 509(a)(1), (2), or (3), or sec				Yes	X No		
	(5) Provide for any purpose other than purposes, or for the prevention of c	- · · · · · · · · · · · · · · · · · · ·	, or educational			<b>⊡</b>		
ь	If any answer is "Yes" to 5a(1)–(5), did	•			Yes	X No		
D	Regulations section 53 4945 or in a cur	· · · · · ·	•	ribed in		NT / N	l <u>.</u> . I	
	Organizations relying on a current notice		,			N/A	5b	
С	If the answer is "Yes" to question 5a(4),					▶ 📙		
L	because it maintained expenditure resp	•	from the tax	и/а □	<b></b>	г.		
	If "Yes," attach the statement required b	, ,		N/A	Yes	∐ No		
6a	Did the foundation, during the year, rece	, ,	DOV Dromau mag					
0a	on a personal benefit contract?	eive any furius, unectry of indirectry, to	pay premiums		<b></b> .	₩		- 1
ь	Did the foundation, during the year, pay	promiume directly or indirectly on a	norconal honofit contract?		Yes	X No		
D	If "Yes" to 6b, file Form 8870	premiants, directly of findirectly, off a	personal benefit contract?				6b	<u> </u>
72	At any time during the tax year, was the	foundation a party to a prohibited tay	chalter transaction?	П	V	X No		
	If Yes, did the foundation receive any pr				Yes	X No N/A	ł <u>.</u> . †	
		Officers, Directors, Trustee		nagere High	ly Dai		7b	
	and Contractors	• · · · · · · · · · · · · · · · · · · ·	s, i dandation mai	iagers, riigii	iy Fai	id Emplo	yees,	
1 L	ist all officers, directors, trustees, fou	undation managers and their comp	ensation (see instruction	ns).		····		
					(4) (	Contributions to	F	
	(a) Name an	nd address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter		ployee benefit	(e) Expen	to account
	• •							
			devoted to position	-0-)		s and deferred Impensation		bwances
PA	UL R JOHN	WINFIELD	devoted to position  PRESIDENT			s and deferred empensation		
	UL R JOHN 55 COUNTY LINE ROAD		PRESIDENT	-0-)	α	empensation	other e	bwances
38		WINFIELD PA 17889 WINFIELD	PRESIDENT 0.00		α		other e	
38 MI	55 COUNTY LINE ROAD	PA 17889	PRESIDENT 0.00 V. PRESIDENT	-0-)	ο α	ompensation 0	other a	lowances 0
38 MI	55 COUNTY LINE ROAD LDRED D JOHN	PA 17889 WINFIELD	PRESIDENT 0.00	-0-)	ο α	empensation	other a	bwances
38 MI	55 COUNTY LINE ROAD LDRED D JOHN	PA 17889 WINFIELD	PRESIDENT 0.00 V. PRESIDENT	-0-)	ο α	ompensation 0	other a	lowances 0
38 MI	55 COUNTY LINE ROAD LDRED D JOHN	PA 17889 WINFIELD	PRESIDENT 0.00 V. PRESIDENT	-0-)	ο α	ompensation 0	other a	lowances 0
38 MI	55 COUNTY LINE ROAD LDRED D JOHN	PA 17889 WINFIELD	PRESIDENT 0.00 V. PRESIDENT	-0-)	ο α	ompensation 0	other a	lowances 0
38 MI 38	55 COUNTY LINE ROAD LDRED D JOHN 55 COUNTY LINE ROAD	PA 17889 WINFIELD PA 17889	PRESIDENT 0.00 V. PRESIDENT 0.00	-0-)	)	ompensation 0	other a	lowances 0
38 MI 38	55 COUNTY LINE ROAD LDRED D JOHN	PA 17889 WINFIELD PA 17889	PRESIDENT 0.00 V. PRESIDENT 0.00	-0-)	)	ompensation 0	other a	lowances 0
38 MI 38	55 COUNTY LINE ROAD  LDRED D JOHN  55 COUNTY LINE ROAD  Compensation of five highest-paid en	PA 17889 WINFIELD PA 17889	PRESIDENT 0.00 V. PRESIDENT 0.00  ed on line 1—see instruc	-0-)	enter	ompensation 0	other a	lowances 0
38 MI 38	55 COUNTY LINE ROAD  LDRED D JOHN  55 COUNTY LINE ROAD  Compensation of five highest-paid en	PA 17889 WINFIELD PA 17889 mployees (other than those include	PRESIDENT 0.00 V. PRESIDENT 0.00 ed on line 1—see instruction (b) Title, and average hours per week	-0-)	enter	ompensation  0  0  ontributions to oblyee benefit	(e) Expens	0 0
38 MI 38	55 COUNTY LINE ROAD  LDRED D JOHN  55 COUNTY LINE ROAD  Compensation of five highest-paid er	PA 17889 WINFIELD PA 17889 mployees (other than those include	PRESIDENT 0.00 V. PRESIDENT 0.00 ed on line 1—see instruction	ctions). If none,	enter  (d) Co	ompensation  0  0  ontributions to	other el	0 0
38 MI 38	55 COUNTY LINE ROAD  LDRED D JOHN  55 COUNTY LINE ROAD  Compensation of five highest-paid en "NONE."  (a) Name and address of each employed	PA 17889 WINFIELD PA 17889 mployees (other than those include	PRESIDENT 0.00 V. PRESIDENT 0.00 ed on line 1—see instruction (b) Title, and average hours per week	ctions). If none,	enter  (d) Co	ompensation  0  0  ontributions to boyee benefit and deferred	(e) Expens	0 0
38 MI 38	55 COUNTY LINE ROAD  LDRED D JOHN  55 COUNTY LINE ROAD  Compensation of five highest-paid en "NONE."  (a) Name and address of each employed	PA 17889 WINFIELD PA 17889 mployees (other than those include	PRESIDENT 0.00 V. PRESIDENT 0.00 ed on line 1—see instruction (b) Title, and average hours per week	ctions). If none,	enter  (d) Co	ompensation  0  0  ontributions to boyee benefit and deferred	(e) Expens	0 0
38 MI 38	55 COUNTY LINE ROAD  LDRED D JOHN  55 COUNTY LINE ROAD  Compensation of five highest-paid en "NONE."  (a) Name and address of each employed	PA 17889 WINFIELD PA 17889 mployees (other than those include	PRESIDENT 0.00 V. PRESIDENT 0.00 ed on line 1—see instruction (b) Title, and average hours per week	ctions). If none,	enter  (d) Co	ompensation  0  0  ontributions to boyee benefit and deferred	(e) Expens	0 0
38 MI 38	55 COUNTY LINE ROAD  LDRED D JOHN  55 COUNTY LINE ROAD  Compensation of five highest-paid en "NONE."  (a) Name and address of each employed	PA 17889 WINFIELD PA 17889 mployees (other than those include	PRESIDENT 0.00 V. PRESIDENT 0.00 ed on line 1—see instruction (b) Title, and average hours per week	ctions). If none,	enter  (d) Co	ompensation  0  0  ontributions to boyee benefit and deferred	(e) Expens	0 0
38 MI 38	55 COUNTY LINE ROAD  LDRED D JOHN  55 COUNTY LINE ROAD  Compensation of five highest-paid en "NONE."  (a) Name and address of each employed	PA 17889 WINFIELD PA 17889 mployees (other than those include	PRESIDENT 0.00 V. PRESIDENT 0.00 ed on line 1—see instruction (b) Title, and average hours per week	ctions). If none,	enter  (d) Co	ompensation  0  0  ontributions to boyee benefit and deferred	(e) Expens	0 0
38 MI 38	55 COUNTY LINE ROAD  LDRED D JOHN  55 COUNTY LINE ROAD  Compensation of five highest-paid en "NONE."  (a) Name and address of each employed	PA 17889 WINFIELD PA 17889 mployees (other than those include	PRESIDENT 0.00 V. PRESIDENT 0.00 ed on line 1—see instruction (b) Title, and average hours per week	ctions). If none,	enter  (d) Co	ompensation  0  0  ontributions to boyee benefit and deferred	(e) Expens	0 0
38 MI 38	55 COUNTY LINE ROAD  LDRED D JOHN  55 COUNTY LINE ROAD  Compensation of five highest-paid en "NONE."  (a) Name and address of each employed	PA 17889 WINFIELD PA 17889 mployees (other than those include	PRESIDENT 0.00 V. PRESIDENT 0.00 ed on line 1—see instruction (b) Title, and average hours per week	ctions). If none,	enter  (d) Co	ompensation  0  0  ontributions to boyee benefit and deferred	(e) Expens	0 0
38 MI 38	55 COUNTY LINE ROAD  LDRED D JOHN  55 COUNTY LINE ROAD  Compensation of five highest-paid en "NONE."  (a) Name and address of each employed	PA 17889 WINFIELD PA 17889 mployees (other than those include	PRESIDENT 0.00 V. PRESIDENT 0.00 ed on line 1—see instruction (b) Title, and average hours per week	ctions). If none,	enter  (d) Co	ompensation  0  0  ontributions to boyee benefit and deferred	(e) Expens	0 0

Form 990-PF (2011)

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

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Part VIII Information About Officers, Directors, Trustee	es, Foundation Managers, Highly Paid Emp	oloyees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (	see instructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	!	•
Total number of others receiving over \$50,000 for professional services	<b>&gt;</b>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistics organizations and other beneficiaries served, conferences convened, research papers produced, etc.	al information such as the number of	Expenses
1 NONE		
2		<del></del>
3		
4		
	İ	
W- 137 W 0		
Part IX-B Summary of Program-Related Investments (s		
Describe the two largest program-related investments made by the foundation during the tax year on line	es 1 and 2	Amount
1 N/A		
2		<del></del>
2		
All other program related injunctments. See instructions		<del></del>
All other program-related investments See instructions 3		
•		

Form 990-PF (2011)

Total. Add lines 1 through 3

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	rt X+ Minimum Investment Return (All domestic foundations must	complete this part. Forei	gn foun	
	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	0
b	Average of monthly cash balances		1b	0
С	Fair market value of all other assets (see instructions)		1c	0
d	Total (add lines 1a, b, and c)		1d	0
e	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	1e 0		
2	Acquisition indebtedness applicable to line 1 assets		2	0
3	Subtract line 2 from line 1d		3	0
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see			
	instructions)		4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part	t V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5		6	0
Pā	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5)	5) private operating		
	. $\square$	complete this part.)		
1	Minimum investment return from Part X, line 6		1	
2a	Tax on investment income for 2011 from Part VI, line 5	2a 1,769		
b	income tax for 2011. (This does not include the tax from Part VI)	2b		
С	Add lines 2a and 2b		2c	1,769
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	
4	Recoveries of amounts treated as qualifying distributions		4	
5	Add lines 3 and 4		5	_
6	Deduction from distributable amount (see instructions)		6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,			
	line 1		7	0
	WI Ovalifying Distributions (see instructions)		-	
P	rt XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26		1a	324,740
b	Program-related investments—total from Part IX-B		1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,			_
	purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the			
a	Suitability test (prior IRS approval required)		3a	
b	Cash distribution test (attach the required schedule)	ł	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Pa	rt XIII, line 4	4	324,740
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment in	ncome.		
	Enter 1% of Part I, line 27b (see instructions)		5	1,769
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	322,971
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when call	culating whether the foundation		

qualifies for the section 4940(e) reduction of tax in those years

Form	990-PF (2011) JOHN FAMILY FOUNDATION		23-26160	38	Page
	rt XIII Undistributed Income (see instructions	s)			
	,,,,,,	(a)	(b)	(c)	(d)
1	Distributable amount for 2011 from Part XI,	Corpus	Years pnor to 2010	2010	2011
·	line 7				
2	Undistributed income, if any, as of the end of 2011				,,,
_	Enter amount for 2010 only				
	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2011:				
a	From 2006 305,778				
b	From 2007 56,160	]			
С	From 2008 512,208	.			
d	From 2009 362,044				
е	From 2010 254,670	]	,		
f	Total of lines 3a through e	1,490,860			<u> </u>
4	Qualifying distributions for 2011 from Part XII,				
	line 4: ▶ \$324,740				
а	Applied to 2010, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election				
	required—see instructions)				
	Applied to 2011 distributable amount				<del></del>
е	Remaining amount distributed out of corpus	324,740			
5	Excess distributions carryover applied to 2011	<del>,,</del>			<del></del>
	(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:	1 015 600			
	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,815,600			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
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				***************************************
е	Undistributed income for 2010. Subtract line				
	4a from line 2a Taxable amount—see				
ſ	Instructions Undistributed income for 2011. Subtract lines	,		<del></del>	
J	4d and 5 from line 1. This amount must be				
	distributed in 2012				0
7	Amounts treated as distributions out of corpus				······································
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2006 not		1111		
J	applied on line 5 or line 7 (see instructions)	305,778			
9	Excess distributions carryover to 2012.				
J	Subtract lines 7 and 8 from line 6a	1,509,822			
10	Analysis of line 9:				
a	Excess from 2007 56,160				
b	Excess from 2008 512,208	<del>-t</del> t			
c	Excess from 2009 362,044				
d	Excess from 2010 254,670	<u> </u>		`	
e	Excess from 2011 324,740				
					Form 990-PF (2011)

Form	990-PF (2011) JOHN FAMILY	FOUNDATION		23-2616	038	Page 1
, Pa	rt XIV Private Operating Fo	undations (see ir	nstructions and Pa	art VII-A, question	9)	1 490
1a	If the foundation has received a ruling or d					
	foundation, and the ruling is effective for 2			<b>&gt;</b>		
b.	Check box to indicate whether the foundat	ion is a private operatin	ng foundation described	in section	4942(j)(3) or 494	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	<u> </u>	
	income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
	investment return from Part X for				<del> </del>	
	each year listed					]
b	85% of line 2a			<del> </del>		
c	Qualifying distributions from Part XII,		<u> </u>			
	line 4 for each year listed					
d	Amounts included in line 2c not used directly					<del> </del>
_	for active conduct of exempt activities					
е	Qualifying distributions made directly				<del></del>	
·	for active conduct of exempt activities				İ	
	Subtract line 2d from line 2c		ļ			
3	Complete 3a, b, or c for the				<del> </del>	
3	alternative test relied upon:					
_	"Assets" alternative test—enter:					
а						
	(1) Value of all assets				<del></del>	
	(2) Value of assets qualifying under			ĺ		
	section 4942(j)(3)(B)(i)				<u> </u>	
b	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in	•			İ	
	Part X, line 6 for each year listed			<u> </u>		
С	"Support" alternative test—enter:					
	(1) Total support other than gross			1		
	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)					<del></del>
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
Pa	rt XV Supplementary Inform			the foundation	had \$5,000 or mo	re in assets at
_	any time during the y		tions.)			
1	Information Regarding Foundation Mar	•				
а	List any managers of the foundation who has			-	e foundation	
	before the close of any tax year (but only if		nore than \$5,000) (See	section 507(d)(2))		
	PAUL R. AND MILDRED		<del> </del>			\$324,740 <u> </u>
b	List any managers of the foundation who or				on of the	
	ownership of a partnership or other entity)	of which the foundation	has a 10% or greater in	nterest		
	N/A		····			
2	Information Regarding Contribution, G		• • • •			
	_		preselected charitable o	-	•	
	unsolicited requests for funds. If the found	ation makes gifts, grant	s, etc. (see instructions)	) to ındivıduals or orgaı	nizations under	
	other conditions, complete items 2a, b, c, a	nd d				<del></del>
а	The name, address, and telephone number	•	applications should be	addressed		
	JOHN FAMILY FOUNDATION					
	3855 COUNTY LINE ROA	D WINFIELD,	PA 17889	······································		
b	The form in which applications should be s	ubmitted and information	on and materials they sh	ould include		
	See Statement 8		·			
С	Any submission deadlines			<del></del>		
	NONE					
d	Any restrictions or limitations on awards, su	uch as by geographical	areas, charitable fields,	kinds of institutions, or	other	
	factors					
	NONE	·		· · · · · · · · · · · · · · · · · · ·	·	
						5 990 DE

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Form 990-PF (2011) JOHN FAMILY FOUNDATION

23-2616038

Page **11** 

Part XV Supplementary Information (c	ontinued)			rage   1
3 Grants and Contributions Paid During th	If recipient is an individual,			
Recipient	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year SEE SCHEDULE		1		
				324,740
			1	
		<b>\</b>		
Total		<u> </u>	▶ 3a	324,740
b Approved for future payment				
N/A				
			]	
	į			
Total			<b>▶</b> 3b	

	O11) JOHN FAMILY FOUNDATION  Analysis of Income-Producing A					Page 1
inter gross amo	ounts unless otherwise indicated	(a)	(b)	(c) Exclusion	y section 512, 513, or 514 (d)	(e) Related or exempt
1 Program ser		Business code	Amount	code	Amount	function income (See instructions)
		·		+ +		
		-	<del></del>	<del>                                     </del>		
		·	· · · · ·	++		
		-		1		
		-	<del></del>			
g Fees an	d contracts from government agencies					
-	dues and assessments				<del></del>	
	savings and temporary cash investments					<u></u> _
	nd interest from securities					132,526
	come or (loss) from real estate		<del></del>			
	anced property			T		
	t-financed property					
	come or (loss) from personal property				<del></del>	
7 Other invest				1 -		
	s) from sales of assets other than inventory	· · · · · · · · · · · · · · · · · · ·				-153,646
-	or (loss) from special events		<del></del>			
	or (loss) from sales of inventory			†		
1 Other revenu				<del>                                     </del>		
	DIVIDEND DISTRIBUTIONS	-		<u>├</u> ──		
	TITUTE PAYMENT		<del></del>	<del>                                     </del>		
		-		<del>                                     </del>		
e		-				
	id columns (b), (d), and (e)	•			0	-21,120
	ine 12, columns (b), (d), and (e)	<u> </u>		<del></del>	13	-21,120
	in line 13 instructions to verify calculations)					
Part XVI-B		Accomplishm	ent of Exempt I	Purposes	<del></del> ·	
Line No.	Explain below how each activity for which income i					<del></del>
<b>▼</b>	accomplishment of the foundation's exempt purpose					
N/A					· · · · · · · · · · · · · · · · · · ·	
				·		
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					<del></del>	<del></del>
						5990 DE 2011

23-2616038

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable											
			Exempt Organiz		<del></del>	<del></del>	<del></del>		<del></del>	1	
		-	•				r organization described			Yes	No
				than section	1 501 (c)(3) organiz	ations) or in secti	on 527, relating to political				
	-	izations									
			m the reporting founda	ition to a non	charitable exempt	organization of				ŧ	١
	(1) C								1a(1)		X
		ther as							1a(2)		X
		transa									
	• •		assets to a noncharital						1b(1)		X
	. ,		es of assets from a nor			ı			1b(2)		X
	(3) R	ental of	f facilities, equipment, o	or other asse	ets				1b(3)		X
	(4) R	eımbur	sement arrangements						1b(4)		X
	(5) L	oans or	loan guarantees						1b(5)	_	X
	(6) P	erforma	ance of services or mer	mbership or i	fundraising solicital	tions			1b(6)		X
C	Sharii	ng of fa	cilities, equipment, mai	ling lists, oth	er assets, or paid	employees		ĺ	1c		X
ď	If the	answer	to any of the above is '	"Yes," comp	lete the following so	chedule. Column	(b) should always show the fair m	narket			
,	value	of the g	goods, other assets, or	services give	en by the reporting	foundation If the	foundation received less than fair	market			
	value	in any t	ransaction or sharing a	rrangement,	show in column (c	t) the value of the	goods, other assets, or services	received			
(a	) Line r	10	(b) Amount involved	(c) Nam	e of nonchantable exem	npt organization	(d) Description of transfers, t	transactions, and sharing am	angeme.	nts	
1/A											
				}							
					-						
					<del></del>						
				<b></b>			<del></del>				
							<del></del>				
0-	- 45-0	founda	tion directly or indirectly	r offiliated wi	th or related to on	a ar mara tay aya	mnt ergenizations				
								٦	٦ ٧	ত	
			section 501(c) of the C		ian section 501(c)(	3)) or in section 5	211	Ĺ	re:	• 🔼	No
D.	ir ve		plete the following sche	eaule	(h) Topo of a		(a) D				
NT.	72	(a	) Name of organization		(b) Type of o	nganization	(c) Descri	ption of relationship			
N	<u>/A</u>	<u> </u>				<del></del>					
								<del></del>			
								<del></del>			
			<del></del>								
	T 11.		alban of parting I dealers tha	t I boug avamine	d this seture including	accompaniena echod	ules and statements, and to the best of my	I leaved and balled at a s			
							uch preparer has any knowledge	<del></del>			
	1		_					May the IRS discus with the preparer si			
		1	$\rangle \wedge \wedge \langle \rangle$		$\mathcal{O}$			(see instructions)?		es 🗍	No
ign		7	a. U ()	<u>\</u>	V	۱ ۴	-8-12	<u> </u>	<u></u> _		لــ
lere	1	<u> </u>	aux ic	• • •			<del></del>	1			
		Signa	ture of officer or trustee	/_		Date	Title	<del></del>			
	-	Print∕Typ	e preparer's name	V		Preparer's signatur	e	Date		heck	ıf
aid		_				L		<u>.</u> .		elf-empl	oyed
repa	· - ·		CHAEL HUGHES			T. MICHAEI	L HUGHES	04/24/			
se O	nly	Firm's na	070 7		r & Assoc			PTIN P010			
		Firm's a		_	ng Mall Dr	•		Firm's EIN ▶ 23-2			
			Muncy	, PA	17756	<del> </del>	<del></del>	Phone no 570-	546	<u>-22</u>	38

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

## Schedule of Contributors

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

OMB No 1545-0047

2011

Name of the organization Employer identification number JOHN FAMILY FOUNDATION 23-2616038 Organization type (check one) Section: Filers of: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor. during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

JOHN FAMILY FOUNDATION

Employer identification number 23-2616038

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PAUL AND MILDRED JOHN 3855 COUNTY LINE ROAD WINFIELD PA 17889	\$ 253,518	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II If there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

# 232616038 JOHN FAMILY FOUNDATION

## Federal Statements

23-2616038 FYE: 12/31/2011

Description         Received           nom         Date         Sale         Cost         Expense         Depreciation         Ga           1/01/95         6/01/11         \$ 152,920         \$ 350,969         \$ 6/01/12		0)	Statement 1 - Fo	orm 990-PF, Part I, Line 6a - Sale of Assets	t I, Line 6a - Sal	e of Assets		
Whom         Date         Sale         Cost         Expense         Depreciation         Ga           Sold         Price         Cost         Expense         Depreciation         Ga           1/01/95         6/01/11 \$         152,920 \$         350,969 \$         \$         \$         \$           tal         5         152,920 \$         350,969 \$         \$         \$         0         \$		Description		How Received				
1/01/95 6/01/11 \$ 152,920 \$ 350,969 \$ \$ \$ \$ tal	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost	Expense	Depreciation	Net Gain / Loss
\$ 152.920 \$ 350.969 \$ 0.8	GENZYME	1/01/95	6/01/11 \$	Purchase 152,920 \$	350,969 \$		\$	-198,049
	Total		<b>\</b>	152,920 \$	350,969 \$	0	\$ 0	-198,049

	Charitable Purpose
ting Fees	Adjusted Net
Form 990-PF, Part I, Line 16b - Accounting Fees	Net Investment \$
Statement 2 - Form 990-PF, Pa	<b>Total</b>
State	Description Indirect Accounting Fees Total

Statement 3 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Charitable Purpose	\$ \$
Adjusted Net	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Net Investment	w w
Total	\$ 14,902 \$ 14,902
Description	INVESTMENT FEES Total

	Charitable Purpose	
axes	Adjusted Net	
1 - Form 990-PF, Part I, Line 18 - Taxes	Net Investment	
Statement 4 - Form 990.	Fotal \$ 1,665 2,988 \$ 4,653	
	Description 2009 EXCISE TAX FOREIGN TAX PAID Total	

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232616038 JOHN FAMILY FOUNDATION 23-2616038

FYE: 12/31/2011

Federal Statements

	Fair Market Value	\$ 1,287,133	\$ 1,287,133
Investments	Basis of Valuation	Cost	
- Corporate Stock	End of Year	554,052	5 554,052
m 990-PF, Part II, Line 10b - Corporate Stock Investment	Beginning of Year	\$ 905,021	\$ 905,021
Statement 5 - Form	Description	PUBLICILY TRADED CORPORATE STOCK	Total

Statement 6 -		Form 990-PF, Part II, Line 13 - Other Investments	<u>tments</u>	
Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
PUBLICILY TRADED MUTUAL FUNDS	\$ 4,172,469	·	Cost	\$ 4,439,796
BEHRINGER REIT	100,000		Cost	100,000
BEHRINGER HARVARD OPPORTUNITY REIT	100,000		Cost	100,000
BEHRINGER HARVARD MULTI FAMILY REIT	100,000		Cost	100,000
RIGHTS AND WARRANTS		4,920	Cost	4,920
Total	\$ 4,472,469	\$ 4,784,454		\$ 4,744,716

232616038 JOHN FAMILY FOUNDATION
23-2616038 Federal Statements

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· 23-2616038

FYE: 12/31/2011

## Statement 7 - Form 990-PF, Part III, Line 5 - Other Decreases

Description	Amoun	<u> t</u>
PRIOR PERIOD TAX	\$1,	224
Total	\$1,	224

232616038 JOHN FAMILY FOUNDATION
23-2616038 Federal Statements

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· 23-2616038 FYE: 12/31/2011

Form 990-PF, Part XV, Line 1a - Mana	<u>gers Who Contributed Over 2% or \$5,000</u>
--------------------------------------	--

	Name of Manager	Amount
PAUL R. AND MILDRE	D D. JOHN	\$ 324,740
Total		\$ 324,740
Statement 8 - Form	n 990-PF, Part XV, Line 2b - Applica	tion Format and Required Contents
	Description	
LETTER SHOULD BE STREQUEST	UBMITTED DETAILING THE PURPOSE	COF
<u>_</u> <u>_</u>	orm 990-PF, Part XV, Line 2c - Sub	mission Deadlines
<u>_</u> <u>_</u>	orm 990-PF, Part XV, Line 2c - Sub	mission Deadlines
NONE	-	mission Deadlines
NONE	-	
NONE	Description	

## John Family Foundation Part XV Supplement Page 1

Date	Check #	Payee	Amount
1/5/2011	1020	Haven Ministries	1,000.00
2/7/2011	1021	Girl Scouts	2,500.00
3/2/2011	1022	SSDC	1,000.00
3/25/2011	1023	Make a Wish Foundation	2,000.00
3/28/2011	1024	Lycoming College	30,000.00
3/28/2011	1025	Susquehanna Council BSA	2,000.00
5/25/2011	1027	Marines Toys for Tots	2,000.00
5/12/2011	1028	Susquehanna University	50,000.00
5/24/2011	1030	Wesley U.M. Church	5,000.00
6/20/2011	1031	March of Dimes	500.00
6/21/2011	1032	Paralyzed Verterans of America	1,000.00
7/5/2011	1034	Susquehanna Valley Chorale	1,800.00
7/7/2011	1035	David Norbid, Jr.	1,000.00
7/18/2011	1036	Masonic Motorcycle Club	1,000.00
7/18/2011	1037	Evangelical Community Hospital	30,000.00
7/28/2011	1038	Boy Scouts of America	2,000.00
7/26/2011	1039	Sun Home Health Services	2,000.00
8/8/2011	1040	Habitat for Humanity	5,000.00
8/4/2011	1041	Susquehanna River Valley Dental	1,000.00
8/25/2011	1042	Smile Train	500.00
9/1/2011	1043	National MS Society	1,000.00
8/26/2011	1044	Ronald McDonald House	5,000.00
9/6/2011	1045	American Red Cross	5,000.00
8/23/2011	1046	DAV	2,000.00
9/21/2011	1047	American Hearth Assn	2,500.00
9/27/2011	1048	American Hearth Assn	2,500.00
9/20/2011	1049	Big Brothers/Big Sisters	5,000.00
10/24/2011	1050	Susquehanna University	50,000.00
10/24/2011	1052	Snyder County Library	50,000.00
11/25/2011	1053	Penn Valley Airport Authority	5,015.00
12/7/2011	1054	Family Planning Plus	500.00
12/1/2011	1055	The Salvation Army	10,000.00
12/9/2011	1056	Geisinger Health System FD	5,000.00
12/7/2011	1057	American Cancer Society	5,000.00
12/20/2011	1058	S.V.W.I.T.	5,000.00
12/22/2011	1059	Penn Valley Airport Authority	28,425.00
12/28/2011	1060	United Methodist Home for Children	1,000.00
12/27/2011	1061	R. Scott Memorial Scholarship Fund	500.00
			324,740.00

## STATE OF PENNSYLVANIA COUNTY OF NORTHUMBERLAND

SS 20-5787549

Personally appeared before me, the subscriber,

L F Machesic Controller.

of the DAILY ITEM PUBLISHING CO, publishers of THE DAILY ITEM, a newspaper of general circulation in Union, Northumberland, Snyder and Montour Counties, the paper in which publication has been directed, who being duly sworn according to law, doth depose and say that said newspaper was established April 15, 1970, and has its place of business at Second & Market Sts., in the city of Sunbury, County of Northumberland, and Commonwealth of Pennsylvania, and that, the Notice, of which the attached is a copy was published in THE DAILY ITEM in the City of Sunbury, County of Northumberland and State of Pennsylvania on the

16th, 23rd and 30th days of April A. D 2012

that affiant is not interested in the subject matter of the foregoing notice of advertising, and avers that all of the allegations of the statement as to the time, place and character of the publication are true

d.F. Machanic

Sworn to and subscribed before me This 30th day of April A D 2012

**LEGAL NOTICE** 

The annual return of the John Family Foundation is available for inspection after 5/15 between the hrs of 9:00am & 5 00 pm at Rogers, Huber & Assoc, 260 Reitz Blvd Lewisburg, PA 17837, 570-524-4449 DI. 4/16, 23 & 30/2012

Notary Public

NOTARIAL SEAL
Diane M. Weir
Sunbury, Northumberland County, PA
My Commission Expires May 5, 2015