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9.90-PF

Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury

_		I I 0040		_		., DO G		to use a copy of the						20
		lendar year 2012 o	r tax	x year begir	nning				, 2012,	, and end	ing	A Employer identifi		20
	-		N C C	EOINIDA T	TON					27-2987061				
		ALEXANDER GRA er and street (or P O bo				d to str	oot s	addrees)		Room/su	ıte	B Telephone numb		
	Numb	er and street (or PO bo	x nun	nder a mail is no	it delivere	น เบ รแ	ביו ב	address)		Koomiisu	"6	, releptione number	(see instructions)	
												(, -	
		. BOX 1426												
	City o	r town, state, and ZIP cod	е									C #		
								C If exemption application pending, check here						
_	MEC	HANICSBURG, PA	A 1	7055										
G	Che	ck all that apply.	Щ	Initial retur	n	Ļ		Initial return	of a former p	oublic cha	arity	D 1 Foreign organizat	ions, check here	▶ 🔲
				Final return	า	Ļ		Amended re	turn		-	2 Foreign organiza 85% test, check h		
_				Address ch				Name chang				computation •		
H		ck type of organizat										E If private foundation	n status was terminated	. —
\perp	s	ection 4947(a)(1) nor	nexe					her taxable pr		tion)(1)(A), check here .	
1	Fair	market value of all	asse	ets at end	J Acco	unting	g m	nethod: XC	ash Acc	rual	1	F If the foundation is	in a 60-month terminal	tion
	of y	ear (from Part II, col.	(c),	line	0	ther ((spe	ecify)				under section 507(b	(1)(B), check here .	
	16)	▶ \$ 8,29	97,	813.	(Part I,	colur	nn	(d) must be or	n cash basıs.)					
E	art	Analysis of Reve				(a	a) R	evenue and	d // // Not investment		Ι,		(d) Disbursen	
		total of amounts in co may not necessarily				1	exp	enses per	(b) Net inve		"	c) Adjusted net	for charital purposes	
		column (a) (see instri			> 11 1		books			moome	(cash basis o			
\neg	1	Contributions, gifts, grants,	etc , re	eceived (attach sch	redule) .			1,200,000.		Mr. C. Wing		· · · · · · · · · · · · · · · · · · ·	~ 3 12 20 0	*>&3.5
	2	if the fo	ounda	ation is not requ	ured to	13-150	170	and the state of	~1.3 " " " " " " " " " " " " " " " " " " "	28. (8.)	1 8.	THE THE SECTION		
	3	Interest on savings and						109.		109.			ATCH 1	<u>Lie Dierell</u>
	4	Dividends and interes		-				133,358.	13	3,358.			%ATCH*25€	***/94
-		Gross rents											manuscriptor de la companya della companya della companya de la companya della co	
		Net rental income or (los				2 mg.	2		4E- +	. W. 1983 -	*	12 th 8 1 12 1 12 1		E PARTIE
		Net gain or (loss) from s	. —					-34,331.	· (* " *) * (*) * (*) * (*)		150 mg		1.5.4 to 1. 8. 18. 18. 18. 18. 18. 18. 18. 18. 1	
Revenue		Gross sales price for all	30.0	1,039		ماريخ د ماريخ	25.1	water to the second of	······································		S * 780	CHAPTER !	17.30° 34790°	#12.#F#4
9	7	assets on line 6a - Capital gain net inco	ma /	-				was in		10 3.	2 13		91110000	Boal V
8	8	Net short-term capita	•		,	7.3			120 11.5	سكم نظئة	1, 2, 3,	N / W / W / W / W / W / W / W / W / W /		\$16.2 B
	9	Income modifications				\$0.00		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5 % 181 31	densa.			39.50 A-199.13	¥
		Gross sales less returns				32 .)×.	7 %	"" APACT"			34.64			22.205
	, h	and allowances • • • • Less Cost of goods sold	- 1			*@\$\.\	383 40		1100000	4 7 344 277 1	3	****	389778	5773 5
	l	Gross profit or (loss)		ch schedule)				W 4 - 4 - 2 W 4 - 1				3 M.W. 1 . 3 . N.W. A	STATE OF	
	11	Other income (attach						205.	Dan Back Law West	205.				
	12	Total Add lines 1 thr					4	,299,341.	13	3,672.	1		John Links	
\exists	13	Compensation of officer						C		····-	t		- 1990 T.S. on A Mind Collection and London	yes6
											<u> </u>			
30 S	14	Other employee salar		_						-	1			
ens	16-	Pension plans, emplo Legal fees (attach sch	y ee	penents										
Exp	108	Accounting fees (attach scr	<u>ાલ્વા</u>					13,130.	1	3,130.			-	
0					₽.# .				_		<u> </u>			
슖	l .	Other professional fe	'''' (8	attaci r scriedul	7001						 			
str	17	Interest & NOV	/ i	5 2013	: Ğ ·	 		4,607.	 	1,607.	 			
Administrativ	18	Taxes (attach schedule)			1001			1,007.		_,, .				
틍	19	Deprec ation (attach	sche	edule) and de	olemon.						 		See 1887 128 1884	the second style
	20	Occupancy OG)F	$N \cdot IIT$	· · · ·						 			
and	21	Travel, conferences,	afið:	meëtings	. لبب						 -			
	22	Printing and publicat						12 010		2 070	<u> </u>			
Operating	23	Other expenses (atta	ch so	chedule)ATC	н.б			13,919.	1	3,919.	 			
ē	24	Total operating and						21 656		0 656				
임		Add lines 13 through	23		<i></i>		_	31,656.	1	8,656.	St. Sen. 1900	S. S. M. W. W. W. W. W. W.		
	25	Contributions, gifts, g	grant	s paid				,093,500.	Britan St. 12		30 50			3,500.
\dashv	26	Total expenses and disburs	semen	ts Add lines 24	4 and 25	9		,125,156.		8,656.	_z,7 ~	0	2,093	3,500.
	27	Subtract line 26 from	ine ine	12		1. 36						rana.	S. L. C.	40
	а	Excess of revenue over exp	enses	s and disburseme	ents			,174,185.			M.C.	The state of the s	3.42.22.7	
	b	Net investment inco	me (ıf negatıve, en	ter -0-)	2.18	14.00	- Land	<u> </u>	5,016.	75°		Parante Barania	**************************************
- 1	l		1.5			15 . *		* 6 % 3 . 8 .	T. Backer . The	Ser 1988	1		28 4 B. W. M. A. B 1	Trans water

JSA For Paperwork Reduction Act Notice, see instructions.
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5089CD K371

V 12-7F BRY-28958

Part II		Delenes Sheets	Attached schedules and amounts in the description column should be for end-of-year			End of year		
		Datatice Sheets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
\neg	٠ 1	Cash - non-interest-beari	ng	33,996.		. 55,679		
	2	Savings and temporary	cash investments	449,351.				
		-		- Side To house	The model in the	1 S. No. 18 16 16 16 16 16 16 16 16 16 16 16 16 16		
ļ			btful accounts ▶					
	4	Pledges receivable ▶_		and the same of th	with the state of the state of	e and a house of the second		
			btful accounts ▶			•		
	5	Grants receivable				ļ		
ļ	6	Receivables due from	officers, directors, trustees, and other					
i		disqualified persons (att	tach schedule) (see instructions)					
	7	Other notes and loans r	eceivable (attach schedule)		* Friend to be			
		Less allowance for dou	btful accounts ▶					
ts	8	Inventories for sale or us	e					
ssets	9		eferred charges					
ă	10 a	Investments - U.S. and state	e government obligations (attach schedule)					
	b	Investments - corporate	stock (attach schedule)					
- {		Investments - corporate	bonds (attach schedule)					
	11	Investments - land, buildings and equipment basis Less accumulated deprecia (attach schedule)		****				
	12	Investments - mortgage	loans					
	13	Investments - other (atta	ach schedule) ATCH 7	5,337,188.				
	14	Land, buildings, and equipment basis Less accumulated deprecia	ition	<u> </u>	**************************************			
ļ	15	(attach schedule)	>)					
	16	Total assets (to be	completed by all filers - see the					
	1		age 1, item I))	7,992,813	. 8,297,813		
٦	17		accrued expenses					
	18	· •						
s	19							
Liabilities			ors, trustees, and other disqualified persons					
ipi	21		otes payable (attach schedule)	\ \ \ \ \ \				
<u>"</u>	22	0 0	▶)					
								
	23	Total liabilities (add line	es 17 through 22))	<u>o</u>		
			low SFAS 117, check here ► X					
s			24 through 26 and lines 30 and 31.					
Ce	24	Unrestricted		5,820,535.	7,992,813			
alances	25	Temporarily restricted						
B	26							
Assets or Fund Ba		•	not follow SFAS 117,					
F			plete lines 27 through 31.					
0	27		cipal, or current funds					
set	28		r land, bldg, and equipment fund					
Ass	29	Retained earnings, accumi	ulated income, endowment, or other funds					
Net		Total net assets or fund	d balances (see instructions)	5,820,535.	7,992,813			
Z	31	Total liabilities and	net assets/fund balances (see					
					7,992,813			
P	art II	Analysis of Cha	anges in Net Assets or Fund	Balances				
1	Tota	I net assets or fund b	alances at beginning of year - Part	II, column (a), line 30	(must agree with			
	end-	of-year figure reported	d on prior year's return)		1			
2	Ente	r amount from Part I,	line 27a		2			
			ed in line 2 (itemize) ▶		3			
4	Add	lines 1, 2, and 3	line 2 (itemize) ▶ ATCH 8		4			
5	Decr	eases not included in	line 2 (itemize) ► ATCH 8		5			
6	Tota	I net assets or fund ba	alances at end of year (line 4 minus	line 5) - Part II, column (I	b), line 30 6	7,992,813		

Page 3

P	art IV Capital Gains	and Losses for Tax on Inv	estment Income			
	, ,	d describe the kind(s) of property sold ((b) How acquired P - Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 -			SIIS IVILO OU /	D - Donation	(mo, day, yr)	-
<u>1 a</u> b						-
_ <u>-</u>						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) min	
_a	1				· · · · · · · · · · · · · · · · · · ·	
b)					
	:					
	<u> </u>					
_e)					
	Complete only for assets	showing gain in column (h) and owne			Gains (Col (h) g	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less t Losses (from co	
а	l					
_ <u>k</u>)					
	·					
	<u> </u>					
_e						
2	Capital gain net income or		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		-34,331.
3	Net short-term capital gain	or (loss) as defined in sections 12	222(5) and (6)			
	If gain, also enter in Par	t I, line 8, column (c) (see inst	ructions) If (loss), enter -0- in $\}$			
	Part I, line 8	<u> </u>	<u>,</u>	3		0_
P	art V Qualification L	Jnder Section 4940(e) for Re	duced Tax on Net Investment l	ncome		
w		·	outable amount of any year in the b	ase perio	d?	Yes X No
_			, see the instructions before making	anv entr	es.	
	(a) Base penod years	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	, 411, 5114	(d) Distribution re (col (b) divided by	
	Calendar year (or tax year beginning in) 2011	776,000.	5,162,091.		(cor (b) divided by	0.150327
_	2010	267,500.	872,007.	 		0.306764
_	2009	201,300.	0.27007.			0.300,01
_	2008					
_	2007					
_			1			
2	Total of line 1, column (d)			2		0.457091
3	Average distribution ratio	for the 5-year base period - divide	e the total on line 2 by 5, or by the			
	number of years the found	dation has been in existence if less	s than 5 years	3		0.228546
4	Enter the net value of non	charitable-use assets for 2012 fro	m Part X, line 5	4	6,	156,690.
5	Multiply line 4 by line 3			5	1,	407,087.
	•					
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		1,050.
7	Add lines 5 and 6			7	1,	408,137.
						003 500
8	If line 8 is equal to or gree Part VI instructions	eater than line 7, check the box	in Part VI, line 1b, and complete t	hat part	using a 1% ta	093,500. x rate See the

Par	tVI. Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ctions	<u>:) </u>
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1)	Sec. 2.	8. ,	***
•	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)	× 1	mar .	(d-18
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		1,0	050.
	here ► X and enter 1% of Part I, line 27b			and Shiga
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)	* 47* **		14.3
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2		1,0	050.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	4 /480 111	1,0	050.
6	Credits/Payments			
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a 2,167.			7
b	Exempt foreign organizations - tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld	rse		DNIES LCZ
7	Total credits and payments Add lines 6a through 6d		۷, ۱	L67.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	—		
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		1 1	17.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		Ι, Ι	L1 / .
_	t VII-A Statements Regarding Activities		Vaa	No
ı a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate	1a	Yes	No X
	or intervene in any political campaign?	1.0		
D		1b		x
	definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	200	35.13	*18
	distributed by the foundation in connection with the activities			3.3
c	Did the foundation file Form 1120-POL for this year?	1c	2,00,000000	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	##7.73	4 13	321
	(1) On the foundation >\$(2) On foundation managers >\$			
ө	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
	foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities	200		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	23		300
	or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	2004-1-Xv t	X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			1000
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict	- Saide		ىشىڭىم
_	with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	2.4
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	300 T		
	PA,	- : 🗱		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	° ₩∑.	X X	rnerse
9	of each state as required by General Instruction G? If "No," attach explanation	8b		S SECTION
-	4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete	3-52-380-1	Ser Tree	أسما التقند
		9		х
10	Part XIV	3		L
10		10		х
	addresses	1.0		

				age e
Pai	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
•	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ►N/A			
14	The books are in care of ▶ ELIZABETH G. WEESE Telephone no ▶ 410-653	-588	0	
	Located at ▶322 CASCADE ROAD MECHANICSBURG, PA ZIP+4 ▶ 17055			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		🕨	•
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of	1361	ŢŹ.	1
	the foreign country	. 3.	~> 3 g	. 8.62.4
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	C & &	Yes	No
1 a	During the year did the foundation (either directly or indirectly)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	380 (D)	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	3.00		52x
	disqualified person? Yes X No	1	***	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			300
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No		36 m 1 1	4 88
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		194	
	the benefit or use of a disqualified person)?	200		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	19.00	Mag and
	foundation agreed to make a grant to or to employ the official for a period after			GO T
	termination of government service, if terminating within 90 days)	57.00	200	(
b	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			200
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	-	X
	Organizations relying on a current notice regarding disaster assistance check here	ام مر مو الاحتواجية	P 8000	(4
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
_	were not corrected before the first day of the tax year beginning in 2012?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	1,800 to 10	18 m	-20
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))		#	-73
а	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and	3 26 3 8 6		1
	6e, Part XIII) for tax year(s) beginning before 2012?			
	If "Yes," list the years			(4)
h	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	3 3 34 3 10 000 000 000	38	.33
_	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	19		
	all years listed, answer "No" and attach statement - see instructions)	2b	نده مــس	C.231.382.488
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	4 4 5 2	امريو سا	· · · · · ·
			rgii	
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		***	23,000
Ju	at any time during the year? Yes X No			
	of "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or	1	***	
		98.78.78.	150	F.17 3
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the		W. Car	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of		* . sy'r Maria Sin	:10
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	25	Aliana'	C TRANSPORTED
4 -	foundation had excess business holdings in 2012)	3b		x
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	, v	_
	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 2012?	4b	388° E.Jeni	X
	- Charleste parcose dial had not been removed non reobaldy before the HISL day Of the lax year bediii(IIIO III ZUIZ/	· +U !		, 41

Par	t VII-B	Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (contir	nued)			
5a	During the y	year did the foundation pay or incur any amou	nt to				~ 180 Kg.	4.32	Section has
	(1) Carry or	n propaganda, or otherwise attempt to influer	nce legislation (section	1 4945(e))?	. Yes	X No	1985€	,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(2) Influence	e the outcome of any specific public ele	ction (see section 4	1955), or to carry or	٦,		13.78 17.8	23	**
	= =	or indirectly, any voter registration drive?				X No	8. W.S.	100	() A
	-	a grant to an individual for travel, study, or other				X No		.g.,	· 3
		a grant to an organization other than a					4.5	1.35 1 1.35 1	1888 C.
	. ,	509(a)(1), (2), or (3), or section 4940(d)(2)? (s				X No	***		
		for any purpose other than religious, ch					**	, * * *	2.73.78 10.504.00
		es, or for the prevention of cruelty to children o				X No	* 48	* * ;	100
b		wer is "Yes" to 5a(1)-(5), did any of the				scribed in	.**	£ 3 t	2 × 2
_		section 53 4945 or in a current notice regard					5b	-	
	•	ns relying on a current notice regarding disast	=	•			S	780	794 3
c	•	ver is "Yes" to question 5a(4), does the					S 44.	, À,	47
Ī		naintained expenditure responsibility for the gr				No	*		
		ach the statement required by Regulations sect			•			چ	
6a		indation, during the year, receive any fund		ectly, to pay premium	s			1684	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
•		al benefit contract?			1 1	X No	. w.w.	* & H	
h		ndation, during the year, pay premiums, direct					6b	~ ~ ,~ ~,	X
-		b. file Form 8870	, 0,, 0	P • • • • • • • • • • • • • • • • • • •			7-3¢	1	10 38 5 82
7 a		during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	Yes	X No	1 ACM 1		7
		the foundation receive any proceeds or have					7b	300,3007.3. 3	2 20 30.00
	t VIII In	formation About Officers, Directors	, Trustees, Foun	dation Managers,	Highly Pai	d Employ	ees,		
	ar	nd Contractors icers, directors, trustees, foundation n			14				
1	LIST All OIT	icers, directors, trustees, foundation in	(b) Title, and average	(c) Compensation	(d) Contribu		(e) Expens	0.0000	unt.
		(a) Name and address	` hours per week devoted to position	(If not paid, enter -0-)	employee ben and deferred co		other all	owance	es
			,	,		·			-
ATC	TH 9			0		d			0
2		tion of five highest-paid employees	(other than thos	se included on line	9 1 - see i	instruction	ns). If no	one,	enter
	"NONE."		(1) Till		(d) Contribu	tions to			
(a) Name and ad	dress of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee I		(e) Expense other all		
			devoted to position		compens				
	NONE								
	_								
-									
Tota	I number of	other employees paid over \$50,000 .	<u> </u>	<u> </u>		▶			0
							Earm 991	1DE	(2012)

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employ and Contractors (continued)	ees,
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	
	<u>.</u>
Total number of others receiving over \$50,000 for professional services	
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
*	
4	
Deleted Investments (see a set of see	
Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
All other program-related investments. See instructions	
3 NONE	
J. MONE	
Total. Add lines 1 through 3	

Pa	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn foundations,	1 290
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	×2	
	purposes	به می دندهد	
a	Average monthly fair market value of securities	1	5,762,897.
ь	Average of monthly cash balances	1b	487,550.
С		1c	
d	Total (add lines 1a, b, and c)	1d	6,250,447.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	2	
2	Acquisition indebtedness applicable to line 1 assets	2	
3		3	6,250,447.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
		4	93,757.
5	Instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	6,156,690.
6	Minimum investment return. Enter 5% of line 5	6	307,835.
Рa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this p	eart)	
		1	307,835.
1	Minimum investment return from Part X, line 6		307,835.

	' \		1 050
C	Add lines 2a and 2b	2c	1,050.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	306,785.
4	Recoveries of amounts treated as qualifying distributions	4	206 705
5	Add lines 3 and 4	5	306,785.
6	Deduction from distributable amount (see instructions) Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,	6	
7		_	206 705
	line 1	7	306,785.
Рa	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,093,500.
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	188	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	2,093,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	1,050.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		2,092,450.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calc		
	qualifies for the section 4940(e) reduction of tax in those years		

Form 990-PF (2012) Page 9

Pa	Part XIII Undistributed Income (see instructions)							
		(a)	(b)	(c)	(d)			
1	Distributable amount for 2012 from Part XI,		Years prior to 2011	2011	2012			
	line 7	46 80 ' 2 9 7 9 m	·	ye pic : " Care 11 3 with me.	306,785.			
2	Undistributed income, if any, as of the end of 2012	\$ 1 mm 1	1 2 2 00 1 5 2	1. 新建世際"學校"。				
	Enter amount for 2011 only	, , n 1 2 \$, 1 " " 1 " 1 mg".	* * * * * * * * * * * * * * * * * * *		7 94 JE 35 147 E 12			
b	Total for pnor years 20 10 ,20 09 ,20 08	4 4 5		5 m & st - 2 (- 2 2 3 4)				
3	Excess distributions carryover, if any, to 2012	A Carrier Sales Carrier	. i i i i i i i	Continue				
а	From 2007							
þ	From 2008			Control of the Contro				
C	From 2009							
a				to the same of the				
e	From 2011	748.325						
_ ' ∡	Qualifying distributions for 2012 from Part XII,	0300 06 21 000 1 27 2 3 22		S. E. S. SE SE SE	your regar and to find you regard a right of			
7	line 4 > \$ 2,093,500.	2 4 L 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2						
а	Applied to 2011, but not more than line 2a		1. A	2000				
	Applied to undistributed income of prior years				99 2: 7.36 (4)			
U	(Election required - see instructions).							
С	Treated as distributions out of corpus (Election			The state of the s				
_	required - see instructions)		A . B . " 5 . 18 . B					
d	Applied to 2012 distributable amount	Marija na seponial interest despe	`	former while	306,785.			
е	Remaining amount distributed out of corpus $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	1,786,715.	2. 20. 3 4 2 3		P. Consideration of the second			
5	Excess distributions carryover applied to 2012	****	* * * * * * * * * * * * * * * * * * * *	Million 2 the Saile	* h # # # 5 . et at # # #			
	(If an amount appears in column (d), the same amount must be shown in column (a))	b. Justin Janes .	The state of the s					
6	Enter the net total of each column as	Mingration pay concepts						
	indicated below:							
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5		3 1/2 3 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	in not it is a second of	Likewine Landis			
b	Prior years' undistributed income Subtract line 4b from line 2b							
С	Enter the amount of prior years' undistributed	8 25" " " " " " " " " " " " " " " " " " "			S. B. C. LEC MI			
	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	The Carlotte						
	amount - see instructions	W. C. B. B. 2001						
е	Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount - see		4.344.224					
	instructions	20 75 75 75 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Value Company County of Co				
f	Undistributed income for 2012 Subtract lines							
	4d and 5 from line 1. This amount must be							
	distributed in 2013	Cranical Control			Postalista Mulicul informació			
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section							
	170(b)(1)(F) or 4942(g)(3) (see instructions)							
	Excess distributions carryover from 2007 not		**************************************	**************************************	The second of th			
8	applied on line 5 or line 7 (see instructions)		and the sales					
9	Excess distributions carryover to 2013.			C 78 88-19-C 35-7				
•	Subtract lines 7 and 8 from line 6a	2,535,040.						
10	Analysis of line 9	Elitaria de la Santa						
	Excess from 2008							
	Excess from 2009							
	Excess from 2010 228,850.							
	Excess from 2011 519,475.		S. F. J. P. S. L.					
е	Excess from 2012 1,786,715.	167 July 8 - 18 - 12 - 12 - 12 - 12 - 12 - 12 -	Translation of the	AND THE PROPERTY OF THE PARTY O	anatuil arch			

	(2007) D : 1 0			d Dard VIII A	- 0)	NOT ADDITION
				nd Part VII-A, question		NOT APPLICABLE
		-		at it is a private opera	iting	
•	foundation, and the ruling				. PL	
b	Check box to indicate wh	ether the foundation is a	private operating four	idation described in section	4942	(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2012	(b) 2011	(c) 2010	(d) 2009	<u> </u>
	for the minimum investment return from Part X for each					
	year listed					
b	85% of line 2a					
C	Qualifying distributions from Part					
٠	XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct					
е	of exempt activities					
_	directly for active conduct of					
	exempt activities Subtract line					
3	2d from line 2c					
•	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section					
	4942(j)(3)(B)(i)					<u> </u>
b	"Endowment" alternative test-					
	enter 2/3 of minimum invest- ment return shown in Part X,					
	line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than					
	gross investment income (interest, dividends, rents,					
	payments on securities					
	loans (section 512(a)(5))					
	or royalties) (2) Support from general					
	public and 5 or more					
	exempt organizations as provided in section 4942					
	(j(3)(B)(III)					
	(3) Largest amount of sup- port from an exempt					
	organization					
	(4) Gross investment income		.1.1. 41.1	t and the Second	41 bad 65 000	
Pa	Supplement at any time of	ary Information (Co during the year - see	omplete this par instructions.)	t only if the founda	ition nad \$5,000	or more in assets
1	Information Regardin					
	_	=		re than 2% of the total	contributions recei	ved by the foundation
_	before the close of any	tax year (but only if th	ey have contributed	more than \$5,000) (Se	e section 507(d)(2))
	N/A					
<u> </u>	I lot any managera of	the foundation who c	wp 10% or more	of the stock of a corpo	ration for an equal	v large portion of the
D				on has a 10% or greater		y large portion or the
	ownership of a partite	Ship of other chary, or	Willow the roundation	in has a 1070 or greater	intorcot.	
	/-					
_	N/A Information Regardin	0 1 1 1 0 1	O'ff 1 O-b-1	Lie eta Barrana		<u> </u>
2		-		-		
				to preselected charit		
	•			rants, etc. (see instructi	ons) to individuals (or organizations under
		olete items 2a, b, c, and				
а	The name, address, a	nd telephone number	or e-mail of the pers	on to whom applications	should be addressed	i·
_	The form in which are	lications should be sub	mitted and informat	tion and materials they	should include	
IJ	тне топп ит минсигарр	moations should be sub	and information	non and materials triey :	onould moldde.	
С	Any submission deadle	ines				_
d	Any restrictions or Ii	mitations on awards.	such as by geog	raphical areas, charital	ble fields, kinds of	institutions, or other
-	factors	,	, , ,	•	•	·

Page **11**

3. Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Name and address (home or business) a Paid during the year ATCH 10 Total Total Total Total Total Total	Part XV Supplementary Information (continued)							
a Pad during the year ATCH 10 Total		ing the Year or App	roved for F	tuture Payment	·			
a Pad during the year ATCH 10 Total		show any relationship to	Foundation status of	Purpose of grant or	Amount			
Total		or substantial contributor	recipient	CONTIDUTION				
Total	a Paid during the year							
Total								
b Approved for future payment	ATCH 10							
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	Total	. <u> </u>	<u></u>	▶ 3a	2,093,500.			
	b Approved for future payment							
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Table 1								
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T-4-1								
T-4-1								
T-1-1								
Total								
Total								
Total								
	Total		1	▶ 3b				

Part XVI	-A Analysis of Income-Produ	ucing Activ	vities			<u>-</u> -
	amounts unless otherwise indicated	1	ated business income	Excluded by	section 512, 513, or 514	(e)
_		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
-	n service revenue		<u> </u>			(See instructions)
a b						
. —				1		
						
f	_					
·	and contracts from government agencies					
-	rship dues and assessments			-		
	on savings and temporary cash investments			14	109.	
	ds and interest from securities			14	133,358.	
	tal income or (loss) from real estate	22 13	2 70 2 80 20	4 185 - 4	A 2 20 10 10 10 10 10 10 10 10 10 10 10 10 10	. 2. 清 22 ; \$2. 13 4
	t-financed property					
	debt-financed property					
	al income or (loss) from personal property					
	ivestment income			01	205.	
	loss) from sales of assets other than inventory			18	-34,331.	
	ome or (loss) from special events					
	rofit or (loss) from sales of inventory.					
	evenue a					
е						
12 Subtota	Add columns (b), (d), and (e)	* Trans		多りをでき	99,341.	
13 Total. A	dd line 12, columns (b), (d), and (e)				13	99,341.
(See works	heet in line 13 instructions to verify calc					
Part XVI	B Relationship of Activities	to the Ac	complishment of Ex	cempt Purp	oses	
Line No.	Explain below how each activit	ty for which	n income is reported	ın column (e	e) of Part XVI-A contrib	uted importantly to the
▼	accomplishment of the foundation	on's exemp	t purposes (other than	by providing	funds for such purpose	s) (See instructions.)
						
					 	
						
				 		
						
			_ 			
	<u> </u>			·		
						
						
						
		.				
						

Form	990-PF (2012)	THE	ALEXANDER GRASS	FOUNDATION	27-298	37061	Pa	ge '
Pai		nformation Regardir Exempt Organization		nd Transaction	s and Relationships With Nor	nchari	table	•
1.	Did the orgin section organization	sor(c) of the code (othe	irectly engage in any r than section 501(c)(of the following w 3) organizations) o	oth any other organization described or in section 527, relating to political	* * * * * * * * * * * * * * * * * * *		r

in	section 501(c) of the Co	ide (other than s	ection 501(c)(3) or	ganizations	s) or in section	527, relating	to political	233	gs 9	~
	ganizations?	do (outer than o	001.011 00 1(0)(0) 01	gumzanona	,, 0, 000	021, 10.00	, to po	65 65 A 1	St.	
	ansfers from the reporting	ig foundation to a	a noncharitable exe	empt organi	zation of			100	* * *	algar or
) Cash	-						1a(1)		X
) Other assets							1a(2)	-	Х
bО	ther transactions							S A M 3	gerero Santa	10.4
(1) Sales of assets to a no	ncharitable exem	pt organization					1b(1)		Х
) Purchases of assets fro							1b(2)		X
(3) Rental of facilities, equ	pment, or other a	issets					1b(3)		X
) Reimbursement arrang							1b(4)		X
	i) Loans or loan guarantee							1b(5)		X
) Performance of service							1b(6)		<u>X</u>
	haring of facilities, equipr							1c		<u>X</u>
	the answer to any of the									
	alue of the goods, other									
	alue in any transaction of	, 								
(a) Line		(c) Name of no	ncharitable exempt organ	nization		of transfers, trans	sactions, and sha	anng arran	igemer	ts
	N/A	<u></u>			N/A					
		 	 							
				+			• • • • • • • • • • • • • • • • • • • •			
										
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				+			<u>-</u> _			
	Alex Co									
	the foundation directly								sX	المام
	escribed in section 501(c) "Yes," complete the follo		ier than section 50	1(0)(3)) 01 1	n section 5277			re	S [A	NO
<u>U</u>	(a) Name of organization		(b) Type of org	nanization		(c) Desci	ription of relation	shin		
	(a) Name of organization		(b) Type of or	<u></u>		(0) 2000				
							.			
										
										
	Under penalties of penury, 1 decis	ere that I have examine	ed this return, including ac	companying sch	edules and statemen	its, and to the he	st of my knowled	ge and he	elief. it	s true
Sign	Under penalties of perjury, I declar correct, and complete Declaration of	preparer (other than tax	payer) is based on all inform	ation of which pr	reparer has any knowle	edge	, or my momes	90 20.0 00	,,,,,	
Here	V//~7///	ANUN	_ 1/7/	12	DiRect	FOR	May the IR			
.1616	Signature of officer or trustee	puco C	Date	' '	Title		with the pi	reparer s ns)? X	Yes	below No
]	2.g.iataro of officer of tractory						(See HISH UCTION	112)!	168	
	Print/Type preparer's	name	Preparer's signatur	·	Date	e, /	Check If	PTIN		
Paid	BONALD B BBV	A 167 CT	May 1100	Server H	Cls. 10	131/13		DOOOS	251	

P self-employed P00033513 Firm's EIN ▶25-1644159 Use Only Firm's address ▶ 210 GRANDVIEW AVENUE Phone no 717-761-7171 CAMP HILL, PA 17011

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

2012

Name of the organization	Employer identification number					
THE ALEXANDER GRASS FOUN	27-2987061					
Organization type (check one)						
Filers of: Se	ection:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ındatıon				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundate	tion				
	501(c)(3) taxable private foundation					
Note. Only a section 501(c)(7), (8), instructions	ed by the General Rule or a Special Rule. or (10) organization can check boxes for both the General Rule and a S	Special Rule. See				
General Rule						
	Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 ontributor. Complete Parts I and II	or more (in money or				
Special Rules						
under sections 509(a)(1)	rganization filing Form 990 or 990-EZ that met the 33 1/3 % support t and 170(b)(1)(A)(vi) and received from any one contributor, during the or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form	e year, a contribution of				
during the year, total cont	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 <i>exclusively</i> 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 <i>exclusively</i> 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						
990-EZ, or 990-PF), but it must ans	covered by the General Rule and/or the Special Rules does not file Sower "No" on Part IV, line 2 of its Form 990, or check the box on line H certify that it does not meet the filing requirements of Schedule B (For	of its Form 990-EZ or on				

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Name of organization THE ALEXANDER GRASS FOUNDATION

Employer identification number 27-2987061

<u> </u>			27-2987061
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is need	ded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	GRASS CHARITABLE LEAD ANNUITY TRUST P.O. BOX 1426 MECHANICSBURG, PA 17055	\$4,200,000.	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
<u>-</u>		· · \$	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 Payroil 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)

Name of organization THE ALEXANDER GRASS FOUNDATION

Employer identification number

27-2987061

Part II N	oncash Property (see instructions) Use duplicate copies of	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

	APPVAINTER GRASS LO	JUNDATION	Employer lacitationation number				
			27-2987061				
		, individual contributions to section 501 ear. Complete columns (a) through (e) a					
	For organizations completing Part III, enter the total of exclusively religious, charitable, etc, contributions of \$1,000 or less for the year (Enter this information once. See instructions.) ▶\$						
	Use duplicate copies of Part III if additional space is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				

Part I			-	
				<u> </u>
		(e) Transf	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	onship of transferor to transferee
	_			
(a) No. from Part I	(b) Purpose of grft	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, at	nd 7ID ± 4	Polatic	onship of transferor to transferee
	Transferee S flame, address, at	IU ZIF + 4	- Neight	onship of transferor to transferee
(a) No.				T
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Part I				
		(e) Transfe	er of aift	
		(c) Transi	or or grit	
	Transferee's name, address, ar	od 7ID ± 4	Pelatic	onship of transferor to transferee
	Transfered a name, address, at	10 211 1 4	- Tolatic	or transferor to transfere
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Parti				
		(e) Transfo	er of ouft	
		(e) iransi	a or girt	
	Transferente nome address or	nd 7ID ± 4	Dolasia	onship of transferor to transferos
	Transferee's name, address, ar	1U &IF T 9	Relatio	onship of transferor to transferee

FORM 990-PF - PART IV

CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of	Property		De	escription			or P	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	a	basis s of 31/69	Excess of FMV over adj basis		Gain or (loss)	
SAPSITISS SI SUIO	SHOWER	TOTAL LONG-						3,066.	
45.005		MORGAN STAN			A/C #	665 11	Р		VAR
45,387.		45,255. MORGAN STAN			A/C #	665 11	P	132. VAR	VAR
113,241.		PROPERTY TY	PE: SECURI	ITLES				6,063.	
368,310.		MORGAN STAND PROPERTY TY 372,293.			A/C #	665 11	Ρ	VAR -3,983.	VAR
213,286.		MORGAN STAND PROPERTY TY 212,682.			A/C #	705-74	P	VAR 604.	VAR
213,286.		MORGAN STAN			A/C #	616 07	P	06/06/2012	09/25/20
26,396.		PROPERTY TY 24,975.	PE: SECURI	TTIES				1,421.	
269,819.		MORGAN STAND PROPERTY TY 311,453.			A/C #	616 07	P	VAR -41,634.	VAR
OTAL GAIN(L	oss)								
A 0 1 000							Ш		

BRY-28958

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

NET INVESTMENT INCOME	6.	109.
REVENUE AND EXPENSES PER BOOKS	6. 103.	109.
		TOTAL
DESCRIPTION	MANCHESTER CAPITAL MORGAN STANLEY SMITH BARNEY	

ATTACHMENT 1

- DIVIDENDS AND INTEREST FROM SECURITIES PART I FORM 990PF,

L田Z	INVESTMENT	INCOME	4,276. 129,082.	133,358.
REVENUE AND	EXPENSES	PER BOOKS	4,276. 129,082.	133,358.
				TOTAL
		DESCRIPTION	DIVIDENDS MANCHESTER CAPITAL MORGAN STANLEY SMITH BARNEY	

PART I - OTHER INCOME FORM 990PF,

DESCRIPTION MORGAN STANLEY SMITH BARNEY

TOTALS

205. 205. NET INVESTMENT INCOME 205. REVENUE AND EXPENSES PER BOOKS

ATTACHMENT 3

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE <u>PURPOSES</u>		
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	13,130.	13,130.
REVENUE AND EXPENSES PER BOOKS	13,130.	13,130.
DESCRIPTION	BROWN SCHULTZ SHERIDAN FRITZ	TOTALS

ATTACHMENT 4

27-2987061

ATTACHMENT 5

BRY-28958

- TAXES FORM 990PF, PART I

NET INVESTMENT INCOME	1,607.	1,607.
REVENUE AND EXPENSES PER BOOKS	1,607.	4,607.
		TOTALS
DESCRIPTION	FOREIGN TAX FEDERAL INCOME TAX	

- OTHER EXPENSES FORM 990PF, PART I

NET	INVESTMENT	INCOME	1,436.	12,381.	102.	13 919	101010
REVENUE AND	EXPENSES	PER BOOKS	1,436.	12,381.	102.	13 919	・フェン・ノー・
		DESCRIPTION INVESTMENT FEES:	MANCHESTER CAPITAL	MORGAN STANLEY SMITH BARNEY	PORTFOLIO DEDUCTIONS	Ø EE CC E	

ATTACHMENT 6

DECEMBER	31	2012
DECEMBER	υ Ι,	2012

DECEMBER 3	1, 2012	DECINING	ENDINO	
NUMBER		BEGINNING	ENDING	
NUMBER	DECORPORTION	BOOK	BOOK	F1 N /
OF SHARES	DESCRIPTION	VALUE	VALUE	FMV
18,605 000	Ishares Russell 1000 Growth Index Fund	873,455	1,091,248	1,218,441
1,590 000	Energy Sel Sect Spdr Fund	119,676	119,676	113,558
2,685 000	Health Care Sel Sect Spdr Fd	0	109,955	107,079
505 000	Ishares Barclays Tips Bd Fund	33,084	58,077	61,312
8,640 000	Ishares FTSE Nareit Mtge	0	121,651	118,109
136 000	Ishares Barclays Tips Bd Fund	0	16,399	16,512
975 000	Ishares JP Morgan Em Bond Fund	33,145	112,972	119,720
14,585 000	Ishares Russell 1000 Value Index	731,974	949,960	1,062,080
2,105 000	Ishares Russell 2000 Growth Fund	71,894	199,373	200,627
2,415 000	Ishares Russell 2000 Value Fund	47,586	180,350	182,357
2,210 000	Market Vectors Erner H/Y Bond	0	59,965	59,604
3,965 000	Powershares ETF Tr II Build	0	119,943	119,902
3,260 000	Powershares ETF Trust Finl	0	59,914	59,592
2,435 000	Spdr Barcap Short Term HI Yield	0	74,985	74,389
3,100 000	Spdr Barclays Capital Convertible	129,630	0	0
2,670 000	Spdr Barclays Capital High Yield	82,481	107,582	108,696
1,000.000	Spdr Trust Series 1	0	142,528	142,410
1,625 000	Vanguard Dividend Appreciation	0	94,946	96,801
2,030 000	Spdr Barclays Capital High Yield	0	81,180	82,641
274 000	Spdr Barclays Capital Internat	0	16,451	16,717
4,585 000	The Technology Sel Sec Spdr Fund	120,221	120,221	132,277
4,065 000	Vanguard European Msci Etf	89,969	199,959	198,535
2,680 000	Vanguard Intermediate Term Cor	115,410	225,333	234,929
3,510.000	Vanguard Mid Cap Value Etf	207,430	189,678	206,423
3,990 000	Vanguard Midcap Growth Etf	309,301	255,893	273,634
5,020 000	Vanguard Msci Eafe Etf	191,657	185,637	176,855
7,230.000	Vanguard Msci Emerging Markets	592,908	331,668	321,952
3,195 000	Vanguard Short-Term Corporate	0	257,956	256,622
575 000	Vanguard Mid Cap Value Etf	0	32,362	33,816
970 000	Vanguard Midcap Growth Etf	0	64,985	66,523
4,260 000	Vanguard Msci Eafe Etf	0	144,719	150,080
3,815 000	Vanguard Msci Emerging Markets	0	180,987	169,882
755 000	Vanguad Reit Etf	66,167	46,062	49,679
750 000	Vanguard Small-Cap Growth ETF	89,552	63,538	66,772
460 000	Vanguard Small-Cap Value Etf	45,207	32,493	33,419
4,185 000	Vanguard Growth ETF	350,892	273,344	297,888
3,375 000	Vanguard Value Etf	253,983	187,426	198,450
6,952 845	Eaton Vance Commodity Strategy Fund CI I	42,911	72,427	63,897
4,688 650	Guggenheim Mngd Futrs Strat H	149,066	116,574	99,540
15,470 474	Natixis Fds - Asg Global Alternatives Fund Clas Y	199,464	172,081	165,843
7,482 496	Pimco Emerging Local Bond Fund CI P	79,330	81,624	82,158
5,675 962	Western Asset Core Plus Bond Fund CI I	310,794	62,281	66,238
1,257 014	Artisan Internat'l Investor Class	0	29,000	30,910
1,027.056	Artisan Mid Cap Value	0	21,000	21,353
361 620	Cohen & Steers Instl Realty Shares	0	15,019	15,217
1,316 482	Ell International Property Fd Insti CI	0	25,019	25,408
435 835	EV Parametric Tax Mgd Emerging Mkts I	0	18,019	21,173
7,451.033	Absolute Strategies Institutional	0	83,038	82,557
496 568	Harbor International Institutional Fd	0	29,038	30,847
501 253	Hussman Strategic Growth	0	6,019	5,368
1,527 084	Kalmar Growth With Small Cap Fund	0	26,038	24,739
909 146	Keeley Small Value Fund Cl I	0	25,038	26,193
1,038 637	Matthews Pacific Tiger Fund Instl	0	25,019	25,353
695 572	Munder Midcap Core Growth Fund CI Y	0 0	22,038	22,780
2,849 003	Pimco Low Duration Institutional		30,019	29,943
4,422 461	Pimco Total Return Instl	0	50,038	49,708
1,984 564	Pimco High Yield InstI	0 0	18,019	19,131
415.282	Perritt Microcap Opportunities	0	10,000	11,478
640 652	T Rowe Price Growth Stock	0	22,019 16,019	24,204
690 548	T Rowe Price Equity Income	0		18,265 15,119
397 456 2 630 517	T Rowe Price Latin America Fund	0	15,019 35,010	15,119 35,211
2,639 517	Templeton Global Bond Advisor Class Vanguard Short Term Invmt Grade Investor	0	35,019 8,019	35,211 8,075
745 573 773 008	Vanguard 500 Index Signal Shs	0	8,019 85,019	8,075 83.887
113 000	vangualu Juu iliuex Sigilal Siis	U	00,013	83,887
	TOTAL	5 337,187	7,627,878	7,932,878
	10174		1,027,010	1,002,010

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

<u>DESCRIPTION</u> <u>AMOUNT</u>

UNREALIZED LOSS 1,907.

TOTAL _____1,907.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	ERS, DIRECTORS, AND TRUSTEES		ATTACH	ATTACHMENT 9
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ELIZABETH GRASS WEESE P.O. BOX 1426 MECHANICSBURG, PA 17055	PRESIDENT/DIRECTOR	0	0	0
ROGER L. GRASS P.O. BOX 1426 MECHANICSBURG, PA 17055	DIRECTOR	0	0	0
	GRAND TOTALS	0	0	0

V 12-7F

27-2987061

ATTACHMENT 10

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME, AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ISRAEL EDUCATION FUND 25 BROADWAY, SUITE 1700 NEW YORK, NY 10004-1010	NONE	CONSTRUCTION THE ALEXANDER GRASS NISSAN NATIVACTING STUDIO IN JAFFA	30,000.
CULTURAL ENRICHMENT FUND PO BOX 12084 HARRISBURG, PA 17108	NONE PUBLIC	GENERAL PURPOSE	10,000
HARRISBURG AREA YMCA 701 N FRONT STREET HARRISBURG, PA 17101	NONE PUBLIC	GENERAL PURPOSE	7,500
WHITAKER CENTER 222 MARKET STREET HARRISBURG, PA 17101	NONE	GENERAL PURPOSE	165,000
THE JERUSALEM FOUNDATION 420 LEXINGTON AVENUE, SUITE 1645 NEW YORK, NY 10170	NONE PUBLIC	JERUSALEM COLLEGE OF TECHNOLOGY SCHOLORSHIP	36,000
THE JEWISH FEDERATIONS OF NORTH AMERICA WALL STREET STATION PO BOX 157 NEW YORK, NY 10268	NONE PUBLIC	GENERAL PURPOSE	1,302,500

NOT	NO.
THE CHILDS OF	THOUNDS SEN
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27-2987061

FORM 990PF, PART XV = GRANTS AND CONTRIBITIONS PAID DURING THE YEAR

ATTACHMENT 10 (CONT'D)		AMOUNT	200,000	12,500	30,000
ATTACHMEN		IRIBUTION			
		PURPOSE OF GRANT OR CONTRIBUTION	GENERAL PURPOSE	GENERAL PURPOSE	GENERAL PURPOSE
	CONTRIBUTOR	IPIENT			
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPIENT	NONE PUBLIC	NONE	NONE PUBLIC
	RE		NONE PUBLJ	ON U d	ON DA
		RECIPIENT NAME AND ADDRESS	JOHNS HOPKINS UNIVERSITY SAN MARTIN CENTER 3400 N. CHARLES STREET	BALTIMORE, MD 21218-2696 NEVE MICHAEL CHILDREN'S VILLAGE PO BOX 260067	PEMBROKE PINES, FL 33026 CAPITAL AREA SCHOOL FOR THE ARTS 150 STRAWBERRY SQUARE HARRISBURG, PA 17101
		RECIPIEN	JOHNS HOI SAN MARTI	BALTIMORE, MD NEVE MICHAEL C PO BOX 260067	PEMBROKE CAPITAL 1 150 STRAN HARRISBUI

2,093,500

TOTAL CONTRIBUTIONS PAID

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box	Form 8868 (Re	ev 1-2013)				Page 2
Eyou are filing for an Automatic 3-Month Extension of Time. Only fiel the original (no copies needed)	If you are	e filing for an Additional (Not Automatic) 3-Me	onth Exten	sion, complete only Part II	and check this box	▶ X
Additional (Not Automatic) 3-Month Extension of Time. Only file the organizal (no copes needed)	Note. Only	complete Part II if you have already been gra	nted an au	tomatic 3-month extension	on a previously filed Form 8868	3
Additional (Not Automatic) 3-Month Extension of Time. Only file the organizal (no copes needed)	 If you are 	e filing for an Automatic 3-Month Extension,	complete c	only Part I (on page 1)	·	
Name of exempt organization or other filer, see instructions Type or print THE ALEXANDER GRASS FOUNDATION 27-2987061 Number, street, and room or suite no If a PO box, see instructions Window daily to the challenge of the state, and ZIP code For a foreign address, see instructions P.O. BOX 1426 Social security number (SSN) P.O. BOX 1426 RECHANICSBURG, PA 17055 Enter the Return code for the return that this application is for (file a separate application for each return)					inal (no copies needed)	
THE ALEXANDER GRASS FOUNDATION THE ALEXANDER GRASS FOUNDATION Number, street, and room or suite no if a P O box, see instructions P. O. BOX 1426 Graining your return See GRECHANICSBURG, PA 17055 Enter the Return code for the return that this application is for (file a separate application for each return). Spanish Separate Separate Separate See instructions MECHANICSBURG, PA 17055 Enter the Return code for the return that this application is for (file a separate application for each return). Spanish Ser Code Form 990 or Form 990-EZ O1 Form 990 or Form 990-EZ O1 Form 990-BL O2 Form 990-T (see 401(a) or 408(a) trust) Form 990-T (trust other than above) O5 Form 6069 11 Form 990-T (trust other than above) Form 990-T (see 401(a) or 408(a) trust) Form 990-T (see 401(a) trust) Form 990-T (see 401(a) trust) Form 990-T (see 401				E:	nter filer's identifying number, see	instructions
THE ALEXANDER GRASS FOUNDATION The property of the bythe dotable to the property of the pr		Name of exempt organization or other filer, see in	structions		Employer identification number (E	IN) or
THE ALEXANDER GRASS FOUNDATION The property of the bythe dotable to the property of the pr	Type or					
Number, street, and room or suste no. If a P O. box, see instructions Social security number (SSN)		THE ALEXANDER GRASS FOUNDATION	ON		27-2987061	
Section Sec	-	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions	Social security number (SSN)	
City, town or post office, state, and ZIP code For a foreign address, see instructions MECHANICSBURG, PA 17055		P.O. BOX 1426				
Instructions MECHANICSBURG, PA 17055 Application Meturn Application Return Return Application Return Re	filing your	City, town or post office, state, and ZIP code For	a foreign ad	dress, see instructions		
Application Is For Code Sor Port Sor P		MECHANICSBURG, PA 17055				
Application is For Scode Score Score Scode Score	Enter the R	eturn code for the return that this application	is for (file a	s separate application for ea	ach return)	. 0 4
September Sep				ı ——— - —— · -		Return
Form 990 or Form 990-EZ 01			Code	is For		Code
Form 990-BL Form 990-BC Form 4720 (individual)		r Form 990-EZ	01		n Andrew	
Form 990-PF				Form 1041-A		08
Form 990-PF Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (rect 401(a) or 408(a) trust) Form 990-T (trust other than above) • Form 8870 • The books are in the care of ▶ ELIZABETH G. WEESE Telephone No ▶ 410 • Form 8870 • The books are in the care of ▶ ELIZABETH G. WEESE Telephone No ▶ 410 • If the organization does not have an office or place of business in the United States, check this box • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for the whole group, check this box • If this is for the whole group, check this box • If this is for the whole group, check this box • If this is for the whole group, check this box • If this is for the whole group, check this box • If this is for the whole group, check this box • If this is for the whole group, check this box • If this is for the whole group, check this box • If this is for the whole group, check this box • If this is for the whole group, check this box • If this is for the whole group, check this box • If this is for the whole group, check this box • If this is for the whole group, check this box • If this is for the whole group, check this box • If this is for the trust is for form set the extension is for fire until • If this is for the whole group, check this box • If this is for the whole group, check this box • If this is for the whole group, check this box • If this is for the whole group, check this box • If this is for the whole group is for the whole group is for the whole group is for the whole group is for the whole group is for the whole group is for the whole group is for the whole group is for the whole group is for the whole group is for the whole group is for the whole group is for the whole group is for the whole group is for the whole group is for the whole group is for the						
Form 990-T (sec 401(a) or 408(a) trust) Do						
Form 990-T (trust other than above) STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of ▶ ELIZABETH G. WEESE Telephone No ▶ 410 653-5880 FAX No ▶ If the organization does not have an office or place of business in the United States, check this box ▶ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ If this is for the whole group, check this box ▶ If this is for the whole group, check this box ▶ If this is the names and EINs of all members the extension is for the whole group, check this box ▶ If the properties of the group, check this box ▶ If the properties of the group, check this box ▶ If this is for calendar year 2012, or other tax year beginning 20 and ending 20 and e			 			
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of ► ELIZABETH G. WEESE Telephone No ► 410 653-5880 FAX No ► If the organization does not have an office or place of business in the United States, check this box ► If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► If it is for part of the group, check this box ► If it is for part of the group, check this box ► In and attach a list with the names and ElNs of all members the extension is for 4 I request an additional 3-month extension of time until 11/15 , 20 13 5 For calendar year 2012, or other tax year beginning 20 and ending 20 6 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting period 7 State in detail why you need the extension ADDITIONAL TIME IS NECESSARY TO COMPLIE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN. 8a If this application is for Form 990-PF, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 c Balance Due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFPS (Electronic Federal Tax Payment System) See instructions 8c \$ 0 Signature and Verification must be completed for Part II only. Under penalties of perjuy, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is frue, correct, and complete, and that I am authorized to prepare this form				†		
The books are in the care of ▶ ELIZABETH G. WEESE Telephone No ▶ 410 653-5880 FAX No ▶ If the organization does not have an office or place of business in the United States, check this box ▶ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for 1 request an additional 3-month extension of time until 11/15 , 20 13 5 For calendar year 2012 , or other tax year beginning , 20 , and ending , 20 6 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting period 7 State in detail why you need the extension ADDITIONAL TIME IS NECESSARY TO COMPLIE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN. 8a If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions b if this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 c Balance Due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Signature and Verification must be completed for Part II only. Under penalties of payor, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form Title ▶ Date ▶			granted ar		sion on a previously filed For	m 8868.
Telephone No ▶ 410 653-5880 FAX No ▶ If the organization does not have an office or place of business in the United States, check this box ▶ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for 4 I request an additional 3-month extension of time until 11/15 , 20 13 5 For calendar year 2012 , or other tax year beginning , 20 , and ending , 20 6 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting period 7 State in detail why you need the extension ADDITIONAL TIME IS NECESSARY TO COMPLIE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN. 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions 8b \$ 0 b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 c Balance Due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions But this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is frue, correct, and complete, and that I am authorized to prepare this form Signature ▶ Title ▶ Date ▶						
If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for part of the group, check this box If the same and EINs of all members the extension is for and attach a list with the names and EINs of all members the extension is for and attach a list with the names and EINs of all members the extension is for and attach a list with the names and EINs of all members the extension is for for calendar year 2012, or other tax year beginning For calendar year 2012, or other tax year beginning Change in accounting period The tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting period The tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting period The tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Final return Complete Time 15 NECESSARY TO COMPLIE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN. Ba If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions Ba \$ 0 If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 Ba B \$ 0 Balance Due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Signature A tribe Date Post of my knowledge and belief, it is frue, correct, and complete, and that I have examined this form. including accompanying schedules and statements, and to the best of my knowledge and belief, it is frue, correct, and complete, and that I am authorized to p				FAX No. ▶		
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶					us box	
for the whole group, check this box	-					nis is
Ist with the names and EINs of all members the extension is for I request an additional 3-month extension of time until						
4 request an additional 3-month extension of time until 11/15 , 20 13 5 For calendar year 2012 2012 20 20 20 20 20				g		
For calendar year 2012, or other tax year beginning				1	1/15 20 13	
If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting period State in detail why you need the extension Information NEEDED TO FILE A COMPLETE AND ACCURATE RETURN. Sa If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 C Balance Due. Subtract line 8b from line 8a include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form						20
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	Gignatule P					(Rev 1-2013)

E-FILED -ACCEPTED 7/19/13

Form 8868

(Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

Department of the	, ,	▶ File a	separate aj	oplication for each return.			
		Automatic 3-Month Extension, c	omplete o	nly Part I and check th	is box		► X
		Additional (Not Automatic) 3-Mo					
		niess you have already been gran					
a corporation 8868 to req Return for 1	n required t uest an ext Fransfers A	You can electronically file Form 8 to file Form 990-T), or an addition ension of time to file any of the ssociated With Certain Personal details on the electronic filing of the	al (not aut forms liste l Benefit (tomatic) 3-month extented in Part I or Part II w Contracts, which must	nsion of time. You can gith the exception of Fi t be sent to the IRS	electronically form 8870, Info in paper form	file Form ormation mat (see
Part! Auf	omatic 3-	Month Extension of Time. On	ly submit	original (no copies ne	eeded)		
Part I only .	oorations (i	o file Form 990-T and requesting ncluding 1120-C filers), partnerships.				extension of t	
_	Name of ex	empt organization or other filer, see in	structions		Employer identification n	umber (EIN) or	
Туре ог	n4)						
print	THE ABERARDER GRASS FOUNDATION						
File by the due date for				SSN)			
filing your	P.O. BO	OX 1426					
return See instructions	City, town o	or post office, state, and ZIP code For	a foreign ad	dress, see instructions			
	MECHAN	CSBURG, PA 17055					
Enter the Re	turn code f	or the return that this application i	s for (file a	a separate application fo	or each return)		0 4
Application			Return	Application			Return
ls For		j	Code	Is For			Code
Form 990 or	Form 990-1	FZ	01	Form 990-T (corporat	ion)		07
Form 990-BL			02	Form 1041-A			08
Form 4720-			03	Form 4720			09
Form 990-PF			04	Form 5227			10
) or 408(a) trust)	05	Form 6069			11
Form 990-T			06	Form 8870			12
Telephone If the orga If this is fo for the whole a list with the I reques until for the X I I the ta	e No Inization do r a Group Regroup, che names and automorganization calendar year ax year ente	es not have an office or place of between, enter the organization's found this box. If the Elms of all members the extension attic 3-month (6 months for a corposer to be a corposer to be a corposer to be a corposer to be a corposer to be a corposer to be a corposer to be a corposer to be a corposer to be a corposer to be a corposer to be a counting period.	pusiness in ir digit Gro it is for pa on is for poration re exempt org	rup Exemption Number (out of the group, check to a squired to file Form 990 ganization return for the ganization and ending	this box	If this if and attack	h
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		nents made. Include any prior year					2,167.
		ract line 3b from line 3a Include y Tax Payment System) See instruc		ent with this form, if re	quired, by using EFTPS	3c \$	0
		make an electronic fund withdrawal		orm 8868, see Form 8453-	-EO and Form 8879-EO fo		uctions
		rwork Reduction Act Notice, see Instru			40	Form 8868 (Re	