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21-55-001-3414927, 3415478, 3415486

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury internal Revenue Service

Form **990** 

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. 2014
Open to Public

A F	or the	= 2014 calendar year, or tax year beginning $$	ending J	<u>UN 30, 20</u>	<u> 15 </u>	
Bc	heck if pplicabl	C Name of organization		D Employer ide	ntificetio	n number
X	Addre				4 4 5 1	7005
LX	Nome			<del></del>	<u>-143'</u>	1926
<u>_</u>	]initial return	Number and street (or P.O. box if mall is not delivered to street address)	Room/suite	E Telephone nu		
	Final	2614 COLONIAL AVENUE		81	<u>4-83:</u>	3-85 <u>45</u>
	terrnm			G Gross receipts \$		799,479.
Г	Amen			H(a) Is this a gro	up retum	
$\vdash$	Applic		ELL. C			L
	pendi	3703 WEST 26TH STREET, ERIE, PA 16506	, ·	H(b) Are all subordin	• •	·
			527			
		empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) o	э <b>г                                    </b>	<b>'</b>		(see instructions)
		e: WWW.MILLCREEKEDUCATIONFOUNDATION.ORG	<del></del>	H(c) Group exem		
		organization; X Corporation Trust Association Other	L Year	of formation; 198	3 M Sta	te of legal domicile: PA
PE	irt-I	Summary	·			
60	1	Briefly describe the organization's mission or most significant activities: TO PR	ROVIDE	SCHOLARS	HIPS	TO
& Governance		STUDENTS AND TO PROVIDE FUNDS FOR ENHANCE	EMENTS	AND CAPI	TAL	
8	2	Check this box if the organization discontinued its operations or dispos				
ķ	3	Number of voting members of the governing body (Part VI, line 1a)	JOG 01 1010		3	10
မွ	į	Number of Independent voting members of the governing body (Part VI, line 1b)	• • • • •			10
್	1 1				4	
8	ı	Total number of individuals employed In calendar year 2014 (Part V, line 2a)			5	0
Activities	6	Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII. column (6). the VIII.  Net unrelated business taxable income from Form 990 Thine 37. V.E.D.	1		6	0
ĕ	7 a	Total unrelated business revenue from Part VIII. column (6) the 12 /	<b>1</b>	,	7a	0.
_	ь	Net unrelated business taxable income from Form 996 Tine 34! V			7b	0.
				Prior Year		Current Year
-	8	Contributions and grants (Part VIII, line 1h)		26,19	4.	126,695.
ž	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	21		O.	0.
Revenue	4	1.4.1		85,37		106,997.
æ	ľ	Investment income (Part VIII, column (A), lines 314, and 7d)	<b>A</b> -			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 14		16,25		48.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		127,82		233,740.
	13	Grants and similar amounts paid (Part IX, column (A), Imes 1-3)		28,97	5.	112,885.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	· L		0	0.
Į.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10)			0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
ē		Total fundraising expenses (Part IX, column (D), line 25)	Ö.	4,	- 1	1
益	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		47,30		51,332.
				76,27		164,217.
	i	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·			
- 67	19	Revenue less expenses. Subtract fine 18 from line 12		51,55		69,523.
Assots or Balances			Be	ginning of Current Y		End of Year
25.55	20	Total assets (Part X, line 16)		<u>1,093,38</u>		1,273,385.
器	21	Total liabilities (Part X, line 26)		34,04	1.	44,152.
Set Visit	22	Net assets or fund balances. Subtract line 21 from line 20		1,059,34	3.	1,229,233.
	ert II	Signature Block				
Und	er pena	Itles of perjury, I declare that Mave examined this return, including accompanying schedules	s and statem	ents, and to the best	of my kno	wledge and belief, it is
		at, and complete. Declaration of preparer (other than officer) is based on all information of wh			•	• • • •
		CPA CPA			17 3	0.46
C:	_	Signature of officer		Date	13,2	٧/١هـ
Sig			a arm mn			
Her	e		ASURER	<del></del>		
		Type or print name and title			··· y=====	
		Print/Type preparer's name Preparer's signature	1	Date Chec		PTIN
Paid	ı	DALE W. KOHSER DALE W. KOHSER		5/13/16 5:214	anployed ]	200299501
Prep	arer	Firm's name PNC BANK, N.A.		Firm's EIN	<b>▶</b> 2:	2-1146430
Use	Only	Firm's address TRUST TAX DEPARTMENT				
		PITTSBURGH, PA 15222-2705		Phone no.	412-	768-5892
May	the II	RS discuss this return with the preparer shown above? (see instructions)				Yes No
	01 11-0		ons.		<del></del>	Form 990 (2014)
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25-1437926

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MILLCREEK EDUCATION FOUNDATION 25-1437926 Form 990 (2014) Page 3 Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A 1 X Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or Х similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 X Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Х If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х Part VI <u>11a</u> b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Х 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in X Part X, line 16? If "Yes," complete Schedule D, Part IX <u>1</u>1d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Х 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X

b Was the organization included in consolidated, independent audited financial statements for the tax year?

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14 Did the organization maintain an office, employees, or agents outside of the United States?

14 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

14b

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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15

16

17

18

19

20a

20b

Х

<u>X\_</u>

X

Х

Х

X

X

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		-:	1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	ŀ	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		<u> </u>	
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		ļ	
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	2014)

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Part V

Check if Schedule O contains a response or note to any line in this Part V Yes No 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5с Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7с to file Form 8282? 7d d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter 11a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c Enter the amount of reserves on hand Х 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

	Check if Schedule O contains a response or note to any line in this Part VI			$\mathbf{x}$						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	]								
	officer, director, trustee, or key employee?	2	X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6		Х						
7a										
	more members of the governing body?	7a		X						
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
_	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	x							
b	Each committee with authority to act on behalf of the governing body?	8b		X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•								
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х							
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	x							
13	Did the organization have a written whistleblower policy?	13		Х						
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		Х						
b	Other officers or key employees of the organization	15b		Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶PA									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	vailab	le							
	for public inspection. Indicate how you made these available. Check all that apply									
	Own website X Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cıal							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	MILLCREEK EDUCATION FOUNDATION - 814-833-8545									
	CHRISTOPHER ELWELL CPA - 2614 COLONIAL AVENUE, ERIE, PA 16506									

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0· in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

List persons in the following order: individual trustees or directors, institutional trustees; officers, key employees; highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one h an	(D)  Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	below line)	(list any hours for related organizations below		Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) RAYCHEL ADIUTORI	2.00	x						0.	0.	0.
TRUSTEE	2.00	^					-	0.	0.	<u></u>
(2) SCOTT CALHOUN TRUSTEE	2.00	x						0.	0.	0.
(3) BOB PRAETZEL	2.00									
TRUSTEE		X						0.	0.	0.
(4) DOUG PROZAN	2.00									
TRUSTEE		X				<u> </u>	ļ	0.	0.	0.
(5) SUSAN GREENAWAY	1.00									
NON-VOTING-TRUSTEE	1 22	X		<u> </u>	<u> </u>	<b> </b>	ļ	0.	0.	0.
(6) BRIAN FULLER	1.00			1	ŀ		İ	•		_
NON-VOTING-TRUSTEE	1 00	X			<del> </del>			0.	0.	0.
(7) WILLIAM HALL	1.00	X				ŀ		0.	0.	0
NON-VOTING-TRUSTEE	1.00	^		├	├	┼	$\vdash$	0.	0.	0.
(8) JOHN DIPLACIDO	1.00	X					!	0.	0.	0.
NON-VOTING-TRUSTEE (9) BARB JOHNSON	3.00	1		<del>                                     </del>	<del> </del>	+			•	
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Timestment income (including dividends, interest, and other similar amounts)   29,635.   29,635.   29,635.     29,635.     29,635.     29,635.       29,635.	٦	f	All other program service reve	enue					
29,635.   29,635.   29,635.   29,635.   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000   10,000			Total. Add lines 2a-2f						ļ
4 Income from investment of tax-exempt bond proceeds 5 Royalties  (i) Real (ii) Personal  6 a Gross rents b Less: rental expenses c Rental income or (loss) d Not rental income or (loss) 7 a Gross amount from sales of sasets other than inventory b Less: cost or other basis and sales expenses d 68, 417, 78, 379. c Gain or (loss) d Net gain or (loss) 468, 417, 78, 379. c Gain or (loss) d Net gain or (loss) for contributions reported on line 1c). See Fart IV, line 18 b Less: drect expenses c Net income or (loss) from gaming activities. See Fart IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue  Business Code  11 a CLASS ACTION PROCEEDS Miscellaneous Revenue Business Code  11 a CLASS ACTION PROCEEDS A AB. D Latin revenue e Total. Add lines 11a-11d Table Tevenue, See instructions.  233,740. 0. 0. 107,045.	ı	3	Investment income (including	dividends, int	terest, and				
Second   Company   Second	i		•		▶	29,635.			29,635.
(i) Real   (ii) Personal   (ii) Personal   (iii) Personal Personal   (iii) Personal Personal   (iii) Personal Personal Personal   (iii) Personal Per		4	Income from investment of ta	x-exempt bon	d proceeds	<del> </del>			<u> </u>
6 a Gross rents b Less: trental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (not including \$		5	Royalties		<b>&gt;</b> _				<u> </u>
b Less: rental expenses c Rental Income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 468, 417. 78, 379. c Gain or (loss) 60,079. 17,283. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ c contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross also of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue  Business Code 11 a CLIASS ACTION PROCEEDS  Miscellaneous Revenue  E Total, Add lines 11a-11d  A8.  233,740.  0. 0. 107,045.				(i) Real	(ii) Personal				}
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7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) f Contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events a Gross income from garning activities. See Part IV, line 18 b Less: direct expenses c Net income or (loss) from garning activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from garning activities  10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a CLASS ACTION PROCEEDS b C d All other revenue e Total. Add lines 11a-11d Total revenue, See instructions.  (ii) Other 528, 496. 95, 662. (iii) Other 528, 496. 95, 662. (iii) Other 528, 496. 95, 662. (iii) Other 528, 496. 95, 662.  (ii) Other 528, 496. 95, 662.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  77, 362.  777, 362.  777, 362.  777, 362.  777, 362.  777, 362.  7		C	Rental income or (loss)	L					
assets other than inventory b Less: cost or other basis and sales expenses (a Gain or (loss)) (528,496. 95,662. b) (60,079. 17,283. d) Net gain or (loss) (a Gross income from fundraising events (not including \$			• •						ļ
b Less: cost or other basis and sales expenses		7 a					]		
and sales expenses			•	528,490	<u>6. 95,662.</u>				
C Gain or (loss)   60,079. 17,283.   77,362.   77,362.		b							
d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18			•	468,41	7. 78,379.				
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a CLASS ACTION PROCEEDS 900099 48. 48.  b C d All other revenue e Total. Add lines 11a-11d 48.  12 Total revenue, See instructions.			, ,	60,07		EE 260			77 260
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								0	107 045
	43200	9	TOTAL PEVENUE. SEE MISH DELIDINS.						Form <b>990</b> (2014)

Form 990 (2014) MILLCREEK EDUCATION FOUNDATION

Part IX | Statement of Functional Expenses

Secu	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			mpiete column (A).	
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		ехрепзез	general expenses	expenses
•	and domestic governments. See Part IV, line 21	92,242.	92,242.		
2	Grants and other assistance to domestic				· · · · · · · · · · · · · · · · · · ·
_	individuals. See Part IV, line 22	20,643.	20,643.		
3	Grants and other assistance to foreign		•		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified		ļ		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages			**	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			<del></del>	
9	Other employee benefits			<del></del>	
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management	681.		681.	-
b	Legal	4,063.		4,063.	
C	Accounting Lobbying	4,003.		4,003.	,
d	Professional fundraising services. See Part IV, line 17		<u> </u>		
f	Investment management fees	5,976.		5,976.	
g		3,7,7,0		3/5/01	
9	column (A) amount, list line 11g expenses on Sch O.)	12,500.		12,500.	
12	Advertising and promotion	250.		250.	
13	Office expenses	369.		369.	
14	Information technology	-		-	
15	Royalties				
16	Occupancy				
17	Travel				·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10 740		19,749.	
23	Insurance	19,749.		19,749.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DROPOUT PREVENTION PROG	3,500.	3,500.		
b	SCHOOL TAXES	2,032.	2,032.	•	
С				•	
d					
е	All other expenses	2,212.	2,212.		
25	Total functional expenses. Add lines 1 through 24e	164,217.	120,629.	43,588.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here rf following SOP 98-2 (ASC 958-720)				

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 2,427. 4,024 1 Cash · non-interest-bearing 42,554. 53,274. 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 39,000. 7 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 78,379. 10c 10b b Less: accumulated depreciation 1,178,684. 961,462. 11 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 6,965. 15 15 Other assets. See Part IV, line 11 1,093,384. 1,273,385. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 17 16,093. 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part-II-of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 34,041. 28,059. Schedule D 34,041 44,152. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,033,843. 1,213,733. 27 27 Unrestricted net assets 25,500. 15,500. 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 1,059,343 1,229,233. Total net assets or fund balances 33 33 1,273,385. 1,093,384

Total liabilities and net assets/fund balances

orm	990 (2014) MILLCREEK EDUCATION FOUNDATION	25-14	37926	Page <b>12</b>
Par	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	·		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,740.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,217.
3	Revenue less expenses Subtract line 2 from line 1	3		,523.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,343.
5	Net unrealized gains (losses) on investments	5	-66	,659.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8	167	,026.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	1,229	<u>,233.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>
				res No
1	Accounting method used to prepare the Form 990.			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.		
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		
	separate basis, consolidated basis, or both		]	
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			:
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2014)

### **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

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

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 25-1437926 MILLCREEK EDUCATION FOUNDATION Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10  $\mathbf{X}$ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (vi) Amount of (iii) Type of organization iv) is the organization (v) Amount of monetary (i) Name of supported (ii) EIN listed in your (described on lines 1-9 support (see other support (see organization governing document? above or IRC section Instructions) Instructions) (see instructions)) MILLCREEK TOWNSHIP 60,000 SCHOOL DISTRICT 25-6002165 2 X

60,000.

chedule A	(Form 990 or 990-EZ) 2014				
Part II	Support Schedule for Org	ganizations Described	in Sections 1	70(b)(1)(A)(iv) and	170(b)(1)(A)(vi)

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	(Complete only if you checke fails to qualify under the tests				on failed to qualify	under f	Part III. If the	e organizatio
Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e	2014	(f) Tota
1	Gifts, grants, contributions, and					Ì		
	membership fees received. (Do not							
	include any "unusual grants ")				ļ			
2	Tax revenues levied for the organ-					1		
	ızation's benefit and either paid to		}					
	or expended on its behalf		<del> </del>			<u> </u>		
3	The value of services or facilities		İ					
	furnished by a governmental unit to					i		
	the organization without charge							
4	Total. Add lines 1 through 3				-	-		
5	The portion of total contributions			1				
	by each person (other than a				į			
	governmental unit or publicly	ļ	<u> </u>			1		
	supported organization) included							
	on line 1 that exceeds 2% of the					1		
	amount shown on line 11,							
	column (f)				<del> </del>	<del> </del>		
	Public support. Subtract line 5 from line 4				1			
	ction B. Total Support	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	10	2014	(f) Tota
	endar year (or fiscal year beginning in)	(a) 2010	(6) 2011	(6) 2012	(u) 2013	1 16	1 2014	(I) Total
-	Amounts from line 4				<del></del>	+		
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources							
_	Net income from unrelated business					+		_
9								
	activities, whether or not the							
40	business is regularly carried on Other income. Do not include gain					+		
10	•							
	or loss-from the sale of capital assets (Explain in Part VI)	1	1					
44	Total support. Add lines 7 through 10		<del> </del>	+		1		
11	Gross receipts from related activities	etc (see instruct	ions)	1		12		1
	First five years. If the Form 990 is fo	•		ırd. fourth. or fifth t	tax vear as a secti		c)(3)	
	organization, check this box and sto		• , <b></b> ,,	,	<b>,</b>		-/(-/	<b>•</b>
Se	ction C. Computation of Pub	ic Support Pe	ercentage				··	
14	Public support percentage for 2014 (	line 6, column (f) c	divided by line 11,	column (f))		14		
15	Public support percentage from 2013	3 Schedule A, Part	t II, line 14			15		
16	a 33 1/3% support test - 2014. If the	organization did n	ot check the box	on line 13, and line	14 is 33 1/3% or	more, c	heck this bo	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n				<b>&gt;</b>
t	33 1/3% support test - 2013. If the				d line 15 is 33 1/3	% or mo	re, check t	his box
	and stop here. The organization qua	lifies as a publicly	supported organi	zation				<b>&gt;</b>
178	a 10% -facts-and-circumstances tes	it - <b>2014.</b> If the or	ganization did not	check a box on lin	ne 13, 16a, or 16b,	, and line	e 14 is 10%	or more,
	and if the organization meets the "fac							
	meets the "facts-and-circumstances"							<b>&gt;</b>
ŀ	10% -facts-and-circumstances tes	i <b>t - 2013</b> . If the org	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, ar	id line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circi	umstances" test, o	check this box and	<b>stop here.</b> Expla	ın ın Par	t VI how the	Э
	organization meets the "facts-and-cir	cumstances" test	The organization	qualifies as a publ	licly supported ord	anızatıc	วก	•

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

# Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf		L	·	<del> </del>	-	
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					<del> </del>	
6	Total. Add lines 1 through 5				<del> </del>		
78	Amounts included on lines 1, 2, and				1		
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	_					
10:	Gross income from interest,						•
	dividends, payments received on						;
	securities loans, rents, royalties and income from similar sources						
ı	Unrelated business taxable income						
•	(less section 511 taxes) from businesses			:			
	acquired after June 30, 1975						
	: Add lines 10a and 10b	+ +					
	Net income from unrelated business				<del>                                     </del>		
• •	activities not included in line 10b,				1		
	whether or not the business is					1	
12	regularly carried on Other income. Do not include gain		<del>                                     </del>		<del>                                     </del>		
:2	or loss from the sale of capital						
4-	assets (Explain in Part VI.)	-	<del></del>	-	<del>                                     </del>	+	
	Total support. (Add lines 9, 10c, 11, and 12)			d fought a fifth	L. voor oo a cast	on 501(a)(2) area	ration
14	First five years. If the Form 990 is for	r the organization	s iirst, secona, thii	u, iourth, or tilth t	ax year as a section	on son(c)(s) organiz	.a.ıııı,
<u></u>	check this box and stop here ction C. Computation of Publ	io Support Po	rcentage		·		
				nolumn (fl)		15	
	Public support percentage for 2014 (			column (i))		16	<u>%</u> %
16	Public support percentage from 2013	stment Incom	. III, line 15			<u> </u>	
	ction D. Computation of Inve					147	0/
	Investment income percentage for 20			ie io, column (f))		17	<u>%</u>
18	Investment income percentage from	2013 Schedule A,	Paπ III, line 17		. 45 Al	18   22 1/20/ and bins 1	<u>%</u>
19:	a 33 1/3% support tests - 2014. If the						i / is not
	more than 33 1/3%, check this box a						<b>P</b>
ı	33 1/3% support tests - 2013. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t		structions	

# Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A D, and F If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V.)	- <u></u>		
<u>Sec</u>	tion A. All Supporting Organizations	<del></del>	Tv	
4	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
1	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		Х
2	Did the organization have any supported organization that does not have an IRS determination of status	-		
2	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		х
2-	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	<del>-</del> -	1	
Sa	(b) and (c) below.	3a		Х
L	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	<u> </u>	<del>                                     </del>	
D	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
_	170(-)(0)	35	<del> </del>	
С	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	İ	
4	Was any supported organization not organized in the United States ("foreign supported organization")? If	- 50	1	
48	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		X
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	<del></del>		
b	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
_	Did the organization support any foreign supported organization that does not have an IRS determination	70	<b>-</b>	
С	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			ł
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
		4c		
E.	purposes  Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	10		
эа	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN		}	
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,		1	
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		x
h	Type I or Type II only. Was any added or substituted supported organization part of a class already			
D	designated in the organization's organizing document?	5b		
С	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
U	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class	ĺ		
	benefited by one or more of its supported organizations; or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			ĺ
	Part VI.	6		х
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial		1	
•	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			ĺ
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		х
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
•	If "Yes," complete Part I of Schedule L (Form 990)	8		х
Q <sub>2</sub>	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
Ju	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			ł
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		х
h	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			f
J	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9ь		х
_	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
C	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		х
100	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			_ <del></del> _
iua	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting	Ì		l
	organizations)? If "Yes," answer (b) below	10a		Х
	Did the organization have any excess husiness holdings in the tax year? (Use Schedule C. Form 4720, to			i

determine whether the organization had excess business holdings)

		43/92	<u> 6 P</u>	age 5
Pa	rt IV   Supporting Organizations (continued)		Tv	T
11	Has the organization accepted a gift or contribution from any of the following persons?	Γ	Yes	No
11	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		X
h	A family member of a person described in (a) above?	11b	<del> </del>	X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
	ction B. Type I Supporting Organizations	110	<u> </u>	<u> </u>
	Alon Di Typo i capporang digamento		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			İ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			İ
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,		1	1
	supervised, or controlled the supporting organization	2	İ	ŀ
Sec	ction C. Type II Supporting Organizations	<del></del>		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
_	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sec	ction D. Type III Supporting Organizations		·	<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	X	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			1
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	X	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			İ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		X
Sec	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions	):		
а	X The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions	)	·
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			•
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		ļ	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	X	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement.	2b	<u> </u>	X
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			 
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		ł

Sche	dule A (Form 990 or 990 EZ) 2014 MILLCREEK EDUCATION FOU	NDAT:		<u>25-1437926 Page 6</u>
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 See instr	ructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E	
	a. A. U., A. d. N. d. Importo		(A) Prior Year	(B) Current Year
Sect	on A - Adjusted Net Income			(optional)
1_	Net short-term capital gain	1		
2_	Recoveries of prior-year distributions	2		
3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		<u> </u>
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	l i		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
<b>.</b> .	D. Asimirary Assach Assacrant		(A) Prior Year	(B) Current Year
Seci	on B - Minimum Asset Amount		(A) 1 1101 1 CUI	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)	<del></del>		
_2_	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	···	
6	Multiply line 5 by 035	6	· · · · · · · · · · · · · · · · · ·	
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			- Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
_ <u>-</u>	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
<del>`</del> _	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

instructions)

Schedule A (Form 990 or 990-EZ) 2014

and 4c.

8 a

C

Breakdown of line 7

d Excess from 2013e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014 MILLCREEK EDUCATION FOUNDATION 25-1437926 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12.
Also complete this part for any additional information (See instructions).
PART IV, SECTION A, LINE 1
THIS IS A HISTORIC AND CONTINUING RELATIONSHIP. THE FOUNDATION PROVIDES
SCHOLARSHIPS TO STUDENTS AND IT PROVIDES FUNDS FOR ENHANCEMENTS AND
CAPITAL IMPROVEMENTS TO SCHOOL PROGRAMS AND SCHOOL FACILITIES OF THE
MILLCREEK TOWNSHIP SCHOOL DISTRICT.
PART IV, SECTION E, LINE 2A
DURING THE 2014-2015 FISCAL YEAR, MILLCREEK EDUCATION FOUNDATION
SUPPORTED THE DISTRICT WITH \$60,000.00 IN FUNDING FOR ADVANCEMENT OF
ATHLETICS, HONORS COLLEGE AND DROPOUT PREVENTION PROGRAMS.
MILLCREEK EDUCATION FOUNDATION SUPPORTS THE DISTRICT BY CREATING
PARTNERSHIPS WITH S AND C CORPORATIONS THAT FUND DISTRICT PROGRAMS LIKE
THE HONORS COLLEGE THROUGH THE PENNSYLVANIA EDUCATIONAL IMPROVEMENT TAX
PROGRAM (EITC).
MILLCREEK EDUCATION FOUNDATION AWARDED MORE THAN 50 STUDENT
SCHOLARSHIPS TO THE MCDOWELL HIGH SCHOOL CLASS OF 2015.

### SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11i, 12a, 01 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2014
Open to Public Inspection

Name of the organization

MILLCREEK EDUCATION FOUNDATION

Employer identification number 25-1437926

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 0. Aggregate value of contributions to (during year) 0. Aggregate value of grants from (during year) 48,529. Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds X Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear -Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII. the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		EK EDUCATI					25-14			ge <b>2</b>
Par	3.3									
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following that are a	significant	use of its	collection	items	3
	(check all that apply):									
а	Public exhibition	c	· 🖳	Loan or exc	hange programs					
b	Scholarly research	€	· []	Other						
C	Preservation for future generations									
4	• • • • • • • • • • • • • • • • • • • •									
5	During the year, did the organization solicit of					lar assets	_			
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No									
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	•	ete if the	organizatio	on answered "Yes" t	o Form 99	0, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other assets n	ot included	<u> </u>			
	on Form 990, Part X?		-					Yes		No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	lowing	table:						
_		•	Ū					Amount		
С	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year	-				1e				
f	Ending balance					1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial account lia	bility?		Yes		No
	If "Yes," explain the arrangement in Part XIII									
Par										
		(a) Current year	(b) F	rior year	(c) Two years back	(d) Three	years back	(e) Four	years t	ack
1a	Beginning of year balance									
ь	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
-	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment	•	%							
	Permanent endowment	%	<del></del>							
	Temporarily restricted endowment ▶	- %		-		-				
	The percentages in lines 2a, 2b, and 2c shou	uld equal 100%.								
3a	Are there endowment funds not in the posse		ation the	at are held a	and administered for	the organ	ızatıon	_		
	by.								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
ь	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Sche	dule R?				3b		
4	Describe in Part XIII the intended uses of the	e organization's ende	owment	funds						
Pai	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" to Form 990	), Part IV	/, line 11a S	See Form 990, Part )	(, line 10				
	Description of property	(a) Cost or o		1 ''	, , ,	Accumulat	1	(d) Book	value	
		basis (investi	ment)	basis	(other) d	epreciatio	1			
1a	Land						$\longrightarrow$			
b	Buildings						$\longrightarrow$			
С	Leasehold improvements						$\longrightarrow$			
d	Equipment						$\longrightarrow$			
_	Other			l		<del></del> -				
Total	. Add lines 1a through 1e (Column (d) must e	egual Form 990, Part	X, colui	nn (B), line	10c)					0.

	DUCATION FO	UNDATION	25-	1437926 Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or end-	of-year market value
(1) Financial derivatives			· · · · · · · · · · · · · · · · · · ·	·
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	to Form 990, Part IV, I	ne 11c. See Form 990, F	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of va	aluation: Cost or end-o	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				···-,
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	to Form 990, Part IV, i	ne 11d See Form 990, F	Part X, line 15.	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)			
Part X Other Liabilities.				
Complete if the organization answered "Yes"	to Form 990, Part IV, I	ne 11e or 11f See Form	990, Part X, line 25.	
1. (a) Description of liability		(b) Book value	<u> </u>	
(1) Federal income taxes				
(2) AMOUNTS OWED TO MILLCREEF	TWP.			
(3) SCH. DISTRICT		28,059.		
(4)				
(5)				

28,059. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

(6) (7) (8)

Sche	dule D (Form 990) 2014 MILLCREEK EDUCATION FOU	NDATION	25-1437926 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue	e per Return.
L,	Complete if the organization answered "Yes" to Form 990, Part IV, line	e 12a	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII )	_4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	atements With Expens	es per Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line	e 12a	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	2a	
ь	Prior year adjustments .	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	·		
b	Other (Describe in Part XIII )	4b	
b c	Other (Describe in Part XIII ) Add lines 4a and 4b		4c
c _5	Other (Describe in Part XIII) Add lines <b>4a</b> and <b>4b</b> Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18		4c 5
с 5 Ра	Other (Describe in Part XIII) Add lines <b>4a</b> and <b>4b</b> Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.	3.)	5
5 Pa	Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII   Supplemental Information.  Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4.	3.) 1; Part IV, lines 1b and 2b, Pa	5
5 Pa	Other (Describe in Part XIII) Add lines <b>4a</b> and <b>4b</b> Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.	3.) 1; Part IV, lines 1b and 2b, Pa	5
5 Pa	Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII   Supplemental Information.  Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4.	3.) 1; Part IV, lines 1b and 2b, Pa	5
5 Pa	Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII   Supplemental Information.  Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4.	3.) 1; Part IV, lines 1b and 2b, Pa	5
5 Pa	Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII   Supplemental Information.  Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4.	3.) 1; Part IV, lines 1b and 2b, Pa	5
5 Pa	Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII   Supplemental Information.  Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4.	3.) 1; Part IV, lines 1b and 2b, Pa	5
5 Pa	Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII   Supplemental Information.  Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4.	3.) 1; Part IV, lines 1b and 2b, Pa	5
5 Pa	Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII   Supplemental Information.  Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4.	3.) 1; Part IV, lines 1b and 2b, Pa	5
5 Pa	Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII   Supplemental Information.  Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4.	3.) 1; Part IV, lines 1b and 2b, Pa	5
5 Pa	Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII   Supplemental Information.  Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4.	3.) 1; Part IV, lines 1b and 2b, Pa	5
5 Pa	Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII   Supplemental Information.  Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4.	3.) 1; Part IV, lines 1b and 2b, Pa	5
5 Pa	Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII   Supplemental Information.  Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4.	3.) 1; Part IV, lines 1b and 2b, Pa	5
5 Pa	Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII   Supplemental Information.  Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4.	3.) 1; Part IV, lines 1b and 2b, Pa	5
5 Pa	Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII   Supplemental Information.  Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4.	3.) 1; Part IV, lines 1b and 2b, Pa	5
5 Pa	Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII   Supplemental Information.  Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4.	3.) 1; Part IV, lines 1b and 2b, Pa	5
5 Pa	Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII   Supplemental Information.  Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4.	3.) 1; Part IV, lines 1b and 2b, Pa	5
5 Pa	Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII   Supplemental Information.  Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4.	3.) 1; Part IV, lines 1b and 2b, Pa	5
5 Pa	Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII   Supplemental Information.  Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4.	3.) 1; Part IV, lines 1b and 2b, Pa	5
5 Pa	Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII   Supplemental Information.  Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4.	3.) 1; Part IV, lines 1b and 2b, Pa	5
5 Pa	Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII   Supplemental Information.  Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4.	3.) 1; Part IV, lines 1b and 2b, Pa	5
5 Pa	Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII   Supplemental Information.  Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4.	3.) 1; Part IV, lines 1b and 2b, Pa	5
5 Pa	Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII   Supplemental Information.  Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4.	3.) 1; Part IV, lines 1b and 2b, Pa	5
5 Pa	Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII   Supplemental Information.  Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4.	3.) 1; Part IV, lines 1b and 2b, Pa	5
5 Pa	Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII   Supplemental Information.  Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4.	3.) 1; Part IV, lines 1b and 2b, Pa	5
5 Pa	Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII   Supplemental Information.  Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4.	3.) 1; Part IV, lines 1b and 2b, Pa	5

Schedule D (Form 990) 2014

### SCHEDULE G (Form 990 or 990-EZ)

(Form 990 or 990-E2

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

90. Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization  MTT.T.CRER	K EDUCATION FOUND	ΔጥT	ON		- 1	25-1437	ntification number 926
	Complete if the organization answe			Form 990, Part IV, II			
Indicate whether the organization raise	e Solicitat f Solicitat g Special oral agreement with any individual rt VII) or entity in connection with p iduals or entities (fundraisers) pursi	tion of tion of fundra (includ	non-g gover using ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees :	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribi	ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paid r retained by) undraiser ed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
					<u> </u>	·	
				-			-
							***
		<u> </u>					
Total  3 List all states in which the organization or licensing	is registered or licensed to solicit (	contrib	utions	s or has been notified	rt ıs e	exempt from re	egistration
or ilcensing							

		le G (Form 990 or 990 EZ) 2014 MILLCRE	EK EDUCATION	FOUNDATION	25-	1437926 Page 2
Pa	rt I					
		of fundraising event contributions and gr		(b) Event #2	(c) Other events	ts greater than \$5,000.
			(a) Event #1	1 ' '	(c) Other events	(d) Total events
				NIGHT OF THE	າ	(add col. (a) through
			TOURNAMENT (event type)	TROJAN (event type)	(total number)	col (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	20,000.	8,023.	4,121.	32,144.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	20,000.	8,023.	4,121.	32,144.
	4	Cash prizes				
S	5	Noncash prizes				
kbens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages			-	
	8	Entertainment				
	9	Other direct expenses	9,362.	6,252.	<u>3,329.</u>	18,943.
	10				<b>•</b>	18,943.
_	11	Net income summary Subtract line 10 from	line 3, column (d)	000 0-48/ 1-40		13,201.
Pa	art		answered "Yes" to Form	1990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		(d) Total gaming (add
Revenue	ĺ		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col. (c))
ver						
æ	1	Gross revenue				
	<del>                                     </del>					
ses	2	Cash prizes				
Expenses	3	Noncash prizes		-	-	
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 throug	jh 5 in column (d)		•	
	8	Net gaming income summary Subtract line	7 from line 1, column (d)_			<u> </u>
	8	Net gaming income summary Subtract line	7 from line 1, column (d)			<u> </u>
	En Is	Net gaming income summary. Subtract line inter the state(s) in which the organization condithe organization licensed to conduct gaming a "No," explain.	ucts gaming activities _activities in each of these	states?		Yes No
10a	En Is If '	nter the state(s) in which the organization cond the organization licensed to conduct gaming a	ucts gaming activities _activities in each of these	erminated during the tax	year?	Yes No
10a	En Is If '	nter the state(s) in which the organization cond the organization licensed to conduct gaming a "No," explain ere any of the organization's gaming licenses in	ucts gaming activities _activities in each of these	erminated during the tax	year?	

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2014 MILLCREEK EDUCATION FOUNDATION 25-1	143/94	2.5 Page 3
	Does the organization conduct gaming activities with nonmembers?	Ye:	s L No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Ye:	s L No
13	Indicate the percentage of gaming activity conducted in		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ye	s No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party.		
	Name		~=··
	Address >		
16	Gaming manager information		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
Ĭ	retain the state gaming license?	Ye:	s 🔲 No
b	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, I	ines 9, 9b	, 10b, 15b,
	15c, 16, and 17b, as applicable Also provide any additional information (see instructions)		<del></del>
			···

432083 08-28-14

Schedule G (Form 990 or 990-EZ) 2014

Schedule G	(Form 990 or 990-EZ)	MILLCREEK	EDUCATION	FOUNDATION	25-1437926 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continued)			
1 41010	Supplemental line	· · · ·	<del></del>		
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					Schedule G (Form 990 or 990-EZ)

SCHEDULE (Form 990) Department of the Treasury

Internal Revenue Service

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

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

OMB No 1545-0047	2014
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Open to Public Inspection

Employer identification number å SUPPORT FOR THE MILLCREEK 25-1437926 TOWNSHIP SCHOOL DISTRICT COUTH ATHLETICS PROGRAM START UP OF THE TROJAN ROVIDE FUNDS FOR THE (h) Purpose of grant or assistance X Yes HONORS COLLEGE Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990 (f) Method of valuation (book, FMV, appraisal, other) 3 FMV(e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of 10,000 50,000 cash grant MILLCREEK EDUCATION FOUNDATION (c) IRC section if applicable 501(C)(3) 501(C)(3) 25-6002165 25-6002165 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? MILLCREEK TOWNSHIP SCHOOL DISTRICT MILLCREEK TOWNSHIP SCHOOL DISTRICT 1 (a) Name and address of organization or government 3740 WEST 26TH STREET 3740 WEST 26TH STREET Name of the organization ERIE, PA 16506 ERIE, PA 16506 Part II Part

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2014)

AND ACQUISITION

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ASBURY WOODS PARTNERSHIP

**4105 ASBURY ROAD** 

ERIE, PA 16506

ASBURY WOODS PARTNERSHIP

4105 ASBURY ROAD

ERIE, PA 16506

ASBURY WOODS PARTNERSHIP

4105 ASBURY ROAD

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26-0699998

Page 2

25-1437926

Schedule I (Form 990) (2014) MILLCREEK EDUCATION FOUNDATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III Gran be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ILLCREEK SCHOOL FOUNDATION AWARDED SCHOLARSHIPS O STUDENTS BASED ON CERTAIN CRITERIA	7.0	20.463.	o	∧W.	
					•
			:		•
	-				
! 51		2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information	dditional information	
THE MILLCREEK SCHOOL FOUNDATION IS AN		NIZTION TH	AT DISBURS	ORGANIZTION THAT DISBURSES FUNDS ONLY	
TO QUALIFYING CHARITABLE ORGANIZATIONS	LIONS AND	INDIVIDUA	AND INDIVIDUALS AS DIRECTED	CTED BY THE	
ORGANIZATIONS GOVERNING BODY.					

### **SCHEDULE L**

(Form 990 or 990-EZ)

**Transactions With Interested Persons** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open To Public Inspection

Name of the organization						Em	ploye	r ident	ificati	on nu	ımber	
MILLCR	EEK EDUCATI	ON	FOU	NDATION		25	-14	1379	26			
Part I Excess Benefit Tran					1(c)(29) organization	ns only	/)				-	
Complete if the organization	n answered "Yes" on	Form 9	90, Pa	rt IV, line 25a or 25b	o, or Form 990-EZ, Pa	art V,	line 40	Ob.				
1	(b) Relationship bet			ified					(d)	Corre	cted?	
(a) Name of disqualified person	person and o	rganıza	ation	(c	) Description of tran	sactio	n		Y	es	No	
	7777											
	· · · · · · · · · · · · · · · · · · ·									$\neg$		
				·-   · ·								
	<del>-</del>											
2 Enter the amount of tax incurred by	the organization mai	nagers	or disc	ualified persons du	and the year under							
section 4958	the organization mai	lagoro	0, 0,50	damica persons da	ing the year ander		<b>S</b>					
3 Enter the amount of tax, if any, on	ine 2 above reimbur	eed by	the or	anization			<b>S</b>			-		
5 Enter the amount of tax, if any, on	ine 2, above, reimbur	sea by	uic oiş	garnzanori			Ψ					
Part II Loans to and/or From	m Interested Per	sons										
Complete if the organization				Part V line 38a or F	Form 990 Part IV In	a 26	or if th	ne oraș	nizati	on		
				, rait v, iiile 36a 0i i	Onn 330, Part IV, III	E 20,	01 11 11	ie orga	ai iiZati	OII		
reported an amount on For  (a) Name of (b) Related			an to or	(e) Original	(f) Balance due	(0)	ln	(h) Ap	proved	/ix v	Irittan	
interested person with organ		from	n the	principal amount	(I) Dalarice due	default?		I by board or I V		1 4.7	(i) Written agreement?	
		To From			Vaa	No	+			1		
		10	From			Yes	No	Yes	No	Yes	No	
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		ļ. <u></u> -					-			├	<del>                                     </del>	
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		<u> </u>	<u> </u>			-	L		L			
Total	66		- n	▶ \$				<u> </u>			-	
Part III Grants or Assistance	•											
Complete if the organization	n answered "Yes" on	Form 9	990, Pa									
(a) Name of interested person	(b) Relationship			(c) Amount of	(d) Type		l	•	(e) Purpose of			
	interested per the organiz		đ	assistance	assistan	tance		assistance				
	the Organiz	ation										
	1		- 1	İ	1		ı					
		_										

Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.		·	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of zation's nues?
		<del></del>		Yes	No
CHRISTOPHER A. ELWELL, CPA	MR. ELWELL IS TREAS	81,655.	MILLCREEK S		X
Part V Supplemental Information					
SCH L, PART IV, BUSINESS T	PRANSACTIONS INVOLVII		ED PERSONS:		
(A) NAME OF PERSON: CHRIST			TON		
(B) RELATIONSHIP BETWEEN I MR. ELWELL IS TREAS.OF ASE				רוש	 NI
(D) DESCRIPTION OF TRANSAC					
FOR CASH \$42,655.00 AND A					
\$81,655.00					
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	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s				
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### **SCHEDULE 0**

432211 08-27-14

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

<u>25-1437926</u>

Schedule O (Form 990 or 990-EZ) (2014)

Department of the Treasury Internal Revenue Service Name of the organization

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

MILLCREEK EDUCATION FOUNDATION

Inspection Employer identification number

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IMPROVEMETNS TO SCHOOL PROGRAMS AND SCHOOL FACILITIES FOR MILLCREEK
TOWNSHIP SCHOOL DISTRICT.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
\$10,000.00 SUPPORT FOR THE MILLCREEK TOWNSHIP SCHOOL DISTRICT HONORS
COLLEGE.
EXPENSES \$ 10,000. INCLUDING GRANTS OF \$ 10,000. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 2:
CERTAIN FOUNDATION NON-VOTING TRUSTEES ARE EMPLOYEES OF THE SCHOOL DISTRICT
AND AS SUCH, THEY HAVE A BUSINESS RELATIONSHIP WITH OTHER NON-VOTING
TRUSTEES WHO ARE ALSO EMPLOYEES OF THE SCHOOL DISTRICT.
FORM 990, PART VI, SECTION A, LINE 8B:
THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING
BODY.
FORM 990, PART VI, SECTION B, LINE 11:
A COPY OF FORM 990 IS PROVIDED TO THE GOVERNING BODY FOR REVIEW BEFORE
BEING FILED WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
IT IS THE POLICY OF THE FOUNDATION THAT: ANY POSSIBLE CONFLICT OF INTEREST
ON THE PART OF ANY MANAGEMENT EMPLOYEE OR A MEMBER OF THE BOARD OF
DIRECTORS OF THE FOUNDATION SHALL BE DISCLOSED PRIOR TO CONSUMMATION OF THE

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

**Employer identification number** 25-1437926

### MILLCREEK EDUCATION FOUNDATION

TRANSACTION OR OTHER ACTION GIVING RISE. NO MANAGEMENT, EMPLOYEE OR DIRECTOR SHALL PARTICIPATE IN ANY DECISION WITH RESPECT TO ANY TRANSACTION OR OTHER ACTIVITY WHICH WOULD GIVE RISE TO A CONFLICT OF INTEREST WITH RESPECT TO SUCH EMPLOYEE OR DIRECTOR. A CONFLICT OF INTEREST SHOULD BE DISCLOSED BY THE AFFECTED PERSON PRIOR TO THE TIME THAT ANY ACTION ON THE TRANSACTION GIVING RISE TO THE CONFLICT IS CONSUMATED. DISCLOSURE OF THE CONFLICT SHOULD BE MADE IN SUCH MANNER AS IS REASONABLE UNDER THE CIRCUMSATNCES SO AS: (1) TO FULLY ALERT AN APPROPRIATE OFFICIAL OF THE FOUNDATION AS TO THE CONFLICT; AND (2) TO ENABLE THE FOUNDATION TO FULLY AND FAIRLY EVALUATE WHETHER THE TRANSACTION IS IN THE BEST INTERESTS OF THE FOUNDATION, NOTWITHSTANDING THE CONFLICT. IN GENERAL TERMS, CONFLICTS ON THE PART OF MANAGEMENT EMPLOYEES SHOULD BE DISCLOSED TO THE PRESIDENT OR, IN THE CASE OF THE PRESIDENT, TO THE VICE PRESIDENT. CONFLICTS ON THE PART OF A DIRECTOR SHOULD BE DISCLOSED TO THE PRESIDENT AND THE VICE PRESIDENT, AND IF THE TRANSACTION IN QUESTION REQUIRES BOARD OF DIRECTORES APPROVAL, TO THE BOARD OF DIRECTORS AS A WHOLE. IF THE DISCLOSURE INVOLVES A MATERIAL TRANSACTION, THE DISCLOSURE SHOULD BE MEMORIALIZED IN WRITING, ALONG WITH THE NOTATION THAT THE PERSON IN QUESTION RECUSED HIMSELF OR HERSELF FROM PARTICIPATION IN ANY DECISION OF THE FOUNDATION TO ENTER INTO THE TRANSACTION. FORM 990, PART VI, SECTION C, LINE 18:

FORM 990 AND RELATED FINANCIAL STATEMENTS ARE MADE AVAILABLE THROUGH REQUEST AND FROM GUIDESTAR.ORG.

FORM 990, PART VI, SECTION C, LINE 19:

FORM 990 AND RELATED FINANCIAL STATEMENTS ARE MADE AVAILABLE\_THROUGH

REQUEST AND FROM GUIDESTAR.ORG. THE GOVERNING DOCUMENTS AND CONFLICT OF Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization  MILLCREEK EDUCATION FOUNDATION	Employer identification number 25-1437926
INTEREST POLICY ARE MADE AVAILABLE TO THE PUBLIC UPON REQ	UEST.
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECT	ORS, ETC:
CHAR MASHYNA - 2614 COLONIAL AVENUE, ERIE, PA 16506	
JON HOWLAND - 2614 COLONIAL AVENUE, ERIE, PA 16506	
STEPHEN GUTTING - 2614 COLONIAL AVENUE, ERIE, PA 16506	
CHRISTOPHER ELWELL - 2614 COLONIAL AVENUE, ERIE, PA 16506	
RAYCHEL ADIUTORI - 2614 COLONIAL AVENUE, ERIE, PA 16506	
SCOTT CALHOUN - 2614 COLONIAL AVENUE, ERIE, PA 16506	
BOB PRAETZEL - 2614 COLONIAL AVENUE, ERIE, PA 16506	
KRISTINA HUBER - 2614 COLONIAL AVENUE, ERIE, PA 16506	
DOUG PROZAN - 2614 COLONIAL AVENUE, ERIE, PA 16506	
SUSAN GREENAWAY - 2614 COLONIAL AVENUE, ERIE, PA 16506	
BRIAN FULLER - 2614 COLONIAL AVENUE, ERIE, PA 16506	
WILLIAM HALL - 2614 COLONIAL AVENUE, ERIE, PA 16506	
JOHN DIPLACIDO - 2614 COLONIAL AVENUE, ERIE, PA 16506	
BARB JOHNSON - 2614 COLONIAL AVENUE, ERIE, PA 16506	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Part I

Related Organizations and Unrelated Partnerships

► Attach to Form 990.

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2014

OMB No 1545-0047

▶Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990.

**Employer identification number** Open to Public Inspection 25-1437926

> Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. MILLCREEK EDUCATION FOUNDATION Name of the organization

Direct controlling End-of-year assets Total income ਰ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year

	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section	(f) Direct controlling entity	Section 512(b)(13) controlled entity?	12(b)(13)
				((s)(a))		Yes	2
				-			
						•	
EDUCATION	ā	PENNSYLVANIA	501(C)(3)	LINE 2			×
				•,			
				_			

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

Schedule R (Form 990) 2014

432161 08-14-14 LHA

25-1437926

Page 2

Schedule R (Form 990) 2014 MILLCREEK EDUCATION FOUNDATION

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

(j) (k) General or Percentage managing ownership			
2 C C		 	
(j) General or managing partner?		 	
(i) Code V-UBI amount in box r 20 of Schedule K-1 (Form 1065)			
(h) Disproportionate allocations?			
(g) Share of end-of-year assets			
(f) Share of total income			
(e) Predominant income (related, unrelated, excluded from tax under sertions, 570-514)			
(d) Direct controlling entity	-		
Legal domicile (state or foreign			
(b) Primary activity			
(a) Name, address, and EIN of related organization			

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Part IV

											i	
	<b>-</b>	ox 13) olled ty?	Yes No									 _
"	ن ن	512(b)(13) controlled entity?	Yes			 		_		_		
	Ξ	Percentage ownership										
		Share of end-of-year	922913									
		Ş.					-					
:	(e)	Type of entity (C corp, S corp,	nenn io									
	<del>0</del>	glling										
	<u></u>	Legal domicile (state or foreign	country)									
	<b>(Q</b> )	Primary activity										
	(a)	Name, address, and EIN of related organization										

Schedule R (Form 990) 2014

432162 08-14-14

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note Complete line 1 if any entity is listed in Darts II III or IV of this schedule					Yes	å
There compare the factor of the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	lated organizations listed	ın Parts II-IV?			
a Receipt of (i) interest. (ii) annuities. (iii) rovalties, or (iv) rent from a controlled entity	ιţ			1a		×
				1b		X
				10		×
				7	_	×
				2 ,		; >
e Loans or loan guarantees by related organization(s)				9		∢
				*		×
DIVIDENTAL HOTH HEIGHT OF USE THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF T						×
g Sale of assets to related organization(s)				27	1	4
h Purchase of assets from related organization(s)				두		×
i Exchange of assets with related organization(s)				=	•	×
i Lease of facilities, equipment, or other assets to related organization(s)				1j		×
is lease of facilities, equipment, or other assets from related organization(s)				¥	••	×
	ganization(s)			=		×
m Darformance of services or membership or findraising solicitations by related organization(s)	garnzanon(s)			Ę		×
III Ferromance of services of membership of ferromances of ferroman equations as the services of ferroman equipment mailton or other assets with related organization(s)	ation(s)			Ę		×
	(2)					۶
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				9		×
<ul> <li>Beimbursement baid to related organization(s) for expenses</li> </ul>				đ	×	
				19		×
r Other transfer of cash or property to related organization(s)				<b>=</b>		×
s Other transfer of cash or property from related organization(s)				18		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	ııs line, ıncludıng covered	relationships and transaction thresholds.			- 1
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	volved		
		=				
(1) MILLCREEK EDUCATION FOUNDATION	Сц	0.	0.FMV			
(2)						
(3)						
(4)				:		
(5)					i	
(9)						
432163 08-14-14			Schedule R (Form 990) 2014	R (Form	990) 2	<u>6</u>

Page 4

# Schedule R (Form 990) 2014 MILLCREEK EDUCATION FOUNDATION

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

86 <del>0</del>							I
(k) Percenta ownersh	•						
General or managing partner?							
Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? ownership (Form 1065) yes No							
(h) Dispropor- Uonate allocations?	-		<u> </u>				
(g) Share of end-of-year assets						ļ	
(f) Share of total income							
Are all partners sec 501(c)(3) orgs?							
(d) Predominant income particle (related, unrelated, excluded from tax under sections 512-514)							
(c) Legal domicile (state or foreign country)	-	-		-	-		
(b) Primary activity							
(a) Name, address, and EIN of entity							

Schedule R (Form 990) 2014

Schedule R	(Form 990) 2014	MILLCREEK EDUCATION FOUNDATION 25-1	43/926	2age 5
Part VII	(Form 990) 2014 Supplemental Info	rmation		
	Provide additional inform	nation for responses to questions on Schedule R (see instructions)		
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