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Form **990-PF**

Department of the Treasury
Internal Revenue Service

# Return of Private Foundation

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

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Information about Form 990-PF and its instructions is at *www.irs.gov/form990pf*.**

OMB No 1545-0052

**2015**

**Open to Public Inspection**

**For calendar year 2015, or tax year beginning 07-01-2015 , and ending 06-30-2016**

Name of foundation
MOSES TAYLOR FOUNDATION INC

**A Employer identification number**
23-2281586

Number and street (or P O box number if mail is not delivered to street address) 150 N WASHINGTON AVE SIXTH FLOOR
Room/suite

**B** Telephone number (see instructions)
(570) 207-3731

City or town, state or province, country, and ZIP or foreign postal code
SCRANTON, PA 18503

**C** If exemption application is pending, check here ▶ ☐

**G** Check all that apply ☐ Initial return ☑ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

**D 1.** Foreign organizations, check here ▶ ☐
**2.** Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

**H** Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

**E** If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

**I** Fair market value of all assets at end of year *(from Part II, col (c), line 16)* ▶$ 87,102,397

**J** Accounting method ☐ Cash ☑ Accrual ☐ Other (specify) ______
*(Part I, column (d) must be on cash basis )*

**F** If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

## Part I Analysis of Revenue and Expenses

*(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )*

| | | **(a)** Revenue and expenses per books | **(b)** Net investment income | **(c)** Adjusted net income | **(d)** Disbursements for charitable purposes (cash basis only) |
|---|---|---|---|---|---|
| Revenue | **1** Contributions, gifts, grants, etc , received (attach schedule) | 34,914 | | | |
| | **2** Check ▶ ☑ if the foundation is **not** required to attach Sch B | | | | |
| | **3** Interest on savings and temporary cash investments | 1,039,847 | 1,039,847 | | |
| | **4** Dividends and interest from securities | 923,134 | 923,134 | | |
| | **5a** Gross rents | | | | |
| | **b** Net rental income or (loss) ______ | | | | |
| | **6a** Net gain or (loss) from sale of assets not on line 10 | -1,493,684 | | | |
| | **b** Gross sales price for all assets on line 6a 45,664,209 | | | | |
| | **7** Capital gain net income (from Part IV, line 2) | | 0 | | |
| | **8** Net short-term capital gain | | | | |
| | **9** Income modifications | | | | |
| | **10a** Gross sales less returns and allowances | | | | |
| | **b** Less Cost of goods sold | | | | |
| | **c** Gross profit or (loss) (attach schedule) | | | | |
| | **11** Other income (attach schedule) | 303,300 | 0 | | |
| | **12** **Total.** Add lines 1 through 11 | 807,511 | 1,962,981 | | |
| Operating and Administrative Expenses | **13** Compensation of officers, directors, trustees, etc | 250,558 | 8,827 | | 241,731 |
| | **14** Other employee salaries and wages | 385,524 | 0 | | 385,524 |
| | **15** Pension plans, employee benefits | 38,773 | 0 | | 38,773 |
| | **16a** Legal fees (attach schedule) | 33,802 | 0 | | 0 |
| | **b** Accounting fees (attach schedule) | | | | |
| | **c** Other professional fees (attach schedule) | 181,439 | 0 | | 0 |
| | **17** Interest | | | | |
| | **18** Taxes (attach schedule) (see instructions) | | | | |
| | **19** Depreciation (attach schedule) and depletion | | | | |
| | **20** Occupancy | 34,843 | 0 | | 34,843 |
| | **21** Travel, conferences, and meetings | 21,398 | 0 | | 21,398 |
| | **22** Printing and publications | | | | |
| | **23** Other expenses (attach schedule) | 463,341 | 156,504 | | 149,677 |
| | **24** **Total operating and administrative expenses.** Add lines 13 through 23 | 1,409,678 | 165,331 | | 871,946 |
| | **25** Contributions, gifts, grants paid | 2,788,040 | | | 2,788,040 |
| | **26** **Total expenses and disbursements.** Add lines 24 and 25 | 4,197,718 | 165,331 | | 3,659,986 |
| | **27** Subtract line 26 from line 12 | | | | |
| | **a** **Excess of revenue over expenses and disbursements** | -3,390,207 | | | |
| | **b** **Net investment income** (if negative, enter -0-) | | 1,797,650 | | |
| | **c** **Adjusted net income** (if negative, enter -0-) | | | | |

**Part II** **Balance Sheets** Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )

| | | | Beginning of year (a) Book Value | End of year (b) Book Value | (c) Fair Market Value |
|---|---|---|---|---|---|
| Assets | 1 | Cash—non-interest-bearing | 4,154,790 | 581,532 | 581,532 |
| | 2 | Savings and temporary cash investments | | | |
| | 3 | Accounts receivable ▶ 4,156 Less allowance for doubtful accounts ▶ | | 4,156 | 4,156 |
| | 4 | Pledges receivable ▶ Less allowance for doubtful accounts ▶ | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach schedule) ▶ Less allowance for doubtful accounts ▶ | | | |
| | 8 | Inventories for sale or use | | | |
| | 9 | Prepaid expenses and deferred charges | 7,930 | 6,920 | 6,920 |
| | 10a | Investments—U S and state government obligations (attach schedule) | | | |
| | b | Investments—corporate stock (attach schedule) | | | |
| | c | Investments—corporate bonds (attach schedule) | | | |
| | 11 | Investments—land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) ▶ | | | |
| | 12 | Investments—mortgage loans | | | |
| | 13 | Investments—other (attach schedule) | 68,934,559 | 68,617,661 | 69,171,390 |
| | 14 | Land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) ▶ | | | |
| | 15 | Other assets (describe ▶ ) | 21,212,847 | 17,338,399 | 17,338,399 |
| | 16 | **Total assets**(to be completed by all filers—see the instructions Also, see page 1, item I) | 94,310,126 | 86,548,668 | 87,102,397 |
| Liabilities | 17 | Accounts payable and accrued expenses | 206,635 | 164,419 | |
| | 18 | Grants payable | | | |
| | 19 | Deferred revenue | | | |
| | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 | Mortgages and other notes payable (attach schedule) | | | |
| | 22 | Other liabilities (describe ▶ ) | 18,463,095 | 14,352,191 | |
| | 23 | **Total liabilities**(add lines 17 through 22) | 18,669,730 | 14,516,610 | |
| Net Assets or Fund Balances | | **Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.** | | | |
| | 24 | Unrestricted | 75,593,456 | 72,032,058 | |
| | 25 | Temporarily restricted | 46,940 | 0 | |
| | 26 | Permanently restricted | | | |
| | | **Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.** | | | |
| | 27 | Capital stock, trust principal, or current funds | | | |
| | 28 | Paid-in or capital surplus, or land, bldg , and equipment fund | | | |
| | 29 | Retained earnings, accumulated income, endowment, or other funds | | | |
| | 30 | **Total net assets or fund balances**(see instructions) | 75,640,396 | 72,032,058 | |
| | 31 | **Total liabilities and net assets/fund balances**(see instructions) | 94,310,126 | 86,548,668 | |

**Part III** **Analysis of Changes in Net Assets or Fund Balances**

| | | | |
|---|---|---|---|
| 1 | Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 75,640,396 |
| 2 | Enter amount from Part I, line 27a | 2 | -3,390,207 |
| 3 | Other increases not included in line 2 (itemize) ▶ | 3 | 0 |
| 4 | Add lines 1, 2, and 3 | 4 | 72,250,189 |
| 5 | Decreases not included in line 2 (itemize) ▶ | 5 | 218,131 |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 | 6 | 72,032,058 |

## Part IV Capital Gains and Losses for Tax on Investment Income

| | (a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co ) | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr ) | (d) Date sold (mo , day, yr ) |
|---|---|---|---|---|
| 1 a | SALE ON INVESTMENTS | P | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |

| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) |
|---|---|---|---|---|
| a | 45,664,209 | | 47,157,893 | -1,493,684 |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |

| | Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | (l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h)) |
|---|---|---|---|---|
| | (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col (i) over col (j), if any | |
| a | | | | -1,493,684 |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |

| | | | |
|---|---|---|---|
| 2 | Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 } | 2 | -1,493,684 |
| 3 | Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 | 3 | |

## Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (col (b) divided by col (c)) |
|---|---|---|---|
| 2014 | | | |
| 2013 | | | |
| 2012 | | | |
| 2011 | | | |
| 2010 | | | |

| | | | |
|---|---|---|---|
| 2 | **Total** of line 1, column (d) | 2 | |
| 3 | Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years | 3 | |
| 4 | Enter the net value of noncharitable-use assets for 2015 from Part X, line 5 | 4 | |
| 5 | Multiply line 4 by line 3 | 5 | |
| 6 | Enter 1% of net investment income (1% of Part I, line 27b) | 6 | |
| 7 | Add lines 5 and 6 | 7 | |
| 8 | Enter qualifying distributions from Part XII, line 4 | 8 | |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

**Part VI** **Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)**

| | | | | |
|---|---|---|---|---|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter ________ **(attach copy of letter if necessary–see instructions)** | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b | | 1 | 35,953 |
| c | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b) | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | | 2 | 0 |
| 3 | Add lines 1 and 2 | | 3 | 35,953 |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | | 4 | 0 |
| 5 | **Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0- | | 5 | 35,953 |
| 6 | Credits/Payments | | | |
| a | 2015 estimated tax payments and 2014 overpayment credited to 2015 | 6a | | |
| b | Exempt foreign organizations—tax withheld at source | 6b | | |
| c | Tax paid with application for extension of time to file (Form 8868) | 6c | | |
| d | Backup withholding erroneously withheld | 6d | | |
| 7 | Total credits and payments Add lines 6a through 6d | | 7 | 0 |
| 8 | Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached | | 8 | 1,017 |
| 9 | **Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶ | | 9 | 36,970 |
| 10 | **Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶ | | 10 | |
| 11 | Enter the amount of line 10 to be **Credited to 2015 estimated tax** ▶ **Refunded** ▶ | | 11 | |

**Part VII-A** **Statements Regarding Activities**

| | | | Yes | No |
|---|---|---|---|---|
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | 1a | | No |
| b | Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? | 1b | | No |
| | *If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities* | | | |
| c | Did the foundation file **Form 1120-POL** for this year? | 1c | | No |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ 0 **(2)** On foundation managers ▶ $ 0 | | | |
| e | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0 | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities* | 2 | | No |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes* | 3 | | No |
| 4a | Did the foundation have unrelated business gross income of $1,000 or more during the year? | 4a | | No |
| b | If "Yes," has it filed a tax return on **Form 990-T** for this year? | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T* | 5 | | No |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | 6 | | No |
| 7 | Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV* | 7 | Yes | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) ▶PA | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation* | 8b | Yes | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? *If "Yes," complete Part XIV* | 9 | | No |
| 10 | Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses* | 10 | | No |

## Part VII-A Statements Regarding Activities *(continued)*

| | | | Line | Yes | No |
|---|---|---|---|---|---|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions). | | 11 | | No |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) | | 12 | | No |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | | 13 | Yes | |
| | Website address ▶WWW MOSESTAYLORFOUNDATION ORG | | | | |
| 14 | The books are in care of ▶THOMAS KELLY Telephone no ▶(570) 207-3731 | | | | |
| | Located at ▶150 N WASHINGTON AVE SIXTH FLOOR SCRANTON PA ZIP+4 ▶18503 | | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —Check here ▶ ☐ | | | | |
| | and enter the amount of tax-exempt interest received or accrued during the year ▶ | 15 | | | |
| 16 | At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? | | 16 | Yes | |
| | See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶ CJ | | | | |

## Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

| | | | Line | Yes | No |
|---|---|---|---|---|---|
| 1a | During the year did the foundation (either directly or indirectly) | | | | |
| | **(1)** Engage in the sale or exchange, or leasing of property with a disqualified person? | ☐ Yes ☑ No | | | |
| | **(2)** Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | ☐ Yes ☑ No | | | |
| | **(3)** Furnish goods, services, or facilities to (or accept them from) a disqualified person? | ☐ Yes ☑ No | | | |
| | **(4)** Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | ☐ Yes ☑ No | | | |
| | **(5)** Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | ☐ Yes ☑ No | | | |
| | **(6)** Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ). | ☐ Yes ☑ No | | | |
| b | If any answer is "Yes" to 1a(1)–(6), did **any**of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance check here ▶ ☐ | | | | |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015? | | 1c | | No |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | | |
| a | At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? | ☐ Yes ☑ No | | | |
| | If "Yes," list the years ▶ 20____, 20____, 20____, 20____ | | | | |
| b | Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all**years listed, answer "No" and attach statement—see instructions ) | | 2b | | |
| c | If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____ | | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | ☐ Yes ☑ No | | | |
| b | If "Yes," did it have excess business holdings in 2015 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015 ).* | | 3b | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | | 4a | | No |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015? | | 4b | | No |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(Continued)***

| | | | | | |
|---|---|---|---|---|---|
| **5a** | During the year did the foundation pay or incur any amount to | | | | |
| | **(1)** Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? | ☐ Yes ☑ No | | | |
| | **(2)** Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? | ☐ Yes ☑ No | | | |
| | **(3)** Provide a grant to an individual for travel, study, or other similar purposes? | ☐ Yes ☑ No | | | |
| | **(4)** Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions) | ☐ Yes ☑ No | | | |
| | **(5)** Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? | ☐ Yes ☑ No | | | |
| **b** | If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? | | **5b** | | |
| | Organizations relying on a current notice regarding disaster assistance check here ▶ ☐ | | | | |
| **c** | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? | ☐ Yes ☐ No | | | |
| | *If "Yes," attach the statement required by Regulations section 53 4945–5(d)* | | | | |
| **6a** | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | ☐ Yes ☑ No | | | |
| **b** | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | **6b** | | No |
| | *If "Yes" to 6b, file Form 8870* | | | | |
| **7a** | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? | ☐ Yes ☑ No | | | |
| **b** | If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? | | **7b** | | |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

| **(a)** Name and address | **(b)** Title, and average hours per week devoted to position | **(c)** Compensation **(If not paid, enter -0-)** | **(d)** Contributions to employee benefit plans and deferred compensation | **(e)** Expense account, other allowances |
|---|---|---|---|---|
| See Additional Data Table | | | | |
| | | | | |
| | | | | |
| | | | | |

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

| **(a)** Name and address of each employee paid more than $50,000 | **(b)** Title, and average hours per week devoted to position | **(c)** Compensation | **(d)** Contributions to employee benefit plans and deferred compensation | **(e)** Expense account, other allowances |
|---|---|---|---|---|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| **Total** number of other employees paid over $50,000 ▶ | | | | 0 |

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

| (a) Name and address of each person paid more than $50,000 | (b) Type of service | (c) Compensation |
|---|---|---|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

**Total** number of others receiving over $50,000 for professional services. . . . . . . . . . . . . . ▶ 0

**Part IX-A Summary of Direct Charitable Activities**

| List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc | Expenses |
|---|---|
| 1 | |
| 2 | |
| 3 | |
| 4 | |

**Part IX-B Summary of Program-Related Investments** (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
|---|---|
| 1 | |
| 2 | |
| All other program-related investments See instructions | |
| 3 | |
| **Total.** Add lines 1 through 3 . . . . . . . . . . . . . . . . . . . . . . . ▶ | 0 |

## Part X Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations,see instructions.)

| | | | |
|---|---|---|---|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes | | |
| a | Average monthly fair market value of securities. | 1a | 63,243,909 |
| b | Average of monthly cash balances. | 1b | 7,585,665 |
| c | Fair market value of all other assets (see instructions). | 1c | 0 |
| d | **Total** (add lines 1a, b, and c). | 1d | 70,829,574 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). 1e 0 | | |
| 2 | Acquisition indebtedness applicable to line 1 assets. | 2 | 0 |
| 3 | Subtract line 2 from line 1d. | 3 | 70,829,574 |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). | 4 | 1,062,444 |
| 5 | **Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 69,767,130 |
| 6 | **Minimum investment return.** Enter 5% of line 5. | 6 | 3,488,357 |

## Part XI Distributable Amount

(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part.)

| | | | | | |
|---|---|---|---|---|---|
| 1 | Minimum investment return from Part X, line 6. | | | 1 | 3,488,357 |
| 2a | Tax on investment income for 2015 from Part VI, line 5. | 2a | 35,953 | | |
| b | Income tax for 2015 (This does not include the tax from Part VI ). | 2b | | | |
| c | Add lines 2a and 2b. | | | 2c | 35,953 |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1. | | | 3 | 3,452,404 |
| 4 | Recoveries of amounts treated as qualifying distributions. | | | 4 | 0 |
| 5 | Add lines 3 and 4. | | | 5 | 3,452,404 |
| 6 | Deduction from distributable amount (see instructions). | | | 6 | 0 |
| 7 | **Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. | | | 7 | 3,452,404 |

## Part XII Qualifying Distributions (see instructions)

| | | | |
|---|---|---|---|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes | | |
| a | Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. | 1a | 3,659,986 |
| b | Program-related investments—total from Part IX-B. | 1b | 0 |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| a | Suitability test (prior IRS approval required). | 3a | |
| b | Cash distribution test (attach the required schedule). | 3b | |
| 4 | **Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 3,659,986 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). | 5 | 0 |
| 6 | **Adjusted qualifying distributions.** Subtract line 5 from line 4. | 6 | 3,659,986 |

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

**Part XIII** **Undistributed Income** (see instructions)

| | (a) Corpus | (b) Years prior to 2014 | (c) 2014 | (d) 2015 |
|---|---|---|---|---|
| 1 Distributable amount for 2015 from Part XI, line 7 | | | | 3,452,404 |
| 2 Undistributed income, if any, as of the end of 2015 | | | | |
| a Enter amount for 2014 only. . . . . . . | | | 0 | |
| b Total for prior years 20___, 20___, 20___ | | 0 | | |
| 3 Excess distributions carryover, if any, to 2015 | | | | |
| a From 2010. . . . . | | | | |
| b From 2011. . . . . . | | | | |
| c From 2012. . . . . . | | | | |
| d From 2013. . . . . . | | | | |
| e From 2014. . . . . . | | | | |
| f **Total** of lines 3a through e. . . . . . . . . | 0 | | | |
| 4 Qualifying distributions for 2015 from Part XII, line 4 ▶ $ 3,659,986 | | | | |
| a Applied to 2014, but not more than line 2a | | | 0 | |
| b Applied to undistributed income of prior years (Election required—see instructions). . . . . | | 0 | | |
| c Treated as distributions out of corpus (Election required—see instructions). . . . . | 0 | | | |
| d Applied to 2015 distributable amount. . . . . | | | | 3,452,404 |
| e Remaining amount distributed out of corpus | 207,582 | | | |
| 5 Excess distributions carryover applied to 2015 *(If an amount appears in column (d), the same amount must be shown in column (a) )* | 0 | | | 0 |
| 6 **Enter the net total of each column as indicated below:** | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 207,582 | | | |
| b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . . . | | 0 | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . | | 0 | | |
| d Subtract line 6c from line 6b Taxable amount —see instructions . . . . . . . . . . . . . | | 0 | | |
| e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . . . . . . . | | | 0 | |
| f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 . . . . . . . . . . . | | | | 0 |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . | 0 | | | |
| 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions) . . . | 0 | | | |
| 9 **Excess distributions carryover to 2016.** Subtract lines 7 and 8 from line 6a . . . . . . | 207,582 | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2011. . . . | | | | |
| b Excess from 2012. . . . | | | | |
| c Excess from 2013. . . . | | | | |
| d Excess from 2014. . . . | | | | |
| e Excess from 2015. . . . 207,582 | | | | |

## Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

| | Tax year | Prior 3 years | | | (e) Total |
|---|---|---|---|---|---|
| | **(a)** 2015 | **(b)** 2014 | **(c)** 2013 | **(d)** 2012 | |
| **2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed | | | | | |
| **b** 85% of line 2a | | | | | |
| **c** Qualifying distributions from Part XII, line 4 for each year listed | | | | | |
| **d** Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| **e** Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c | | | | | |
| **3** Complete 3a, b, or c for the alternative test relied upon | | | | | |
| **a** "Assets" alternative test—enter **(1)** Value of all assets | | | | | |
| **(2)** Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| **b** "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| **c** "Support" alternative test—enter **(1)** Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| **(2)** Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| **(3)** Largest amount of support from an exempt organization | | | | | |
| **(4)** Gross investment income | | | | | |

## Part XV Supplementary Information (Complete this part only if the organization had $5,000 or more in assets at any time during the year—see instructions.)

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

JEFF SMITH
150 N WASHINGTON AVE SIXTH FLOOR
SCRANTON,PA 18503
(570) 207-3731
JSMITH@MOSESTAYLORFOUNDATION ORG

**b** The form in which applications should be submitted and information and materials they should include

APPLICANTS MUST SUBMIT A COMPLETE PROPOSAL TO BE CONSIDERED FOR FUNDING THE FOLLOWING MUST BE INCLUDED IN THE PROPOSAL (1) ORGANIZATIONAL PROFILE & EXECUTIVE SUMMARY AMOUNT REQUESTED NORTHEAST PENNSYLVANIA COUNTY(TIES) TARGETED EXECUTIVE SUMMARY OF PROPOSED PROJECT (300 WORD MAXIMUM) (2) PROPOSAL NARRATIVE (8 PAGE MAXIMUM) DESCRIBE YOUR ORGANIZATION-ITS HISTORY, PRIMARY ACTIVITIES, POPULATIONS SERVED AND RECENT ACCOMPLISHMENTS DESCRIBE THE PURPOSE OF THE PROJECT AND THE NEED OR PROBLEM IT IS INTENDED TO ADDRESS DISCUSS YOUR ORGANIZATION'S CAPACITY TO UNDERTAKE THE PROJECT AND THE CAPACITY OF KEY PARTNERS, IF RELEVANT OUTLINE THE PLANNED PROJECT ACTIVITIES AND TIMELINE DETAIL ANTICIPATED GOALS AND OUTCOMES AND HOW THEY WILL BE MEASURED (3) BUDGET NARRATIVE USING THE GENERAL FORMAT PROVIDED, OUTLINE ALL COSTS RELATED TO THE GRANT REQUEST ADJUST LINE ITEMS AS NEEDED TO REFLECT ACTUAL PROJECT BUDGET

**c** Any submission deadlines

JULY 1, OCTOBER 3, JANUARY 4, AND APRIL 3

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

ALL GRANT PROPOSALS WILL BE EVALUATED BASED UPON THE FOLLOWING CRITERIA 1 FIT WITH THE FOUNDATION'S MISSION, VISION, VALUES AND INVESTMENT AREAS 2 ORGANIZATIONAL CAPACITY CLEAR MISSION, VISION AND STRATEGY STRONG TRACK RECORD OF SERVICE TO THE COMMUNITY STRONG LEADERSHIP AND MANAGEMENT ENGAGED BOARD OF DIRECTORS COMMITMENT TO COLLABORATION AND LEARNING SOUND FINANCIAL MANAGEMENT 3 SOUNDNESS OF PROJECT EVIDENCE OF SOUND METHODOLOGY PROJECT REFLECTS KNOWLEDGE OF THE FIELD, TARGET POPULATIONS AND THE LOCAL COMMUNITY CLEAR PLAN FOR IMPLEMENTATION SUFFICIENT STAFFING AND PARTNERSHIPS TO ENSURE SUCCESS APPROPRIATE BUDGET 4 POTENTIAL FOR IMPACT CLEAR, REALISTIC, MEASURABLE GOALS AND OUTCOMES CLEAR PLAN FOR HOW GOALS AND OUTCOMES WILL BE ACHIEVED

**Part XV** **Supplementary Information** (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient<br>Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|---|---|---|
| **a** *Paid during the year*<br>See Additional Data Table | | | | |
| **Total** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ▶ **3a** | | | | 2,788,040 |
| **b** *Approved for future payment* | | | | |
| **Total** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ▶ **3b** | | | | 0 |

## Part XVI-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated | Unrelated business income | | Excluded by section 512, 513, or 514 | | (e) Related or exempt function income (See instructions ) |
|---|---|---|---|---|---|
| | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | |
| 1 Program service revenue | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments. . . . | | | | | |
| 3 Interest on savings and temporary cash investments . . . . . . . . . . . . . | | | 14 | 1,039,847 | |
| 4 Dividends and interest from securities. . . | | | 14 | 923,134 | |
| 5 Net rental income or (loss) from real estate | | | | | |
| a Debt-financed property. . . . . . | | | | | |
| b Not debt-financed property. . . . . | | | | | |
| 6 Net rental income or (loss) from personal property . . . . . . . . . . . . . . | | | | | |
| 7 Other investment income. . . . . | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory . . . . . . . . . . . . . | | | 18 | -1,493,684 | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory . . | | | | | |
| 11 Other revenue a OTHER INCOME | 900099 | | 01 | 247,551 | |
| b THIRD PARTY SETTLEMENTS | 900099 | | 01 | 55,749 | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal Add columns (b), (d), and (e). . | | 0 | | 772,597 | 0 |

**13 Total.** Add line 12, columns (b), (d), and (e). . . . . . . . . . . . . . . . . . . . **13** 772,597

(See worksheet in line 13 instructions to verify calculations )

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

| Line No. ▼ | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions ) |
|---|---|
| | |

## Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| | | Yes | No |
|---|---|---|---|
| **1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | | |
| **a** Transfers from the reporting foundation to a noncharitable exempt organization of | | | |
| **(1)** Cash. | 1a(1) | | No |
| **(2)** Other assets. | 1a(2) | | No |
| **b** Other transactions | | | |
| **(1)** Sales of assets to a noncharitable exempt organization. | 1b(1) | | No |
| **(2)** Purchases of assets from a noncharitable exempt organization. | 1b(2) | | No |
| **(3)** Rental of facilities, equipment, or other assets. | 1b(3) | | No |
| **(4)** Reimbursement arrangements. | 1b(4) | | No |
| **(5)** Loans or loan guarantees. | 1b(5) | | No |
| **(6)** Performance of services or membership or fundraising solicitations. | 1b(6) | | No |
| **c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees. | 1c | | No |

**d** If the answer to any of the above is "Yes," complete the following schedule Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

| (a) Line No | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|---|---|---|---|
| | | | |

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

**b** If "Yes," complete the following schedule

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|---|---|---|
| | | |

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

****** 2017-05-11 ******

Signature of officer or trustee Date Title

May the IRS discuss this return with the preparer shown below (see instr )? ☑ Yes ☐ No

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's Signature | Date | Check if self-employed ▶ ☐ | PTIN |
|---|---|---|---|---|
| KELLY A BROCIOUS CPA | | 2017-05-11 | | P01254262 |

Firm's name ▶ ARNETT CARBIS TOOTHMAN LLP

Firm's EIN ▶ 55-0486667

Firm's address ▶ 5700 CORPORATE DRIVE STE 650 PITTSBURGH, PA 15237

Phone no (412) 635-6270

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|---|---|---|
| LATIDA SMITH<br>150 N WASHINGTON AVE SIXTH FLOOR<br>SCRANTON,PA 18503 | CEO<br>40 00 | 185,016 | 14,617 | 0 |
| THOMAS KELLY<br>150 N WASHINGTON AVE SIXTH FLOOR<br>SCRANTON,PA 18503 | CFO<br>40 00 | 65,542 | 2,342 | 0 |
| DOUGLAS G ALLEN<br>150 N WASHINGTON AVE SIXTH FLOOR<br>SCRANTON,PA 18503 | CHAIRMAN<br>1 00 | 0 | 0 | 0 |
| PETER F MOYLAN<br>150 N WASHINGTON AVE SIXTH FLOOR<br>SCRANTON,PA 18503 | TREASURER<br>1 00 | 0 | 0 | 0 |
| ROBERT A MAZZONI ESQ<br>150 N WASHINGTON AVE SIXTH FLOOR<br>SCRANTON,PA 18503 | VICE CHAIRMAN<br>1 00 | 0 | 0 | 0 |
| MARY F SEWATSKY MD<br>150 N WASHINGTON AVE SIXTH FLOOR<br>SCRANTON,PA 18503 | SECRETARY<br>1 00 | 0 | 0 | 0 |
| FRANK KOLUCKI JR MD<br>150 N WASHINGTON AVE SIXTH FLOOR<br>SCRANTON,PA 18503 | DIRECTOR<br>1 00 | 0 | 0 | 0 |
| MARIA MARSILI ESQ<br>150 N WASHINGTON AVE SIXTH FLOOR<br>SCRANTON,PA 18503 | DIRECTOR<br>1 00 | 0 | 0 | 0 |
| WILLIAM R LAZOR<br>150 N WASHINGTON AVE SIXTH FLOOR<br>SCRANTON,PA 18503 | DIRECTOR<br>1 00 | 0 | 0 | 0 |
| KIMBERLY A SANTARSIERO<br>150 N WASHINGTON AVE SIXTH FLOOR<br>SCRANTON,PA 18503 | DIRECTOR<br>1 00 | 0 | 0 | 0 |
| EDWARD J DZIELAK DO<br>150 N WASHINGTON AVE SIXTH FLOOR<br>SCRANTON,PA 18503 | DIRECTOR<br>1 00 | 0 | 0 | 0 |

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient<br>Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|---|---|---|
| **a** *Paid during the year* | | | | |
| GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS<br>1725 DESALES ST NW SUITE 404<br>WASHINGTON, DC 20036 | | NONPROFIT | CONTRIBUTION | 1,830 |
| GRANTMAKERS IN HEALTH<br>1100 CONNECTICUT AVENUE NW SUITE<br>1200<br>WASHINGTON, DC 20036 | | NONPROFIT | CONTRIBUTION | 4,850 |
| EXPONENT PHILANTHROPY<br>1720 N ST NW<br>WASHINGTON, DC 20036 | | NONPROFIT | CONTRIBUTION | 750 |
| FRIENDS OF THE POOR<br>2300 ADAMS AVENUE<br>SCRANTON, PA 18509 | | NONPROFIT | ANNUAL COMMUNITY THANKSGIVING DINNER | 5,000 |
| MAKE-A-WISH GREATER PENNSYLVANIA AND WEST VIRGINIA<br>707 GRANT STREET<br>PITTSBURGH, PA 15219 | | NONPROFIT | FULFILL A WISH | 5,000 |
| **Total** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ▶ **3a** | | | | 2,788,040 |

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient<br>Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|---|---|---|
| **a** *Paid during the year* | | | | |
| NEWPORT TOWNSHIP POLICE DEPARTMENT<br>351 W KIRMAR AVE<br>NANTICOKE, PA 18634 | | NONPROFIT | LIFE SAVING DEVICES | 9,834 |
| WYOMING COUNTY UNITED WAY<br>119 WARREN ST<br>TUNKHANNOCK, PA 18657 | | NONPROFIT | CHILDREN'S PRODUCE MARKET | 20,000 |
| AMERICAN RED CROSS NEPA CHAPTER<br>256 N SHERMAN STREET<br>WILKES BARRE, PA 18702 | | NONPROFIT | HOME FIRE CAMPAIGN | 19,920 |
| THE INSTITUTE FOR PUBLIC POLICY & ECONOMIC DEVELOPMENT<br>85 S MAIN ST<br>WILKES BARRE, PA 18701 | | NONPROFIT | 2016 REGIONAL INDICATORS | 12,500 |
| LACKAWANNA COLLEGE<br>501 VINE ST<br>SCRANTON, PA 18509 | | NONPROFIT | DEVELOPMENT OF AN OCCUPATIONAL THERAPIST ASSISTANT ASSOCIATE DEGREE PROGRAM AT LACKAWANNA COLLEGE | 50,000 |
| **Total** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ▶ **3a** | | | | 2,788,040 |

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient<br>Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|---|---|---|
| **a** *Paid during the year* | | | | |
| COMMISSION ON ECONOMIC OPPORTUNITY<br>PO BOX 1127 165 AMBER LANE<br>WILKES BARRE,PA 18702 | | NONPROFIT | NORTHEAST REGIONAL FOOD BANK | 350,000 |
| CHILDREN'S SERVICE CENTER OF WYOMING VALLEY<br>335 S FRANKLIN ST<br>WILKES BARRE,PA 18702 | | NONPROFIT | CHILDREN'S SERVICE CENTER'S PROGRAM EXPANSION | 100,000 |
| NEPA COMMUNITY HEALTH CARE<br>191 ERIE BLVD<br>SUSQUEHANNA,PA 18847 | | NONPROFIT | COMMUNITY HEALTH CENTER EXPANSION | 140,350 |
| SCRANTON PRIMARY HEALTH CARE CENTER<br>959 WYOMING AVE<br>SCRANTON,PA 18509 | | NONPROFIT | DENTAL EXPANSION GENERAL DENTIST WITH SEDATION CERTIFICATION | 200,000 |
| UNITED WAY OF LACKAWANNA AND WAYNE COUNTIES<br>615 JEFFERSON AVE<br>SCRANTON,PA 18510 | | NONPROFIT | GIFT OF WARMTH PROGRAM | 50,000 |
| **Total** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ▶ **3a** | | | | 2,788,040 |

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient<br>Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|---|---|---|
| **a** *Paid during the year* | | | | |
| VOLUNTEERS IN MEDICINE<br>190 NORTH PENNSYLVANIA AVE<br>WILKES BARRE, PA 18702 | | NONPROFIT | ACCESS TO CARE INITIATIVE | 75,000 |
| ARC OF NORTHEASTERN PA<br>115 MEADOW AVENUE<br>SCRANTON, PA 18505 | | NONPROFIT | CAPITAL IMPROVEMENT PROJECT | 15,000 |
| FAMILY SERVICE ASSOCIATION OF NORTHEASTERN PENNSYLVANIA<br>31 WEST MARKET STREET<br>WILKES BARRE, PA 18701 | | NONPROFIT | NORTHEAST PENNSYLVANIA 211 | 20,000 |
| NAMI PENNSYLVANIA<br>846 JEFFERSON AVENUE<br>SCRANTON, PA 18510 | | NONPROFIT | MENTAL HEALTH EDUCATION GRANTS | 19,000 |
| POCONO ALLIANCE INC<br>912 MAIN STREET<br>STROUDSBURG, PA 18360 | | NONPROFIT | ORGANIZATIONAL CAPACITY BUILDING/BEHAVIORAL HEALTH IMPROVEMENT PLAN | 75,000 |
| **Total** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ▶ **3a** | | | | 2,788,040 |

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient<br>Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|---|---|---|
| **a** *Paid during the year* | | | | |
| THE COMMONWEALTH MEDICAL COLLEGE<br>525 PINE STREET<br>SCRANTON, PA 18509 | | NONPROFIT | BEHAVIORAL HEALTH INITIATIVE - ACCESS, NEED AND PARTNERSHIP | 425,000 |
| SCRANTON SCHOOL DISTRICT<br>425 N WASHINGTON AVE<br>SCRANTON, PA 18503 | | NONPROFIT | SCHOOL-WIDE POSITIVE BEHAVIOR INTERVENTIONS AND SUPPORT PROGRAM (SWPBIS) | 99,825 |
| WRIGHT CENTER MEDICAL GROUP P C<br>501 MADISON AVENUE<br>SCRANTON, PA 18510 | | NONPROFIT | ORAL HEALTH CLINIC | 234,301 |
| UNITED NEIGHBORHOOD CENTERS OF NORTHEASTERN PENNSYLVANIA<br>425 ALDER STREET<br>SCRANTON, PA 18505 | | NONPROFIT | COMMUNITY HEALTH DEPARTMENT | 150,000 |
| ENRICHMENT AUDIO RESOURCE SERVICES INC<br>1324 LEXINGTON AVENUE<br>NEW YORK, NY 10128 | | NONPROFIT | E A R S FOR EYES COMMUNITY EDUCATION PROJECT | 10,000 |
| **Total** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ▶ **3a** | | | | 2,788,040 |

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient<br>Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|---|---|---|
| **a** *Paid during the year* | | | | |
| FM KIRBY CENTER FOR THE PERFORMING ARTS<br>71 PUBLIC SQUARE<br>WILKES BARRE, PA 18701 | | NONPROFIT | CONTRIBUTION | 5,000 |
| NORTHEASTERN PENNSYLVANIA NONPROFIT & COMMUNITY ASSISTANCE CENTER<br>1151 OAK STREET<br>PITTSTON, PA 18640 | | NONPROFIT | FINANCIAL AID/GRANT ASSISTANCE FOR STAFF CAPACITY BUILDING FOR NEPA GRANTMAKERS FORUM | 1,500 |
| JEWISH HEALTHCARE FOUNDATION<br>CENTER CITY TOWER BLDG 22 FLOOR 650<br>SMITHFIELD ST 2400<br>PITTSBURGH, PA 15222 | | NONPROFIT | PENNSYLVANIA HEALTH FUNDERS COLLABORATIVE (PHFC) MEMBERSHIP | 5,000 |
| MATERNAL & FAMILY HEALTH SERVICES INC<br>15 PUBLIC SQUARE SUITE 600<br>WILKES BARRE, PA 18701 | | NONPROFIT | HEALTH INFORMATION TECHNOLOGY INITIATIVE | 209,482 |
| GREATER CARBONDALE YMCA<br>82 N MAIN ST<br>CARBONDALE, PA 18407 | | NONPROFIT | GREATER CARBONDALE YMCA CAPITAL DEBT REDUCTION | 60,000 |
| **Total** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ▶ **3a** | | | | 2,788,040 |

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient<br>Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|---|---|---|
| **a** *Paid during the year* | | | | |
| FRIENDSHIP HOUSE<br>1509 MAPLE STREET<br>SCRANTON, PA 18505 | | NONPROFIT | AN INITIATIVE TO EXPAND SERVICES TO CHILDREN WITH AUTISM AND THEIR FAMILIES | 106,610 |
| MEALS ON WHEELS OF NORTHEASTERN PA<br>541 WYOMING AVENUE<br>SCRANTON, PA 18509 | | NONPROFIT | HOME DELIVERED MEALS PROGRAM | 20,000 |
| NORTHEAST PENNSYLVANIA CENTER FOR INDEPENDENT LIVING<br>1142 SANDERSON AVENUE<br>SCRANTON, PA 18509 | | NONPROFIT | TRANSITIONAL SKILLS CENTER | 47,000 |
| SAINT JOSEPH'S CENTER<br>2010 ADAMS AVE<br>SCRANTON, PA 18509 | | NONPROFIT | SAINT JOSEPH'S CENTER STAFF DEVELOPMENT AND INFORMATION TECHNOLOGY INITIATIVE | 137,500 |
| RURAL HEALTH CORPORATION OF NORTHEASTERN PENNSYLVANIA<br>1084 ROUTE 315<br>WILKES BARRE, PA 18702 | | NONPROFIT | MONROE NOXEN DENTAL EQUIPMENT PROJECT | 36,788 |
| **Total** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ▶ **3a** | | | | 2,788,040 |

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient<br>Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|---|---|---|
| **a** *Paid during the year* | | | | |
| WILKES UNIVERSITY<br>84 WEST SOUTH STREET<br>WILKES BARRE, PA 18766 | | NONPROFIT | PHARMACISTS ROLE IN IMPROVING CARE TRANSITIONS | 41,000 |
| LACKAWANNA COUNTY DEPARTMENT OF HUMAN SERVICESAREA AGENCY ON AGING<br>200 ADAMS AVE 4TH FLOOR<br>SCRANTON, PA 18503 | | NONPROFIT | AGING NEEDS ASSESSMENT AND SERVICE GAP ANALYSIS | 25,000 |
| **Total** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ▶ **3a** | | | | 2,788,040 |

# TY 2015 Investments - Other Schedule

**Name:** MOSES TAYLOR FOUNDATION INC

**EIN:** 23-2281586

| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value |
|---|---|---|---|
| CASH AND CASH EQUIVALENTS | FMV | 7,505,630 | 7,505,630 |
| OTHER INVESTMENTS | FMV | 61,112,031 | 61,665,760 |

# TY 2015 Legal Fees Schedule

**Name:** MOSES TAYLOR FOUNDATION INC

**EIN:** 23-2281586

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---|---|---|---|---|
| LEGAL FEES | 33,802 | 0 | | 0 |

# TY 2015 Other Assets Schedule

**Name:** MOSES TAYLOR FOUNDATION INC

**EIN:** 23-2281586

| Description | Beginning of Year - Book Value | End of Year - Book Value | End of Year - Fair Market Value |
|---|---|---|---|
| WORKERS COMPENSATION | 131,613 | 2,916 | 2,916 |
| SELF-INSURED TRUST FUND | 20,977,565 | 17,250,100 | 17,250,100 |
| CASH SURRENDER VALUE OF LIFE INSURANCE | 103,669 | 85,383 | 85,383 |

# TY 2015 Itemized Other Assets Schedule

**Name:** MOSES TAYLOR FOUNDATION INC

**EIN:** 23-2281586

| Corporation Name | Corporation EIN | Other Assets Description | Beginning Amount | Ending Amount |
|---|---|---|---|---|
| MT HEALTH CARE INSURANCE SPC LIMITED | 23-2281586 | RETROSPECTIVE PREMIUM ASSESSMENT | 1,906,563 | 2,110,835 |

# TY 2015 Other Decreases Schedule

**Name:** MOSES TAYLOR FOUNDATION INC

**EIN:** 23-2281586

| Description | Amount |
|---|---|
| NET ASSETS RELEASED FROM RESTRICTIONS | 46,940 |
| ACCRUAL TO CASH ADJUSTMENT | 171,191 |

# TY 2015 Other Expenses Schedule

**Name:** MOSES TAYLOR FOUNDATION INC

**EIN:** 23-2281586

| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---|---|---|---|---|
| BANK FEES | 156,504 | 156,504 | | 0 |
| MISCELLANEOUS | 52,534 | 0 | | 52,534 |
| PARKING EXPENSE | 4,492 | 0 | | 4,492 |
| OFFICE EXPENSES | 12,114 | 0 | | 12,114 |
| IT SUPPORT | 27,686 | 0 | | 27,686 |
| COMMUNICATIONS | 48,717 | 0 | | 48,717 |
| SETTLEMENT EXPENSE | 157,160 | 0 | | 0 |
| EQUIPMENT AND MAINTENANCE | 4,134 | 0 | | 4,134 |

# TY 2015 Other Income Schedule

**Name:** MOSES TAYLOR FOUNDATION INC

**EIN:** 23-2281586

| Description | Revenue And Expenses Per Books | Net Investment Income | Adjusted Net Income |
|---|---|---|---|
| OTHER INCOME | 247,551 | | 247,551 |
| THIRD PARTY SETTLEMENTS | 55,749 | | 55,749 |

# TY 2015 Other Liabilities Schedule

**Name:** MOSES TAYLOR FOUNDATION INC

**EIN:** 23-2281586

| Description | Beginning of Year - Book Value | End of Year - Book Value |
| --- | --- | --- |
| ACCRUED PENSION LIABILITY | 23,543 | 20,764 |
| ESTIMATED MEDICAL MALPRACTICE | 18,439,552 | 14,331,427 |

# TY 2015 Other Professional Fees Schedule

**Name:** MOSES TAYLOR FOUNDATION INC

**EIN:** 23-2281586

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---|---|---|---|---|
| ACCOUNTING FEES | 29,670 | 0 | | 0 |
| OTHER FEES | 151,769 | 0 | | 0 |

# TY 2015 Earnings and Profits Other Adjustments Statement

**Name:** MOSES TAYLOR FOUNDATION INC

**EIN:** 23-2281586

| Description | Amount |
|---|---|
| INCREASE IN OUTSTANDING LOSS RES | -250,650 |
| DECREASE IN RESERVE FOR LOSSES | 73,660 |
| MANAGEMENT FEES | -19,866 |
| GOVERNMENT FEES | -10,062 |
| MISCELLANEOUS | -3,593 |
| RETROSPECTIVE PREMIUM ASSESSMENT | 204,272 |

# TY 2015 Itemized Other Current Liabilities Schedule

**Name:** MOSES TAYLOR FOUNDATION INC

**EIN:** 23-2281586

| Corporation Name | Corporation EIN | Description | Beginning Amount | Ending Amount |
|---|---|---|---|---|
| MT HEALTH CARE INSURANCE SPC LIMITED | 23-2281586 | RESERVE FOR LOSSES AND LOSS ADJUSTMENT | 3,680,980 | 3,857,970 |

# TY 2015 Itemized Other Current Assets Schedule

**Name:** MOSES TAYLOR FOUNDATION INC

**EIN:** 23-2281586

| Corporation Name | Corporation EIN | Other Current Assets Description | Beginning Amount | Ending Amount |
|---|---|---|---|---|
| MT HEALTH CARE INSURANCE SPC LIMITED | 23-2281586 | INTEREST RECEIVABLE | 0 | 4,156 |

| Corporation Name | Corporation EIN | Other Current Assets Description | Beginning Amount | Ending Amount |
|---|---|---|---|---|
| MT HEALTH CARE INSURANCE SPC LIMITED | 23-2281586 | PREPAID EXPENSES | 7,930 | 4,680 |

# TY 2015 Other Deductions Schedule

**Name:** MOSES TAYLOR FOUNDATION INC

**EIN:** 23-2281586

| Description | Foreign Amount (should only be used when attached to 5471 Schedule C Line 16) | Amount |
|---|---|---|
| MANAGEMENT FEES | | 19,866 |
| GOVERNMENT FEES | | 10,062 |
| MISCELLANEOUS | | 3,593 |
| RETROSPECTIVE PREMIUM ASSESSMENT | | -204,272 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491131004157 |
|---|---|---|

# TY 2015 Itemized Other Investments Schedule

**Name:** MOSES TAYLOR FOUNDATION INC

**EIN:** 23-2281586

| Corporation Name | Corporation EIN | Other Investments Description | Beginning Amount | Ending Amount |
|---|---|---|---|---|
| MT HEALTH CARE INSURANCE SPC LIMITED | 23-2281586 | INVESTMENT IN AVAILABLE FOR SALE SECURITIE | 0 | 1,600,000 |

# TY 2015 Other Income Statement

**Name:** MOSES TAYLOR FOUNDATION INC

**EIN:** 23-2281586

| Description | Foreign Amount | Amount |
|---|---|---|
| INCREASE IN OUTSTANDING LOSS RESERV | | -250,650 |
| DECREASE IN RESERVE FOR LOSSES | | 73,660 |