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Form **990-PF**

Return of Private Foundation

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

OMB No. 1545-0052

Department of the Treasury Internal Revenue Service ► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

FUI	calen	dar year 2016 or tax year beginning		, 2016,	anu e				, 20
Nar	ne of fou	indation				A Employe	r Identi	fication numb	
		orce Foundation, Inc.						27-3380430	
Nur	nber and	street (or P.O. box number if mail is not delivered to street address)		Room/su	ite	B Telephor	e numb	er (see instruct	tions)
	Box 57						(304) 257-077	0
Clty	or town	, state or province, country, and ZIP or foreign postal code				C If exempt	tion app	lication is pend	ding, check here ▶
Pete	ersburg	g, WV 26847							
G	Check	all that apply: Initial return Initial return	of a former	public cł	narity	D 1. Foreig	n organ	ızatıons, check	here >
		☐ Final return ☐ Amended r	return		ŀ	2. Foreig	n organ	ızatıons meetin	g the 85% test,
		☐ Address change ☐ Name char				check	here an	d attach comp	utation · · ▶
Н	Check	type of organization: Section 501(c)(3) exempt p	rivate founda	ation	i				terminated under
		n 4947(a)(1) nonexempt charitable trust				300000110	, (D)(·)	y y, oncok nore	
ı	Fair m	arket value of all assets at J Accounting method	: 🔲 Cash	✓ Acc	rual	F If the fou	ndation	ls in a 60-mon	th termination
		year (from Part II, col. (c), Other (specify)				under se	ction 50	17(b)(1)(B), chec	khere ▶
	line 16	1) ► \$ 13,524 (Part I, column (d) must be	on cash basis	s.)					
	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue	and ,	/L\ Alas	····	(2)	هم مد اسم همد بالم ۸	(d) Disbursemen
2		amounts in columns (b), (c), and (d) may not necessarily equal	expenses pooks	per '		investment come	(6)	Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions).)	DOORS						(cash basis only
	1	Contributions, gifts, grants, etc., received (attach schedule)	2	20,000					
	2	Check ► ☐ if the foundation is not required to attach Sch. B							
	3	Interest on savings and temporary cash investments		$-\!\!\!\!+$					ļ
	4	Dividends and interest from securities							ļ
	5a	Gross rents					<u>,</u>		
	b	Net rental income or (loss)					<u> </u>	REC	IN/CD
Pe	6a	Net gain or (loss) from sale of assets not on line 10					<u> </u>		+IVLU C
Revenue	b	Gross sales price for all assets on line 6a					A052	l HAV A	2 70
ě	7	Capital gain net income (from Part IV, line 2)	ļ				12	MAY U	3 2017 IC
Œ	8	Net short-term capital gain					100	<u> </u>	Jo
	9	Income modifications						OCOF	N UT
	10a	Gross sales less returns and allowances	ļ				•		-
	b	Less: Cost of goods sold					ļ		ļ <u></u>
	C	Gross profit or (loss) (attach schedule)					ļ		ļ
	11	Other income (attach schedule)	-						ļ
	12	Total. Add lines 1 through 11		20,000		0]
S	13	Compensation of officers, directors, trustees, etc.							ļ
Expenses	14	Other employee salaries and wages							
ē	15	Pension plans, employee benefits							
X	16a	Legal fees (attach schedule)					-	.	
0	b	Accounting fees (attach schedule)	<u> </u>				-		
黃	C	Other professional fees (attach schedule)							 -
ij	17	Interest							
nje.	18	Taxes (attach schedule) (see instructions)							
<u>=</u>	19	Depreciation (attach schedule) and depletion	<u> </u>				 		
A	20	Occupancy		-			 -		
Þ	21 22	Printing and publications		-			 		
ā	23	Other expenses (attach schedule)		818			 		8
Operating and Administrativ	24	Total operating and administrative expenses.		310			 		
ā		Add lines 13 through 23							
<u> </u>	25	Contributions, gifts, grants paid		19,350			<u> </u>		19,3
ō	26 26	Total expenses and disbursements. Add lines 24 and 25		20,168					20,1
	27	Subtract line 26 from line 12:	 	23,100		·			20,1
	a a	Excess of revenue over expenses and disbursements		-168					1
	b	Net investment income (if negative, enter -0-) .	<u> </u>	-100			 		
	ı	Adjusted net income (if negative, enter -0-)					 		
=		work Reduction Act Notice, see instructions.	<u>. </u>	Cat. No.	112004		Ц	O F	om 990-PF (20

		Attached schedules and amounts in the description column	Beginning of year	End o	f year
Pa	rt [l	Balance Sheets should be for end-of-year amounts only (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	13,692	13,524	13,524
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
i		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 ▶			
ts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ĕ	10a	Investments – U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
ĺ	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
i	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item l)	13,692	13,524	13,524
	17	Accounts payable and accrued expenses			
s	18	Grants payable			1
Ę	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>.</u>	21	Mortgages and other notes payable (attach schedule)			į
_	22	Other liabilities (describe ►)			
	23	Total liabilities (add lines 17 through 22)	0	0	
S		Foundations that follow SFAS 117, check here ▶ □			Į.
S		and complete lines 24 through 26 and lines 30 and 31.			}
a	24	Unrestricted			
Balances	25	Temporarily restricted			Ì
	26	Permanently restricted			
Ę	ı	Foundations that do not follow SFAS 117, check here ▶ □			
Net Assets or Fund		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds			į
ë	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
155	29	Retained earnings, accumulated income, endowment, or other funds	13,692	13,524	
¥ /	30	Total net assets or fund balances (see instructions)	13,692	13,524	
ž	31	Total liabilities and net assets/fund balances (see			
П.		Analysis of Changes in Net Assets or Fund Balances	13,692	13,524	
	rt III	Analysis of Changes in Net Assets or Fund Balances I net assets or fund balances at beginning of year—Part II, colur	mn (a) line 30 (miles	agree with	
•		of-year figure reported on prior year's return)		·	40.000
_				L- <u>-</u> -1	13,692
_					-168
3		er increases not included in line 2 (itemize) lines 1, 2, and 3		4	40.55
4	_				13,524
<u>د</u>	Tota	reases not included in line 2 (itemize) ► I net assets or fund balances at end of year (line 4 minus line 5)—I	Part II column (b) line	5 s 30 6	40.50
	Tota	The assets of fully balances at one of year fille 4 miles line 3)-1	aren, committe), line		13,524

Part	V Capital Gains and	Losses for Tax on Investm	ent Income			
		e kind(s) of property sold (e.g., real estate, se; or common stock, 200 shs. MLC Co.)	·	(b) How acquired P-Purchase D-Donation	(c) Date acquire (mo., day, yr.)	
1a		· · · · · · · · · · · · · · · · · · ·				
b				 		
<u>c</u> _				 -		
<u>d</u> _						
е_		(f) Depreciation allowed	(a) Cost or	other basis		\ Coin or (loca)
	(e) Gross sales price	(or allowable)		nse of sale		n) Gain or (loss) plus (f) minus (g)
<u>a</u>						
<u>b</u>						
_						
e						
	Complete only for assets sho	wing gain in column (h) and owned b	y the foundation	on 12/31/69	(I) Gains	s (Col. (h) gain minus
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col. (i) . (j), if any	col. (k), bu	ut not less than -0-) or ses (from col. (h))
а						
b						
<u>c</u> _						
<u>d</u>						
		(If gain s	also enter in Pa	rt Lline 7		
2	Capital gain net income or		enter -0- in Pa		2	
3	Net short-term capital gair	n or (loss) as defined in sections		·		
		I, line 8, column (c) (see instruc			ļ	
	_			` }	3	
Part	V Qualification Und	er Section 4940(e) for Redu	ced Tax on N	let Investment li	ncome	
Was th		section 4942 tax on the distribut			se period?	☐ Yes ☐ No
	`	qualify under section 4940(e). Do			ing on contri	<u> </u>
1	(a)	unt in each column for each yea	r; see the instru		ing any entri	(d)
Cale	Base period years ndar year (or tax year beginning in)			(c) f noncharitable-use asse	(CO)	Distribution ratio
	2015		0,168	15,0		1.292075
	2014		5,531 5,366	18, ⁰ 28,		1.347922
	2013 2012		7,187	21,:		1.279142 2.678548
	2011		3.365	12,8		0.262378
_						0.202070
2	Total of line 1, column (d)				. 2	6.860065
3		for the 5-year base penod—divid			ie T	
	number of years the found	lation has been in existence if les	ss than 5 years		3	1.372013
4	Enter the net value of none	charitable-use assets for 2016 fro	om Part X, line	5	4	15,609
5	Multiply line 4 by line 3				. 5	21,416
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			6	0
7	Add lines 5 and 6				7	21,416
8		ns from Part XII, line 4			8 at part using	
						5 000 DE (004

Part		instri	OITOL	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here \(\bigcup \) and enter "N/A" on line 1.			
ь	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check		0	
•	here ▶ □ and enter 1% of Part I, line 27b			}
С	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-)		0	1
3	Add lines 1 and 2		0	<u> </u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0	₩—
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		0	Ή—
6	Credits/Payments: 2016 estimated tax payments and 2015 overpayment credited to 2016 6a 0			
a b	2016 estimated tax payments and 2015 overpayment credited to 2016			
C	Tax paid with application for extension of time to file (Form 8868) . 6c 0			1
d	Backup withholding erroneously withheld 6d 0			
7	Total credits and payments. Add lines 6a through 6d		0)
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		0	,
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9		0	,
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10		0	4 _
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ Refunded ▶ 11		0	<u> </u>
_	VII-A Statements Regarding Activities		\ <u>\</u>	1 11-
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?	4-	Yes	No ✓
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	1a	┼──	
	Instructions for the definition)?	1b		1
	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.		 	
ب 0	Did the foundation file Form 1120-POL for this year?	1c	+	
d	(1) On the foundation. ► \$ (2) On foundation managers. ► \$]
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	1		
•	on foundation managers. ► \$	-		1
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		1
	If "Yes," attach a detailed description of the activities.			
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	<u> </u>	1
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	├	1
_	If "Yes," has it filed a tax return on Form 990-T for this year?	4b 5	├ -	
5	If "Yes," attach the statement required by General Instruction T.	-	 	-
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
•	By language in the governing instrument, or	1	1	Ì
	• 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	1	
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	1	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶		1	-
	WV			
Ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation		 	
^	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	8b	-	├
9	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"			ļ
	complete Part XIV	9		1
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	<u> </u>	<u> </u>	┢
	names and addresses	10		1

Part	VII-A Statements Regarding Activities (continued)			
			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		✓
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	F	 	
12	person had advisory privileges? If "Yes," attach statement (see instructions)	12		1
			 -	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	_ ✓_	
	Website address ► www.uswff.org			
14	The books are in care of ▶ David Friend Telephone no. ▶ (7)			
	Located at ► 159 Lakewood Road, Greensburg, PA ZIP+4 ►	5601-9		-
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			N/A
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authorit	y	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		1
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	f		
	the foreign country ►	Ì		Ì '
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			<u></u>
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	T	Yes	No
1a	During the year did the foundation (either directly or indirectly):	<u> </u>		
	(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	1	\	
	disqualified person?	1	ľ	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	1		
	the benefit or use of a disqualified person)?			
		Ì		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	İ	ł	
	foundation agreed to make a grant to or to employ the official for a period after	1		
	termination of government service, if terminating within 90 days.)		•	
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	<u> </u>	ļ,
	Organizations relying on a current notice regarding disaster assistance check here			
С	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 2016?	1c		✓
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	İ		
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and		l	
	6e, Part XIII) for tax year(s) beginning before 2016?			
	If "Yes," list the years ▶ 20 , 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)	1		
	(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_	<u> </u>	
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	[
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or	1		
	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	1		
	foundation had excess business holdings in 2016.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	 	1
4a b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	70	 	
-	chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		
	The second secon	4D		

	00-PF (2016) VII-B Statements Regarding Activities	s for W	hich Form	4720	May Re P	equire	ed (continued)			Page
	During the year did the foundation pay or incur a			7120	may be in	cquii	ed (commuca)	<u> </u>		T-
	 (1) Carry on propaganda, or otherwise attempt t (2) Influence the outcome of any specific public directly or indirectly, any voter registration dr 	to influe c electi	nce legislatio	on 495	5); or to ca	arry on	☐ Yes ☑ N			
	(3) Provide a grant to an individual for travel, stu(4) Provide a grant to an organization other than section 4945(d)(4)(A)? (see instructions)	n a cha	rıtable, etc.,	organiz	ation desc	rıbed ir	☐ Yes ☑ N	0		
	(5) Provide for any purpose other than religious purposes, or for the prevention of cruelty to						l			
b	If any answer is "Yes" to 5a(1)–(5), did any of the Regulations section 53.4945 or in a current notice								-	-
С	Organizations relying on a current notice regards of the answer is "Yes" to question 5a(4), does to because it maintained expenditure responsibility	the four	ndation claim	exem	ption from	the tax		_		
6a	If "Yes," attach the statement required by Regulation Did the foundation, during the year, receive any on a personal benefit contract?	funds,	directly or in	directly	, to pay pre	emiums	; ☐ Yes ☑ N	0		
b	Did the foundation, during the year, pay premiur If "Yes" to 6b, file Form 8870.	ns, dire	ctly or indire	ctly, on	a personal	benefi	t contract? .	61)	1
	At any time during the tax year, was the foundation If "Yes," did the foundation receive any proceed						Yes N			
	Information About Officers, Direct and Contractors								yees	 i,
1	List all officers, directors, trustees, foundatio	n mana	gers and th	eir con	npensatior	ı (see i	nstructions).			
	(a) Name and address	hou	e, and average rs per week ed to position	(Hr	mpensation not paid, iter -0-)	empl	Contributions to byee benefit plans erred compensation	1 044	pense a er allow	
ee S	Latement 2	.00		}	0			o		(
			-							
2	Compensation of five highest-paid employe "NONE."	es (oth	er than tho	se incl	uded on li	ne 1 –	see instruction	ns). If	none	, ente
	() No	00	(b) Title, and a	week T	(c) Compe	nsation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex	pense a er allow	
	(a) Name and address of each employee paid more than \$50,0		devoted to p				- Componential			
None	(a) Name and address of each employee paid more than \$50,0		devoted to p				os.mponosason			
	(a) Name and address of each employee paid more than \$50,0		devoted to p							

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

. **. .**

Par	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued)	mployees,
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NOI	VE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
None		
Tota	number of others receiving over \$50,000 for professional services	0
Par	IX-A Summary of Direct Charitable Activities	
	t the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of janizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1	N/A	
2		
_		
3		
4		
·		
_		<u> </u>
	Summary of Program-Related Investments (see instructions) scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
	N/A	Pulloditi
		<u> </u>
2		1
		1
All	other program-related investments. See instructions	
3		1
		1
Total	. Add lines 1 through 3	
. J.a	. Add lines I through 3	Form 990-PF (2016

Part	Minimum Investment Return (All domestic foundations must complete this part. Fore	ign found	lations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	
Ь	Average of monthly cash balances	1b	15,847
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	15,847
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	15,847
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	238
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	_5	15,609
6	Minimum investment return. Enter 5% of line 5	6	780
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations check here ► and do not complete this part.)	oundatio	ns
1	Mınımum investment return from Part X, line 6	1	780
2a	Tax on investment income for 2016 from Part VI, line 5		
ь	Income tax for 2016. (This does not include the tax from Part VI.) 2b	1 1	
C	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	780
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	780
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	780
		<u> </u>	700
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	20,168
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:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	20,168
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	20,168
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whether	the foundation

Part	VIII Undistributed incom	e (see instruction	s)			
1	Distributable amount for 2016 line 7		(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
						780
2	Undistributed income, if any, as of					
а	Enter amount for 2015 only .				0	
þ	Total for prior years: 20,20			0		
3	Excess distributions carryover,					
а	From 2011	2,724	İ			
b	From 2012	56,119				
С	From 2013	34,944				,
d	From 2014	24,584				
е	From 2015	19,083				1
f	Total of lines 3a through e .		137,454			İ
4	Qualifying distributions for 201		· · ·			
	line 4: ► \$ 20,168	, , , , , , , , , , , , , , , , , , , ,				
а	Applied to 2015, but not more	than line 2a		Ì	0	
	Applied to undistributed incom					
J	(Election required—see instruction					
_		· · · -		0		
C	Treated as distributions out of		_			
	required—see instructions) .		0			
d	Applied to 2016 distributable a					780
е	Remaining amount distributed	· · · · · · · · · · · · · · · · · · ·	19,388			
5	Excess distributions carryover		0			0
	(If an amount appears in colunt amount must be shown in colunt					
6	Enter the net total of eac indicated below:	ch column as				
а	Corpus. Add lines 3f, 4c, and 4e	. Subtract line 5	156,842			
b	Prior years' undistributed inc					
				اه		! {
С	Enter the amount of prior year	s' undistributed				
•	income for which a notice of					
	been issued, or on which the					
	tax has been previously assess			o		•
d	Subtract line 6c from line	<u> </u>				<u> </u>
_				اه	İ	
_	Undistributed income for 201	· · · · · -				
•	4a from line 2a. Taxable					
	instructions	amount—see				
		· · · · · · · · · · · ·			U	
f	Undistributed income for 2016					
	4d and 5 from line 1. This at					
_	distributed in 2017	<u> </u>				0
7	Amounts treated as distribution					
	to satisfy requirements impo-	•				
	170(b)(1)(F) or 4942(g)(3) (Ele					
	required—see instructions) .	<u></u>	0			
8	Excess distributions carryover					
	applied on line 5 or line 7 (see	nstructions) .	0			
9	Excess distributions carry					<u></u>
	Subtract lines 7 and 8 from line	e6a	156,842			}
10	Analysis of line 9:					
а	Excess from 2012	56,119				į. I
b	Excess from 2013	34,944				1
c	Excess from 2014	24,584				İ
d	Excess from 2015	19,083				1
e	Excess from 2016	19,388				
		,	1			i

_	0-PF (2016)					Page 10
Part	<u> </u>		 		9) N/A	
1a	If the foundation has received a ruling					
	foundation, and the ruling is effective fo	· ·	_		104040	(0) - 53 40 40 () (5
b	Check box to indicate whether the four		e operating foundat		ection	(3) or 4942(j)(5
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	#1 0045	Prior 3 years	1,0040	(e) Total
	investment return from Part X for each year listed	(a) 2016	(b) 2015	- (c) 2014	(d) 2013	
b	85% of line 2a					
С	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					
е	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:		_			
а	"Assets" alternative test-enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under			<u> </u>		
b	section 4942(j)(3)(B)(i)					
_	Part X, line 6 for each year listed		<u> </u>		 	
С	"Support" alternative test—enter:				1	
	(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				he foundation i	ad \$5,000 or mo	ore in assets at
	any time during the year-		ns.)			
1 a	Information Regarding Foundation List any managers of the foundation before the close of any tax year (but of	who have contrib				by the foundation
None	belove the close of any law year (but t	,,,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		40,000). (000 (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b	List any managers of the foundation ownership of a partnership or other e					rge portion of the
None	,	, ,				
2	Information Regarding Contribution	n. Grant. Gift. Lo	an. Scholarship, e	tc Programs:		
	Check here ▶ ☐ if the foundation				organizations and	does not accept
	unsolicited requests for funds. If the	-			-	•
	other conditions, complete items 2a,	b, c, and d.				
а	The name, address, and telephone no	umber or e-mail a	ddress of the person	on to whom applic	cations should be a	ddressed:
US Wi	nd Force Foundation, Inc. PO Box 571, P	etersburg, WV 268	347 (304) 357-0770 f	oundation@uswff.d	org	
b	The form in which applications should	d be submitted ar	nd information and	materials they sho	ould include:	
	ibed grant forms are available from foun	dation	,			
N/A	Any submission deadlines:					
d	Any restrictions or limitations on av	vards, such as l	by geographical a	reas, charitable f	elds, kinds of inst	titutions, or other

Currently limited to chartiable organizations in the area surrounding Mineral County, WV.

Part XV Supplementary Information (continued)

Statement 3

3 Grants and Contributions Paid During the	Year or Approved for F	uture Payn	nent	
Recipient	If recipient is an individual, show any relationship to any foundation manager or	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year				
			Painting of	
Aging & Family Services of Mineral County	1.		Frankfurt Senior	
1 South Main Street Keyser WV 26726	None	PC	Center	1,000
Allegany Health Right, Inc.			Providing of Dental	
153 Baltimore Street 3 Cumberland MD 21502	None	PC	Treatment	1,000
		1	Installation of ADA	1,000
Boyce-Houser American Legion Post 41			Compliant	
66 South Main Street Keyser WV 26726	None	PC	Bathroom	3,500
	······································		Purchase of	
Burlington Public Library			Shelves and	
PO Box 61 Burlington WV 26710	None	PC	Seating	350
			Purchase of	
Burlington United Methodist Family Services			Formula and	
539 New Creek Highway Keyser WV 26726	None	SOI	Diapers	1,000
			Purchase of	
Elk District Ambulance Service			Generator Hook-	
PO Box 183 Elk Garden WV 26717	None	PC	Up and Laptop	2,500
Francisco of Ashbula Fact Inc.				
Friends of Ashby's Fort, Inc. 404 South Main Street Keyser WV 26726	None	PC	Archaeological	2 000
404 SOULIT Main Street Reysel WV 20720	None	<u> </u>	Dig/Study	2,000
Grace United Methodist Church			Purchase of New	
PO Box 40 Keyser WV 26726	None	PC	Kitchen Sinks	1,000
	···	· · · · · · · · · · · · · · · · · · ·		
Keyser High School			Installation of	
1 Tornado Way Keyser WV 26726	None	PC	Fencing	1,500
Mineral County Family Resource Network			Painting of Exterior	
251 1/2 West Piedmonth Street Keyser WV 26726	None	PC	and New Roof	4,500
Westernport Heritage Society, Inc.	Nana		Installation of	
136 Main Street Westernport MD 21562	None	PC	HVAC System	1,000
	ŀ			
Total		<u> </u>		19,350 00
b Appproved for future payment				13,330 00
None				
]	
Total	<u></u>]	<u> </u>	
10(a)		<u> </u>	30	0 00

	gross amounts unless otherwise indicated.		siness income	Excluded by secti	on 512, 513, or 514	(e)
1 [Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 7	•					
Ŀ						
(
(-	<u> </u>	,	
•						
f						
ç	Fees and contracts from government agencies					
•	Membership dues and assessments					
	nterest on savings and temporary cash investments					
	Dividends and interest from securities					
	let rental income or (loss) from real estate:					
	Debt-financed property					
	Not debt-financed property					
	Net rental income or (loss) from personal property					
	Other investment income	_				
	Gain or (loss) from sales of assets other than inventory					
	Net income or (loss) from special events					
	Gross profit or (loss) from sales of inventory					
	Other revenue: a					7.77
ı		"				
(
(
	0.10	1		 		
12 3	Subtotal. Add columns (b), (d), and (e)		()	0	0
12 5 13	Subtotal. Add columns (b), (d), and (e)) · · · · ·	_	
13	Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation) 	_	0
13 See v	Total. Add line 12, columns (b), (d), and (e)	 1s.)			_	
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 See v Part	Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A No. Explain below how each activity for which	 ns.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) .ccomplishm	ent of Exemp	t Purposes	13	0

Part	XVII		n Regarding Tran	sfers To an	d Transa	ctions and	d Relationshi _l	os With I	Nonchari	tabl	е	
1		ne organization o	directly or indirectly								Yes	No
			e Code (other than	section 501(c))(3) organız	ations) or ır	n section 527, re	elating to p	political	ſ		
	organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of:											
а		-	-	o a noncharita	•	•			=			
	` '	ash							F	1a(1)		
		ther assets							· · ·	1a(2)		<u>√</u>
b	2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									1b(1)		
									1b(2)			
	(3) Rental of facilities, equipment, or other assets								-	1b(3)		
	(4) Reimbursement arrangements								<u>-</u>	1b(4)		<u> </u>
		oans or loan gua								1b(5)		√
	(6) P	erformance of se	ervices or membersl	nip or fundrais	sing solicita	tions			[1b(6)		_ ✓
C		-	quipment, maılıng lı						-	1c		✓
d			of the above is "Ye									
			ther assets, or servi									
(=) (b) Amount involved	on or sharing arrang				e of the goods, escription of transfer					
(a) Line	e no. (·	N/A	namable exempt	organization	(0) De	escription of transfer	s, transaction	ns, and shari	ng arra	ngeme	nts
	-		N/A	 								
	-						-					
												
						 						
		<u> </u>							_ _			
						-						
		<u> </u>										
											_	
					_							
2a			ectly or indirectly at									
			501(c) of the Code (ction 501(c)	(3)) or in se	ction 527?		🗆	Yes	✓	٧o
<u>b</u>	If "Ye	<u> </u>	following schedule	·								
		(a) Name of organ	nization	(b) T	ype of organiz	ation		c) Descriptio	n of relations	hip		
N/A												
	· -											
												
			declare that I have examin						my knowledg	e and b	elief, it	is true,
Sign	corre	ect, and complete Dec	laration of preparer (other th	nan taxpayer) is bas	sed on all inform	ation of which p	preparer has any know	/ledge I	May the IRS	discus	s this	return
Here		1 kind b		4/15/2017 VP & Directo						eparer s	hown I	below No.
	Sign	ature of officer or tru	`	Date		Title			<u></u>			_'.,0
Paid		Print/Type prepare	r's name	Preparer's sig	nature		Date	Chec		IN		
Prep	arer	<u> </u>		_L			<u> </u>	self-e	mployed			
Use		Firm's name ▶						Firm's EIN	<u> </u>			
		Firm's address ▶		 -	·			Phone no		004	LDE	(2016)
									Fon	m 33(/-PF	(2016)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No 1545-0047

2016

Employer identification number

US Wind Force Foundation, Inc.						27-3380430		
Organization type (check one):								
Filers of:		Section	n:					
Form 990 or 990-EZ		☐ 501¢	501(c)() (enter number) organization					
		494	7(a)(1) nor	exempt charitable trust not t	reated as a private for	undation		
		□ 527	political c	rganization				
Form 99	10-PF	☑ 5010	501(c)(3) exempt private foundation					
		494	7(a)(1) nor	exempt charitable trust treat	ed as a private founda	ation		
		☐ 501e	(c)(3) taxa	ole private foundation				
								
	nly a section 501(c)(7		•	neral Rule or a Special Rule zation can check boxes for b		and a Special Rule. See		
General	Rule							
Ø	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special	Rules							
	regulations under se 13, 16a, or 16b, and	ections 50 that rece	09(a)(1) an eived from	n 501(c)(3) filing Form 990 or d 170(b)(1)(A)(vi), that checked any one contributor, during to prm 990, Part VIII, line 1h, or	d Schedule A (Form 9 the year, total contribi	90 or 990-EZ), Part II, line utions of the greater of (1)		
	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
Caution	caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,							

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) **Employer identification number** Name of organization US Wind Force Foundation, Inc. 27-3380430 Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (c) (b) (d) (a) Ño. Name, address, and ZIP + 4 **Total contributions** Type of contribution Pinnacle Wind Force, LLC Person \square 1 **Payroll** 3 MacArthur Place, Suite 100 20,000 Noncash П (Complete Part II for Santa Ana, CA 92707 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution

Person

Payroll

Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

27-3380430 US Wind Force Foundation, Inc. Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed. Part II (c) FMV (or estimate) (a) No. (b) Description of noncash property given (d) from Date received Part I (See instructions) (c) FMV (or estimate) (a) No. (b) (d) from Description of noncash property given Date received Part I (See instructions) (c) FMV (or estimate) (a) No. (b) (d) from Description of noncash property given Date received Part I (See instructions) (c) FMV (or estimate) (a) No. (b) (d) from Description of noncash property given Date received Part I (See instructions) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions) Part I (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of or					Employer identification number				
	orce Foundation, Inc.				27-3380430				
Part III	Exclusively religious, charitable, e (10) that total more than \$1,000 fo the following line entry. For organiza contributions of \$1,000 or less for the	r the year from any tions completing Pa ne year. (Enter this ir	one contributor. rt III, enter the tota formation once. S	Complete I of exclus	columns (a) through (e) and ively religious, charitable, etc.,				
(a) No.	Use duplicate copies of Part III if ad	,							
from Part I	(b) Purpose of gift	(c) Use of gift		(d) De	scription of how gift is held				
					·				
	· · · · · · · · · · · · · · · · · · ·	(e) Trans	fer of gift	L					
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of tra	nsferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
			,,,						
1									
	(e) Transfer of gift								
	Tarantawa la mana a addusa a		Deletionabio of two of our to two of our						
<u> </u>	Transferee's name, address, a	na ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) De:	scription of how gift is held				

<u> </u>		(e) Trans	fer of gift	·					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
<u> </u>									
 -	(e) Transfer of gift								
	Transferee's name, address, a		Relationship of transferor to transferee						
1									

Part I, Line 23 (990-PF) - Other Expenses

Statement 1

	818			
	(A)	[(D)
1	Revenue and	(B)	(C)	Disbursements
	Expenses per	Net Investment	Adjusted Net	for Charitable
Description	Books	Income	Income	Purposes
1 2016 Annual Report Filing Fee	25			25
2 Computer Consulting	55		1	55
3 Postage/Mailing Service	58			58
4 Insurance	680			680

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Fo

Statement 2

	Name and Address	Title	Avg Hrs Per Week	Compensation	Benefits	Expense Account
	James M. Cookman					
	832 Point Drive	President &				'
1	Petersburg, WV 26847	Director	1.00	0	o	o
	David K. Friend					
	159 Lakewood Road					
2	Greensburg, PA 15601	VP & Director	2.00	0	0	0
	Michael J. Dolan					
	108 Lincoln Avenue	Treasurer &		'		
3	West Wyoming, PA 18644	Director	0.50	0	0	0
	David F. McAnally					
	207 Adams Pointe Blvd					
4	Mars, PA 16046	Director	0.50	0	0	0
	Joseph E. Trainor					
	121 Buckthorn Drive					ļ
5	Baden, PA 15005	Director	0.50	0	0	0
	Douglas E. Vance		-			
	115 Town Hill Road)
6	Berlin, PA 15530	Director	0.50	0	0	0

	Part XV Supplementary Information (continued)								
3									
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount				
	Name and address (home or business)	any foundation manager or substantial contributor	recipient						
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See Statement 3		1			1				
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	Total			· · · · · · · • 3a	19,350				
b	Approved for future payment								
None			1						
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	Total			<u> </u>	0				