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## Form 990-PF

c Adjusted net income (if negative, enter -0-)

623501 11-23-18 LHA For Paperwork Reduction Act Notice, see instructions.

### **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.

OMB No 1545-0052

Department of the Treasury Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. For calendar year 2016 or tax year beginning , and ending Name of foundation A Employer identification number ALLONE FOUNDATION 30-0892103 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 70 NORTH MAIN STREET (570) 208-1200 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here WILKES-BARRE, PA 18711 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here 1 Fair market value of all assets at end of year | J | Accounting method: | Cash X Accrual F If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here 60,678,081. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements or charitable purposes (cash basis only) (a) Revenue and (c) Adjusted net (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income ıncome 0. 1 Contributions, gifts, grants, etc., received 2 Check I I I the foundation is not required to attach Sch 8 Interest on savings and temporary cash investments 87,892 87,892 STATEMENT 919,726 919,726 4 Dividends and interest from securities STATEMENT 5a Gross rents b Net rental income or (loss) 116.717 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all 4,257,538. 116,717 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain income modifications Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 1,124,335. 1.124.335 0 12 Total. Add lines 1 through 11 ... 106,695. 0. 13 Compensation of officers, directors, trustees, etc 0. 102,244. 14 Other employee salaries and wages ...... 45,635. 0. 0. 47,861. 18,895. 15 Pension plans, employee benefits 0. 0. 16,120. 104,645. 0. 0. 106,664. b Accounting fees STMT 4 29,639. 0. 0. 31,660. ... STMT 5 30,766. 30,766. c Other professional fees 0. 30,766. 17 Interest STMT 6 75,006. 0. 0. 12,401. 4,296. 0. 4,296 19 Depreciation and depletion 20 Occupancy 38,121 0. 0. 39,626. 21 Travel, conferences, and meetings 4,694 0. 0. 4,276. 11,160. 22\_Printing and publications 0. 0. 11,061. ?∖\stmt 7 23 Other expenses 39,369. 0. 0. 35,262. 24 Total operating and administrative expenses. Add lines 13 through 23 508,921 30,766 4,296 437,941. 25 - Contributions, gifts, grants paid 2,073,000. 035,500. 26 Total expenses and disbursements. 581,921 Add lines, 24 and 25 30,766 ,296 27 Subtract line 26 from line 12: <1,457,586. 8 Excess of revenue over expenses and disbursements 1,093,569 b Net investment income (if negative, enter -0-)

For	rm 99	0-PF (2016) ALLONE FOUNDATION		30	-0892103 Page 2
_	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End	of year
P	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	24,479.	7,520	7,520.
	2	Savings and temporary cash investments	47,800,792.	8,649	8,649.
	3	Accounts receivable ► 1,244.			
		Less: allowance for doubtful accounts	35,855.	1,244	1,244.
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts			<u> </u>
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ţ	8	Inventories for sale or use		·	
Assets	9	Prepaid expenses and deferred charges	21,818.	22,155	. 22,155.
Ä	10a	Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock		·	
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
	1	Less accumulated depreciation			1
	12	Investments - mortgage loans			
	13	Investments - other STMT 9	12,102,667.	60,622,470	60,622,470.
	14	Land, buildings, and equipment basis ► 24,370.			
		Less accumulated depreciation STMT 10 > 8,327.		16,043	. 16,043.
	15	Other assets (describe ►			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	60,006,913.	60,678,081	60,678,081.
	17	Accounts payable and accrued expenses	29,307.	86,182	
	18	Grants payable		37,500	
Š	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
арi	21	Mortgages and other notes payable			
ؾ	22	Other liabilities (describe >)			
	{				
	23	Total liabilities (add lines 17 through 22)	29,307.	123,682	
	1	Foundations that follow SFAS 117, check here	{		
		and complete lines 24 through 26 and lines 30 and 31.	{		
Ses	24	Unrestricted	59,977,606.	60,554,399	
ă	25	Temporarily restricted			
Ва	26	Permanently restricted			
ñ		Foundations that do not follow SFAS 117, check here			
Ę		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds			13:375: 1111 i
Net Assets or Fund Balances	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
As	29	Retained earnings, accumulated income, endowment, or other funds	 		
Š	30	Total net assets or fund balances	59,977,606.	60,554,399	
_	1				
	31	Total liabilities and net assets/fund balances	60,006,913.	60,678,081	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30	T	
		t agree with end-of-year figure reported on prior year's return)	••	1	59,977,606.
		amount from Part I, line 27a	•	2	<1,457,586.>
		increases not included in line 2 (itemize)	SEE ST	ATEMENT 8 3	2,034,379.
		ines 1, 2, and 3	יייי טייי	4	
		eases not included in line 2 (itemize)		5	0.
-		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	60,554,399.

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2,473,441.

8

8 Enter qualifying distributions from Part XII, line 4

See the Part VI instructions.

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.

	1990-PF (2016) ALLONE FOUNDATION 31	<u>U - (</u>	08921	03		Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494	<del>Ю -</del>	see in:	stru	ictio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here \( \bigs \) and enter "N/A" on line 1.	· • ; [		3. 8	مهرين	
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	5 J.	رو د پذیشد		· · · · · · · · · · · · · · · · · · ·	المسكية
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here   and enter 1%	1		<u>2</u>	1,8	71.
	of Part I, line 27b	}		- 21 ).		
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		ا الما الما الما الما الما الما الما ال		`., 5} ;	
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		2	1,8	71.
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		2	1,8	71.
6	Credits/Payments:	2.4	J. (22);	£ 13	71	
a	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 5, 280.	1		,	4 ( ) 4 ( )	
	Exempt foreign organizations - tax withheld at source 6b				٠ <u>٠</u> ٠	
	Tax paid with application for extension of time to file (Form 8868)  6c	<i>i</i> , . <i>l</i>		^ <u> </u>	, 4 K K ** ( 1 (	* * * * * *
	Backup withholding erroneously withheld 6d 6d	*		. , ,		
	7.1	,	** **	*	ເ <u>ດັ່</u> ວ	80.
7		8			<u> </u>	<u> </u>
8	. [7]			1	6 6	91.
9	· · · · · · · · · · · · · · · · · · ·	9			درن	71.
10		10				
#	Enter the amount of line 10 to be: Credited to 2017 estimated tax ► Refunded ► 1  Int VII-A Statements Regarding Activities	11				
	<del></del>				Vaa	T NI =
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		<u> </u>		162	No
	any political campaign?		<b> </b>	ta		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		-	1b		X
	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.		1	,	, ·	, ,
	Did the foundation file Form 1120-POL for this year?		-	1c	<del></del>	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			`;`	Ÿ	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$ 0.		}	.:		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		١,		. ,	1330
	managers. ► \$0.			:. :	, ``,	í
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		_	2		X
	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		λ.	, 4		٠,
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		L	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/	/A	4b		L
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.			´, ]		*
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		<b>\`</b> ,		* 4	1
	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	V	} `		200	
	remain in the governing instrument?		}	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV			7	X	
•			T		· ·	, , , ,
Ra	Enter the states to which the foundation reports or with which it is registered (see instructions)			3.4	* ( )	ja
va	PA		1:	, *:\		
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		;	: [ ]		1 )
U	of each state as required by General Instruction G? If "No," attach explanation		- 17	Bb	X	, , 2"
Λ	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calenda	ır	1	<del>"</del>	<del>,^</del>	
9	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	•	}*	9	*	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		· —	10		X
10	חות פוול חבי סחוף הכיסונוב בהחפימונוים: הסוות ווחתונה בי מתווות חוב ימצי לבמי , וו "Les", attacu a scuednie listiud tueit uames and addresses				-PF	(2016)
			1 (1111)		1	(2010)

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	are the first continuous and are are a second and a second a second and a second and a second and a second and a second an	Ţ	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		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	<del></del>		
12	If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address WWW.ALLONEFOUNDATIONS.ORG			
14	The books are in care of ► EXECUTIVE DIRECTOR  Telephone no. ► (570)	208	-12	00
17	Located at ► 70 NORTH MAIN STREET, WILKES-BARRE, PA ZIP+4 ►18			
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	N	/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	"	<del>ر</del>	43
	foreign country		. ,	, · i . ′
Pá	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1	<del></del>	L
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	7.	Yes	No
1.	a During the year did the foundation (either directly or indirectly):	7.	7,	110
10	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	×	. , ,	1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1		, ŝ
	in the second se		. :	4,
	, ,	1 1	* * *	
	The second secon	1	* `	* , ,
		1 1	ζ,	· ;
	(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 X No	1	., `^	
	. , ,		***	* /
	(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.)		٠.,	
b	o if any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		Ì	` *
	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	.	¥``ŧ	` * * · ·
	before the first day of the tax year beginning in 2016?	1c		<u>X</u>
2				<i>,</i>
	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 6e, Part XIII) for tax year(s) beginning	, ,	`,;	::
	before 2016? Yes X No		-:	
	If "Yes," list the years $\triangleright$ ,,,,,,,	, ^	· · · , }	
þ	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect	, , , ,	; , {	/ y .
	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.) N/A	2b		
C	; If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.		٠, ,٠	4
	<b>&gt;</b>		901	·^ { .
За	Did the foundation hold more than a 2% direct or indirect interest in any dusiness enterprise at any time	1 , ,	<b>~</b> _ <b>~</b> _ <b>~</b>	
	during the year?	, , , , ,	, , , ;	, ,
b	o If "Yes," did it have excess business holdings in 2016 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 2016)  N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	. : . : . ]	٦: ١٠	* * * * * * *
	had not been removed from legnardy before the first day of the tax year beginning in 2016?	4h	- }	X

Form 990-PF (2016) ALLONE FOUNDATION	4700 May Da	0	30-08921	03 Page 6
Part VII-B   Statements Regarding Activities for Which F	orm 4/20 May Be	Hequirea (contin	ued)	
5a During the year did the foundation pay or incur any amount to:			I-	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 11 -	_	es 🗶 No 🚶	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indi			
any voter registration drive?	•		es X No	~ ] [ . ]
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y	es 🗶 No 🍴	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
4945(d)(4)(A)? (see instructions)			es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or			
the prevention of cruelty to children or animals?		Y	es 🗓 No 🔓	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described	in Regulations	<u> </u>	
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	ere <u>.</u>			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it mainta	ained		
expenditure responsibility for the grant?	ì	1/A 🔲 Y	es 🔲 No 🚶	
if "Yes," attach the statement required by Regulations section 53 4945	5-5(d)			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to j	pay premiums on		1	
a personal benefit contract?		Y	s X No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	. TY	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b
Part VIII Information About Officers, Directors, Trusto	es, Foundation Ma	anagers, Highl	/	
Paid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their		· · · · · · · · · · · · · · · · · · ·		,
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	enter -0-)	compensation	allowances
		}		
		}		
SEE STATEMENT 11		102,244.	2,775.	0.
		}		] 
	<del></del>			· 
			:	
				į
				<u>i</u>
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) 0	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) name and address or same employees per a more and a personal	hours per week devoted to position	(c) compensuation	and deferred compensation	allowances
NONE		1		
	<del></del>			
			į	
		1		
	·			<del></del>
				·
		1		
Total number of other employees paid over \$50,000	· · · · · · · · · · · · · · · · · · ·		<b></b>	0
			Form	990-PF (2016)

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Part VIII Information About Officers, Directors, Trustees, Foundation Mana Paid Employees, and Contractors (continued)	agers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
COZEN O'CONNOR LAW OFFICES - 200 FOUR FALLS		
CORPORATE CENTER, W. CONSHOHOCKEN, PA 19428 LEGAL	SERVICE	106,664.
Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities	<u> </u>	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information	un quah aa tha	
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ii sucii as iiie	Expenses
1 THE FOUNDATION IS OPERATED TO PROVIDE GRANTS TO IR 501(C)(3) OPERATING EXEMPT ORGANIZATIONS 2		2,473,441.
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  1 N/A  2		Amount
All other program-related investments. See instructions.  3		
Total. Add lines 1 through 3	<b>—</b>	0.
	Foi	m 990-PF (2016)

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 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 30,598,681. 1a b Average of monthly cash balances 29,890,749. 1b c Fair market value of all other assets 10 60,489,430. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 1d 3 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 907,341 4 59,582,089 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return. Enter 5% of line 5 2,979,104 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.) 2,979,104. Minimum investment return from Part X, line 6 21,871 Tax on investment income for 2016 from Part VI, line 5 Income tax for 2016. (This does not include the tax from Part VI.) 2b Add lines 2a and 2b 2c Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 2,473,441. 1a Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) За Cash distribution test (attach the required schedule) 3b 2,473,441 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b Adjusted qualifying distributions. Subtract line 5 from line 4 6 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 2015	(c) 2015	( <b>d</b> ) 2016
1 Distributable amount for 2016 from Part XI, line 7	and the second			2,957,233.
2 Undistributed income, if any, as of the end of 2016			فيل راميا أسريا وعبد سالا الأكال	
a Enter amount for 2015 only		· · · · · · · · · · · · · · · · · · ·	28,848.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
<b>b</b> From 2012				
c From 2013				
d From 2014			l Pittidik kiira	
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from	J. 444. 4 1,441. 4	* (; /; / (* + / S)		; ;;;; , , , , , , , ,
Part XII, line 4: ►\$ 2,473,441.				
a Applied to 2015, but not more than line 2a			28,848.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		*	· · · · · · · · · · · · · · · · · · ·	\$3.55° \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount	** ****	`,;``,	, , , , , , , , , , , , , , , , , , , ,	2,444,593.
e Remaining amount distributed out of corpus	0.	, , , , , , , , , , , , ,	*	· · · · · · · · · · · · · · · · · · ·
-	0.	\$	\$ \$1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0.
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.	<del></del>		<del>},</del>
<b>b</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	<del></del>	0.		
d Subtract line 6c from line 6b. Taxable	},,, , , , , , , , , , , , , , , , , ,	0		(, ´`\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
amount - see instructions	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0.	<del></del>	
e Undistributed income for 2015. Subtract line			0	
4a from line 2a. Taxable amount - see instr.		<del>,                                    </del>	<u> </u>	<u> </u>
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				512 640
be distributed in 2017	* * * * * * * * * * * * * * * * * * * *		<del>*************************************</del>	512,640.
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 2011				
not applied on line 5 or line 7	0.		** *** *** ***	
9 Excess distributions carryover to 2017.	_			
Subtract lines 7 and 8 from line 6a	0.	* * * * * * * * * * * * * * * * * * * *		
O Analysis of line 9:				
a Excess from 2012				
b Excess from 2013			* * * * * * * * * * * * * * * * * * * *	
c Excess from 2014			, (+ , + h + , - 1, + ); t	
d Excess from 2015				
e Excess from 2016	<u> </u>	L`	<u> </u>	

	FOUNDATION			30-08	92103 Page 10
Part XIV Private Operating	Foundations (see in	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling	or determination letter that	t it is a private operating			
foundation, and the ruling is effective	for 2016, enter the date of	the ruling	<b>&gt;</b>		
<b>b</b> Check box to indicate whether the fou	nd <u>ation is a private operati</u> i	ng foundation described	in section	4942(j)(3) or 49	42(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for	{				
each year listed					
<b>b</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 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 inf			if the foundation	had \$5,000 or mo	re in assets
at any time during	the year-see instr	uctions.)			
Information Regarding Foundation     List any managers of the foundation we year (but only if they have contributed NONE	ho have contributed more more than \$5,000). (See s	ection 507(d)(2).)			
b List any managers of the foundation w other entity) of which the foundation h			(or an equally large portion	on of the ownership of a pa	rtnership or
NONE					
2 Information Regarding Contribu Check here ► if the foundation the foundation makes gifts, grants, etc	only makes contributions t	o preselected charitable	organizations and does n		
a The name, address, and telephone nur					<del></del>
a The hame, address, and telephone har	inder of a man address of the	ne person to whom app	ications should be addres	336u.	
SEE STATEMENT 12					
b The form in which applications should	be submitted and informat	ion and materials they s	hould include:		
c Any submission deadlines:		<del></del>		<del></del>	
d Any restrictions or limitations on award	ds, such as by geographica	l areas, charitable fields	kinds of institutions, or o	ther factors:	

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Form 990-PF (2016) ALLONE FOUNDATION

Part XV Supplementary Information (continued)

Part XV Supplementary Information 3 Grants and Contributions Paid During the	<del></del>	Payment	<del></del>	
Recipient	If recipient is an individual.	T		<del></del>
Name and address (home or business)	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				
PARTNERS IN FAMILY & COMMUNITY	N/A	PUBLIC	STRENGTHENING FAMILIES	
DEVELOPMENT		{	PROGRAM	
4 BRIDGE STREET TOWANDA PA 18848				28,000
AUTISM CENTER AT MISERICORDIA UNIVERSITY	N/A	PUBLIC	FUNDING FOR THE PAID SALARY OF THE CENTER'S	
301 LAKE STREET MERCY HALL #219			PROGRAM DIRECTOR WHO	
DALLAS, PA 18612			WILL ESTABLISH	
		<del> </del>	COMMUNITY LINKAGES	50,000
COURT APPOINTED SPECIAL ADVOCATES OF LUZERNE COUNTY	N/A	PUBLIC	"BECOMING A MENTAL HEALTH SLEUTH" PROGRAM	
667 N RIVER STREET			MANUAL DEBOTE TROOTERS	
WILKES BARRE, PA 18705				45,000.
POCONO SERVICES FOR FAMILIES &	N/A	PUBLIC	CHILD WELL BEING	
CHILDREN 212 WEST FOURTH STREET			SYSTEM	
EAST STROUDSBURG, PA 18301				50.000.
VOLUNTEERS IN MEDICINE	N/A	PUBLIC	PATIENT CENTERED COMPREHENSIVE CARE	
190 NORTH PENNSYLVANIA AVE WILKES BARRE PA 18701			PROGRAM	250 000.
Total SEE CO	NTINUATION SHEE	T(S)	<b>▶</b> 3a	2.035.500.
<b>b</b> Approved for future payment				
SAFE HAVEN OF PIKE COUNTY	N/A	PUBLIC	BUILD CAPACITY THROUGH	
402 BROAD STREET			MEDICAL EQUIPMENT,	
MILFORD, PA 18337			SUPPLIES AND PHYSICAL	
			EXPANSION TO PROVIDE MEDICAL EXAMINATION	37,500.
			EDDICAD DAMINATION	37,300.
Total .		1	<b>▶</b> 3b	37,500,

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

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ided by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a			1		
b					
C	1 1		1		
d	1		1		
	1	<del></del>	1		<u> </u>
e			<del> </del>		
g Fees and contracts from government agencies		<del></del>	<del> </del>		ļ
2 Membership dues and assessments	ļ <u> </u>		<del> </del>		
3 Interest on savings and temporary cash	<del> </del>		<del> </del>	<del> </del>	<del> </del>
			14	07 002	
Investments			14	010 726	ļ
4 Dividends and interest from securities			14	919,140.	
5 Net rental income or (loss) from real estate:	************************************		<del>}</del>	<del>  ```````````</del>	************
a Debt-financed property	ļ		<del> </del>	<del> </del>	
b Not debt-financed property	ļ		<del> </del>		
6 Net rental income or (loss) from personal	}				
property	}		<del> </del>	<del></del>	
7 Other investment income .			ļ	\ 	
8 Gain or (loss) from sales of assets other	1 1				
than inventory			18	116,717.	
9 Net income or (loss) from special events			ļ	·	
O Gross profit or (loss) from sales of inventory			ļ	<u> </u>	
1 Other revenue:			1		
a					
b		<del></del>			
C	1 1				
d					
e					
2 Subtotal. Add columns (b), (d), and (e)	[, 1, 1, 1, 1, 1]	0.		1,124,335.	0.
3 Total. Add line 12, columns (b), (d), and (e)				13	1,124,335.
See worksheet in line 13 instructions to verify calculations	.)				
Part XVI-B Relationship of Activities	s to the Acco	mnlishment of Fa	emn	t Purnoses	
Tatt AVI-B			·		
Line No Explain below how each activity for which in			contrib	uted importantly to the accord	nplishment of
the foundation's exempt purposes (other the	an by providing fur	ids for such purposes).			
				<del></del>	
				······································	
		····		······································	
		·		<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	
		<del></del>		<del></del>	
				<del></del>	<del></del>
				<del></del>	
				····	
				<del></del>	<del></del>
					E 000 DE (0040)

		NE FOUNDATION			892103	Pa	age 13
Part	XVII Information R	egarding Transfers To	o and Transactions ar	nd Relationships With Non-	charitable	•	
<u></u>	Exempt Organ	<del></del>		<del>-, -, -, -, -, -, -, -, -, -, -, -, -, -</del>	<del></del>	<del></del>	
		rectly engage in any of the follo				Yes	No
	•	c)(3) organizations) or in section	* .	zations?		<b>S</b>	
		dation to a noncharitable exempt	t organization of:		٠. ٠	,, ,	
	Cash	•		•	1a(1)		X
	Other assets	•			1a(2)		X
-	ner transactions:				1	× 4 - 4	·
	Sales of assets to a noncharita				1b(1)		X
		oncharitable exempt organization	n		1b(2)		X
	Rental of facilities, equipment,		•	•	1b(3)		X
	Reimbursement arrangements	3			16(4)		X
	Loans or loan guarantees				1b(5)		X
		embership or fundraising solicit			1b(6)		X
		ailing lists, other assets, or paid			1c		X
				ays show the fair market value of the go		ets,	
				in any transaction or sharing arrangem	ent, snow in		
		other assets, or services receive	eu. able exempt organization	(d) a			
(a) Line n	6 (b) Annount involved	- <del> </del>	<del></del>	(d) Description of transfers, transactions	, and sharing arr	angeme	nts
	<del> </del>	N/A	7	·			
		<del> </del>	<del></del>	<del> </del>			
		<del>}</del>		<del> </del>			
	<del></del>	<del> </del>	<del></del>				
		<del></del>		<del> </del>			
		<del> </del>		<del> </del>			
		<del> </del>	<del></del>	<del> </del>			
	<del></del>	<del> </del>	<del></del>	<del> </del>			
	<del></del>	<del> </del>		<del></del>			
	<del></del>	<del> </del>		<del> </del>			
	<del> </del>	·		<del> </del>			
	<del></del>			<del> </del>			
	<del></del>			<del> </del>			
	<del></del>	<del> </del>		<del> </del>			
		<del> </del>		<del> </del>			
22 10 1	ha foundation directly or indirec	tly affiliated with, or related to, o	nne or more tay-eyemnt organiza	Itions described			
		er than section 501(c)(3)) or in s		alons desembed	Yes	X	No
	res," complete the following sch		000011 027 .		[] 103	-64	, 110
	(a) Name of org		(b) Type of organization	(c) Description of relat	tionship		
	N/A	<u> </u>					
	51/.55_		<u> </u>				
	<del></del>						
	Under penalties of parjury, I declare	that I have examined this return, inclu	iding accompanying schedules and st	atements, and to the best of my knowledge	May the IBS di	20102 1	
Sign	and belief, it is true, correct, and cor	molete Deciaration of preparer (other i	than taxpayer) is based on all informat	tion of which preparer has any knowledge EXECUTIVE	May the IRS di return with the shown below (	prepare	it 1
Here	<b>**</b>	de mai	5.4.17	DIRECTOR	X Yes	11130	No
	Signature of officer or trustee		Date	Title			
	Print/Type preparer's na	ame Proparer	, ~   , , , , , , , , , , , , , , , , ,	Date Check if P	TIN		
	SEAN J. GR	( · · · ·	X OL	self- employed			
Paid	C.P.A	Jan Jan	confussi 0	5/02/17	P012128	350	
Prepa		BERT ROSSI & CO	- <del>7</del>	Firm's EIN ► 23-			
Use (							

Firm's address > 299 MAIN ST - 2ND FLOOR OLYPHANT, PA 18447-2326

N/A

30-0892103 PAGE 1 OF Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (c) Date acquired (mo., day, yr.) (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) 09/01/1507/27/16 18 VANGUARD REIT INDEX FUND ADMIRAL P 09/01/1501/21/16 b VANGUARD TOTAL BOND MKT INDEX FD P C VANGGUARD TOTAL INTL STOCK INDEX P 09/01/1504/27/16 d VANGUARD TOTAL INTL BOND INDEX P 09/01/1501/21/16 e VANGUARD TOTAL BOND MKT INDEX FD P 09/01/1509/30/16 I VANGUARD TOTAL INTL STOCK INDEX 09/01/1510/20/16 Р 09/01/1509/30/16 g VANGUARD TOTAL INTL BOND INDEX P h VANGUARD TOTAL STOCK MKT INDEX P 09/01/1510/20/16 I VANGUARD TOTAL STOCK MKT INDED P 09/01/1512/19/16 k 1 m n \_0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 8,953 7,903. 1,050. a 2,500. 2,506. b <6.> 210. 6,302. 6,092. С 2,500. 2,484. 16. đ 2,677,276. 2,628,546. 48,730. е 7,361. 7,172. 189. 1,149,646. 1,113,579. 36,067. g 2,914. 86. 3,000. h 400,000 369,625. 30,375. m n Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) but not less than "-0-") (i) F.M.V. as of 12/31/69 over col. (j), if any as of 12/31/69 1,050. a <6.> b 210. 16. d 48,730. 189. 36,067. 86. 30,375. m n { If gain, also enter in Part I, line 7 } If (loss), enter "-0-" in Part I, line 7 } 2 Capital gain net income or (net capital loss) 116,717. 2

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).

If (loss), enter "-0-" in Part I, line 8

Part XV Supplementary Informati				
3 Grants and Contributions Paid During the				
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)	or substantial contributor	recipient		
VOLUNTEERS IN MEDICINE	N/A	PUBLIC	SOCIAL CARE	
190 NORTH PENNSYLVANIA AVE			COORDINATION PROGRAM	
WILKES BARRE, PA 18701		<del> </del>		30,000
THE WRIGHT CENTER	N/A	PUBLIC	SKYVIEW PARK	
501 MADISON AVENUE	{		APARTMENTS PRIMARY	
SCRANTON, PA 18510		<del> </del>	CARE CLINIC	12,500
		h		
LOU RUSPI JR FOUNDATION PO BOX 101	N/A	PUBLIC	WELLNESS MATTERS PROGRAM	
PECKVILLE PA 18452		}	PROGRAM	5,000
PECKVIDES, PA 10432		<del> </del>		5,000.
FREELAND YMCA	N/A	PUBLIC	EXTENDING AFTER SCHOOL	
600 FRONT STREET	1		AND EARLY MORNING	
FREELAND, PA 18224	{	1	PROGRAMS AND "MOMMY	
			AND ME" PROGRAM	7,500.
FAMILY SERVICE ASSOCIATION	N/A	PUBLIC	SERVICES THROUGH CHILD	
31 WEST MARKET STREET	N/A	FUBLIC	ADVOCACY CENTER	
WILKES BARRE, PA 18701		}	ADVOCACT CENTER	25,000.
				23,000.
WOMEN'S RESOURCES OF MONROE COUNTY	N/A	PUBLIC	CHILD ABUSE/WITNESS TO	
225 J. WILSON DRIVE			VIOLENCE COUNSELING	0.500
DELAWARE WATER GAP PA 18327 WAYNE MEMORIAL HOSPITAL	N/A	PUBLIC	PROGRAM FUNDING FOR VEHICLE	2,500.
601 PARK STREET	N/ A	CODDIC	ADAPTATION AND	
HONESDALE, PA 18431		}	IMPLEMENTATION	
,		}	STRATEGY FOR DELIVERY	
		ļ	OF MOBILE MAMMOGRAPHY	100,000.
MANAGE MEMORIAL COMMUNICAL HEALTH	77 / 7	DITTE TO	DDENIAMAT GERUTORG	
WAYNE MEMORIAL COMMUNITY HEALTH CENTERS	N/A	PUBLIC	PRENATAL SERVICES PROGRAM	
601 PARK STREET			E KOGKALI	
HONESDALE, PA 18431				15,000.
UNITED WAY OF WYOMING VALLEY	N/A	PUBLIC	TRAUMA-FOCUSED	
100 NORTH PENNSYLVANIA AVENUE 2ND			AWARENESS INITIATIVE	
FLOOR WILKES BARRE, PA 18701			AND PROFESSIONAL	<b>.</b>
		<del> </del>	DEVELOPMENT PROGRAM	15,000.
CHILDREN'S SERVICE CENTER	N/A	PUBLIC	EXPANSION OF MENTAL	
335 SOUTH FRANKLIN STREET	[·/·		HEALTH PROGRAMMING	
WILKES BARRE, PA 18702			SERVICES FOR CHILD AND	
·		<u> </u>	ADOLESCENT CLIENTS	125,000.
Total from continuation sheets				1 612 500

3 Grants and Contributions Paid During the	Year (Continuation)			
. Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome of business)	or substantial contributor	recipient		
NEPA CENTER FOR INDEPENDENT LIVING	N/A	PUBLIC	TRANSITIONAL SKILLS	
1142 SANDERSON AVENUE SUITE 1			CENTER TO ASSIST	
SCRANTON, PA 18509			STUDENTS AGE 14-21 ON	
	_	<del> </del>	THE AUTISM SPECTRUM	12,50
RONALD MCDONALD HOUSE OF SCRANTON	N/A	PUBLIC	RONALD MCDONALD FAMILY	
332 WHEELER AVENUE			ROOM PROGRAM	
SCRANTON, PA 18510		<del> </del>	-	25,00
GREATER CARBONDALE YMCA	N/A	PUBLIC	SERVING SPECIAL NEEDS	
32 N MAIN STREET			PROGRAM	
CARBONDALE, PA 18407		<del> </del>	-	30,00
NORTHEASTERN CHILD CARE SERVICES	N/A	PUBLIC	COMMUNITY-BASED	
1356 N WASHINGTON AVENUE			MULTI-SENSORY PLAY AND	
SCRANTON, PA 18509			ACTIVITY CENTER	12,50
LACAWAC SANCTUARY	N/A	PUBLIC	NATURALLY HEALTHY	
94 SANCTUARY ROAD			PROGRAM	
LAKE ARIEL, PA 18436	<del> </del>		-	5,000
ST JOSEPH CENTER	N/A	PRBLIC	TWO RESIDENTIAL	
2010 ADAMS AVENUE			PROGRAMS - WALSH MANOR	
SCRANTON PA 18509	AT / 3		& MOTHER INFANT	50,00
NATIVITY MIGUEL SCHOOL OF SCRANTON	N/A	PUBLIC	LOW-INCOME AFTER SCHOOL PROGRAM	
SCRANTON, PA 18505	-		PROMOTING ACCESS TO	
,			HELP FOR HOMEWORK AND	
		ļ	PERSONAL ENRICHMENT	7,500
			]	
GREATER SCRANTON YMCA	N/A	PUBLIC	EXPANSION OF SPECIAL	
706 N BLAKELY STREET			NEEDS PROGRAM	
DUNMORE, PA 18512			-	12,500
		}	1	
FAMILY PROMISE OF CARBON COUNTY	N/A	PUBLIC	FAMILY SUPPORT	
167 S THIRD STREET			CHAMPION PROGRAM	
LEHIGHTON PA 18235	<del>- </del>	<del> </del>	-	5,000
NORTHEAST REGIONAL CANCER INSTITUTE	N/A	PUBLIC	CANCER SCREENING	
334 JEFFERSON AVENUE			NAVIGATION PROGRAM	
SCRANTON, PA 18510 Total from continuation sheets	L	L	L	75,000

Part XV Supplementary Information	n			
3 Grants and Contributions Paid During the	Year (Continuation)			
. Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
MATERNAL AND FAMILY HEALTH SERVICES	N/A PUBLIC		ENHANCING HEALTH CARE	
15 PUBLIC SQUARE SUITE 600			THROUGH HEALTH	
WILKES BARRE, PA 18701			INFORMATION TECHNOLOGY INITIATIVE	25 000
		<del> </del>	INITIALIVE	25,000.
THE WRIGHT CENTER	N/A	PUBLIC	PATIENT ENGAGEMENT	
501 MADISON AVENUE			CARE DELIVERY MODEL	
SCRANTON, PA 18510				450,000.
CATHERINE MCAULEY CENTER	N/A	PUBLIC	HEALTH CARE	
430 PITTSTON AVENUE			COORDINATION AND	
SCRANTON, PA 18505			ACCESS FOR HOMELESS	
			WOMEN AND CHILDREN	
		<del> </del>	PROJECT	25,000.
MISERICORDIA UNIVERSITY	N/A	PUBLIC	ADDICTION COUNSELING	
301 LAKE STREET	1,7-	55220	EDUCATION AND	
DALLAS, PA 18612			INTERPROFESSIONAL	
,			TREATMENT PROGRAM	50,000.
FAMILY SERVICE ASSOCIATION	N/A	PUBLIC	EXPANSION SERVICES TO	
31 WEST MARKET STREET			PARENT/CHILD HOME	
WILKES BARRE, PA 18701		ļ	PROGRAM	15,000.
THE COMMONWEALTH MEDICAL COLLEGE	N/A	PUBLIC	FUNDING FOR	
525 PINE STREET			RECRUITMENT OF 2	
SCRANTON, PA 18509	}		PSYCHIATRICTS AND	
	}		ADMINISTRATIVE SUPPORT	
			TO PROVIDE CLINICAL	400,000.
DIT PEC INTIMOCEMY	N/A	PUBLIC	CHINE DRODAM	
WILKES UNIVERSITY 10 EAST SOUTH STREET	N/A	FORLIC	SHINE PRORAM	
WILKES BARRE, PA 18701				75,000.
Total from continuation sheets				
	<del> </del>	<del></del>	<del></del>	

ALLONE FOUNDATION 3	0-0892103
Part XV Supplementary Information	
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution	-
NAME OF RECIPIENT - NATIVITY MIGUEL SCHOOL OF SCRANTON	
LOW-INCOME AFTER SCHOOL PROGRAM PROMOTING ACCESS TO HELP FOR I	HOMEWORK
AND PERSONAL ENRICHMENT ACTIVITIES	
NAME OF RECIPIENT - THE COMMONWEALTH MEDICAL COLLEGE	
FUNDING FOR RECRUITMENT OF 2 PSYCHIATRICTS AND ADMINISTRATIVE	SUPPORT
TO PROVIDE CLINICAL SERVICES AND OVERSEE TRAINING OF PSYCHIATE	RY
RESIDENTS, MEDICAL STUDENTS AND CLINICIANS	
	·····

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ALLONE FOUNDATION	30-0892103
Part XV Supplementary Information	
3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contributions Approved for Future Payment Continuation of Purpose of Grant or Contributions Approved for Future Payment Continuation of Purpose of Grant or Contributions Approved for Future Payment Continuation of Purpose of Grant or Contributions Approved for Future Payment Continuation of Purpose of Grant or Contributions Approved for Future Payment Continuation of Purpose of Grant or Contributions Approved for Future Payment Continuation of Purpose of Grant or Contributions Approved for Future Payment Continuation of Purpose of Grant or Contributions Approved for Future Payment Continuation of Purpose of Grant Or Contributions Approved for Future Payment Continuation of Purpose of Grant Or Contributions Approved for Future Payment Contribution (Contribution Contribution	Contribution
NAME OF RECIPIENT - SAFE HAVEN OF PIKE COUNTY	
BUILD CAPACITY THROUGH MEDICAL EQUIPMENT, SUPPLIES A	AND PHYSICAL
EXPANSION TO PROVIDE MEDICAL EXAMINATION ROOM TO ADI	DRESS ISSUE OF
TRAUMA BROUGHT ON BY VIOLENCE	

623651 04-01-16

FORM 990-PF INTER	EST ON SAVI	NGS AND TEM	PORARY (	CASH IN	VESTMENTS	STATEMENT	1
SOURCE		(A REVE PER B	NUE		(B) IVESTMENT ICOME	ESTMENT ADJUSTED	
INTEREST INCOME - 1	FNCB	8	87,892. 87,892.		87,89	87,892. 87,892.	
TOTAL TO PART I, LINE 3		8	87,892.		87,892.		
FORM 990-PF	DIVIDEND	S AND INTER	EST FROM	1 SECUR	RITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REV	(A) VENUE BOOKS	(B) NET INVES MENT INCO		
DIVIDEND INCOME ~ VANGUARD	919,726		0. 91	.9,726.	919,72	26. 919,72	6.
TO PART I, LINE 4	919,726		0. 91	9,726.	919,72	919,72	6.
FORM 990-PF		LEGAL	FEES			STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM		
LEGAL		104,645.	<del></del>	0.		0. 106,66	4.
TO FM 990-PF, PG 1	LN 16A =	104,645.		0.		0. 106,66	4.
FORM 990-PF		ACCOUNTI	NG FEES			STATEMENT	4
DESCRIPTION	,	(A) EXPENSES PER BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM		
ACCOUNTING		29,639.		0.		0. 31,660	0.
TO FORM 990-PF, PG	1, LN 16B	29,639.		0.		0. 31,660	0.
	===						

FORM 990-PF	SIONAL FEES	STATEMENT			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT ADVISORY FEES	30,766.	30,766.	0.	30,766.	
TO FORM 990-PF, PG 1, LN 16C	30,766.	30,766.	0.	30,766.	
FORM 990-PF	TAX	ES	Sī	PATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PAYROLL TAXES 990-PF EXCISE TAXES	12,447. 62,559.	0.	0. 0.	12,401.	
TO FORM 990-PF, PG 1, LN 18	75,006.	0.	0.	12,401.	
FORM 990-PF	OTHER E	XPENSES	នា	PATEMENT 7	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
OFFICE EXPENSE MISCELLANEOUS AMORTIZATION	33,000. 5,406. 963.	0. 0. 0.	0. 0.	28,893. 5,406. 963.	
	5,406.	0.		5,406.	
MISCELLANEOUS AMORTIZATION	5,406. 963. 39,369.	0.	0.	5,406. 963.	
MISCELLANEOUS AMORTIZATION TO FORM 990-PF, PG 1, LN 23	5,406. 963. 39,369.	0.	0.	5,406. 963. 35,262.	
MISCELLANEOUS AMORTIZATION  TO FORM 990-PF, PG 1, LN 23  FORM 990-PF OTHER INCREASES	5,406. 963. 39,369. S IN NET ASS	0.	0.	5,406. 963. 35,262. CATEMENT 8	

FORM 990-PF OTH	ER INVESTMENTS		STATEMENT 9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS - FIXED INCOME MUTUAL FUNDS - EQUITY	FMV FMV	11,614,745. 49,007,725.	11,614,745. 49,007,725.
TOTAL TO FORM 990-PF, PART II, LIN	E 13	60,622,470.	60,622,470.
FORM 990-PF DEPRECIATION OF ASSE	TS NOT HELD FOR	INVESTMENT	STATEMENT 10
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER EQUIPMENT SOFTWARE	21,480. 2,890.	6,802. 1,525.	14,678. 1,365.
TOTAL TO FM 990-PF, PART II, LN 14	24,370.	8,327.	16,043.

	LIST OF OFFICERS, D AND FOUNDATION MANA		STAT	EMENT 11
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
JOHN COSGROVE 70 N MAIN STREET WILKS-BARRE, PA 18711	EXECUTIVE DIRE	CTOR 102,244.	2,775.	0.
JOHN P MOSES ESQUIRE 120 S. FRANKLIN ST WILKS-BARRE, PA 18701	CHAIRMAN 1.00	0.	0.	0.
FRANK E APOSTOLICO 538 SPRUCE ST SCRANTON, PA 18503	TREASURER 1.00	0.	0.	0.
PAUL J CANEVARI 1059 HIDEAWAY HILL RD KUNKLETOWN, PA 18058	SECRETARY 1.00	0.	0.	0.
PETER DANCHAK 201 PENN AVE SCRANTON, PA 18503	DIRECTOR 1.00	0.	0.	0.
LOUIS A DENAPLES 400 MILL ST DUNMORE, PA 18510	DIRECTOR 1.00	0.	0.	0.
SR M MARTIN DE PORRES MCHALE 2300 ADAMS AVE SCRANTON, PA 18509	DIRECTOR 1.00	0.	0.	0.
BART E ECKER ESQUIRE 1 S. CHURCH ST HAZLETON, PA 18201	DIRECTOR 1.00	0.	0.	0.
JOHN H GRAHAM 135 HIGHLAND DR SHAVERTOWN, PA 18708	DIRECTOR 1.00	0.	0.	0.
JUDITH O GRAZIANO 201 SALLY DR S. ABINGTON TWP, PA 18411	DIRECTOR 1.00	0.	0.	0.
ALAN S HOLLANDER ESQUIRE 15 S.FRANKLIN ST WILKES-BARRE, PA 18711	DIRECTOR 1.00	0.	0.	0.

ALLONE FOUNDATION			30	0-0892103
GARY L LAMONT STATE ROUTE 93 BOX 702 CONYNGHAM, PA 18219	DIRECTOR 1.00	0.	0.	0.
RICHARD K MANGAN 1401 VERNE CLOSE MOOSIC, PA 18507	DIRECTOR 1.00	0.	0.	0.
JOHN D MCCARTHY JR 340 KIDDER ST WILKES-BARRE, PA 18702	DIRECTOR 1.00	0.	0.	0.
JOHN J MENAPACE 1012 WOODLAND WAY CLARKS SUMMIT, PA 18411	DIRECTOR 1.00	0.	0.	0.
PAUL H ROONEY JR 120 S FRANKLIN ST WILKES-BARRE, PA 18701	DIRECTOR 1.00	0.	0.	0.
RHEA P SIMMS 69 N. MEMORIAL HIGHWAY SHAVERTOWN, PA 18708	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF,	PAGE 6, PART VIII	102,244.	2,775.	0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

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NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JOHN COSGROVE, EXECUTIVE DIRECTOR 70 NORTH MAIN STREET WILKES-BARRE, PA 18711

TELEPHONE NUMBER

(570)208-1200

EMAIL ADDRESS

JCOSGROVE@ALLONEFOUNDATIONS.ORG

FORM AND CONTENT OF APPLICATIONS

SEE ATTACHED STATEMENT

### ANY SUBMISSION DEADLINES

SUBMISSION DATES VARY DURING THE YEAR PER TIMING OF ORGANIZATION'S "REQUESTS FOR GRANT APPLICATIONS"

RESTRICTIONS AND LIMITATIONS ON AWARDS

SEE ATTACHMENT

EIN 30-0892103 FORM 2016 990-PF

## ATTACHMENT TO FORM 990-PF

## PART XV, Line 2B - INFORMATION REGARDING GRANTS:

- Eligible organizations must demonstrate their tax classification as described in Internal Revenue Service Code, Section 501(C)(3) and Section 509(A).
- Eligible organizations must be located or operating within AllOne Foundation's 13 county service area. Programs must benefit residents of those counties.
- Grants will be awarded only for specific community-focused projects or program initiatives. Requests for operating or general support will not be considered.
- The Foundation awards grants generally for general health education / prevention and human services projects; and for projects that provide direct services to the uninsured and under-insured. Minimum grant amount is \$2,500.
- Grants will be awarded generally for a period of one year. Multi-year requests will not generally be considered.
- Consecutive year approvals will be decided on the strength of demonstrated outcomes.
- Grantee organizations may not receive additional funding until all funds from existing grant awards have been expended, in full, and outcomes have been demonstrated. During the grant period, however, grantee organizations may serve as collaborators on other projects.

All requests must be submitted in writing and include the following:

- 1) A completed grant application signed by the organization's representative.
- 2) A formal proposal that describes the project purpose and demonstrate the need for a relevance of the project. The narrative <u>must include</u>:
  - A detailed description of the goals and outcomes of the project.
  - Evidence of the measurement tools that will be used to evaluate the success of the project.
  - Project timeline and work plan.
  - Project sustainability plan.
- An itemized budget that includes any in-kind services or matching funds secured for the project. The budget must clearly demonstrate how funding from AllOne Foundation will be used.
- 4) An IRS determination letter of tax exempt charitable status under 501(C)(3) and proof that the organization is not a private foundation as defined in Section 509(A) of the IRS Code.
- 5) A brief written description of the organization's purpose, history and accomplishments.
- 6) Financial Statements (audited, if available) for the most recent fiscal year. From 990 (combined federal and state charitable reports) should be included.
- 7) A list of corporations and foundations that support the organization and the most recent amounts contributed.
- 8) The names and affiliations of the organization's board of directors.