



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

Name of foundation MIWD CHARITABLE FOUNDATION		A Employer identification number 47-2381136	
Number and street (or P O box number if mail is not delivered to street address) 650 W MARKET STREET		B Telephone number (see instructions) (717) 365-2550	
City or town, state or province, country, and ZIP or foreign postal code GRATZ, PA 17030		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <div><input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 657,917	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis )	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	862,370			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	639	639		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2) . . .		0		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	28,100	0	28,100	
	12 Total. Add lines 1 through 11 . . . . .	891,109	639	28,100	
	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .	2,783	0	0	0
	b Accounting fees (attach schedule) . . . . .	1,000	0	0	0
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . .				
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	132,486	0	0	0
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	136,269	0	0	0
	25 Contributions, gifts, grants paid . . . . .	360,212			360,212
	26 Total expenses and disbursements. Add lines 24 and 25	496,481	0	0	360,212
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	394,628			
	b Net investment income (if negative, enter -0-)		639		
c Adjusted net income (if negative, enter -0-) . . .				28,100	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1	Cash—non-interest-bearing . . . . .	203,289	117,918	117,918	
	2	Savings and temporary cash investments . . . . .		500,258	500,258	
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____				
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____				
	5	Grants receivable . . . . .				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .				
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____				
	8	Inventories for sale or use . . . . .				
	9	Prepaid expenses and deferred charges . . . . .				
	10a	Investments—U S and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule) . . . . .	0	39,741	39,741	
	c	Investments—corporate bonds (attach schedule) . . . . .				
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____				
	12	Investments—mortgage loans . . . . .				
	13	Investments—other (attach schedule) . . . . .				
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____				
15	Other assets (describe ▶ _____)					
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	203,289	657,917	657,917		
Liabilities	17	Accounts payable and accrued expenses . . . . .				
	18	Grants payable . . . . .				
	19	Deferred revenue . . . . .				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable (attach schedule) . . . . .				
	22	Other liabilities (describe ▶ _____)				
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0		
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>					
	24	Unrestricted . . . . .	203,289	597,917		
	25	Temporarily restricted . . . . .		60,000		
	26	Permanently restricted . . . . .				
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 27 through 31.</b>					
	27	Capital stock, trust principal, or current funds . . . . .				
	28	Paid-in or capital surplus, or land, bldg , and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds				
	30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	203,289	657,917		
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) .	203,289	657,917			

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

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	203,289
2	Enter amount from Part I, line 27a . . . . .	2	394,628
3	Other increases not included in line 2 (itemize) ▶ _____	3	60,000
4	Add lines 1, 2, and 3 . . . . .	4	657,917
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	657,917

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(h) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			

<b>2</b>	Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	<b>2</b>	
<b>3</b>	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		<b>3</b>	

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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	202,282	128,583	1.573163
2014			
2013			
2012			
2011			

<b>2</b> Total of line 1, column (d)	<b>2</b>	1 573,163
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	1 573,163
<b>4</b> Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	<b>4</b>	432,525
<b>5</b> Multiply line 4 by line 3	<b>5</b>	680,432
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	6
<b>7</b> Add lines 5 and 6	<b>7</b>	680,438
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	360,212

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

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

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	13
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	13
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	13
<b>6</b>	Credits/Payments		
<b>a</b>	2016 estimated tax payments and 2015 overpayment credited to 2016	<b>6a</b>	
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	0
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . ▶	<b>9</b>	13
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . ▶	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2017 estimated tax</b> ▶ <b>Refunded</b> ▶	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . <i>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</i>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ 0 (2) On foundation managers ▶ \$ _____ 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____ 0		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities</i>	<b>2</b>	No
<b>3</b> 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? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>	No
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>6</b>	Yes
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ PA _____		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	<b>8b</b>	Yes
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	<b>10</b>	No

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

<b>11</b>	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).	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>►</b> N/A	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>►</b> KIRBY BROSIUS Telephone no <b>►</b> (717) 365-2550			

Located at **►** 650 W MARKET STREET GRATZ PA ZIP+4 **►** 17030

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>►</b> 15			
<b>16</b>	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes," enter the name of the foreign country <b>►</b>	<b>16</b>	<b>Yes</b>	<b>No</b>

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

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

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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 ). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <b>►</b> <input type="checkbox"/>	<b>1b</b>		
<b>c</b>	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? <input type="checkbox"/>	<b>1c</b>		<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
<b>a</b>	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>►</b> 20____, 20____, 20____, 20____			
<b>b</b>	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 valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions ). <input type="checkbox"/>	<b>2b</b>		
<b>c</b>	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 <b>►</b> 20____, 20____, 20____, 20____			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	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 ). <input type="checkbox"/>	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	<b>4b</b>		<b>No</b>

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

<b>5a</b> During the year did the foundation pay or incur any amount to <b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
<b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> Organizations relying on a current notice regarding disaster assistance check here. . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>	<b>5b</b>		
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <i>If "Yes" to 6b, file Form 8870</i>	<b>6b</b>		<b>No</b>
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>	<b>7b</b>		

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

<b>1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).</b>				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				
<b>Total</b> number of other employees paid over \$50,000. . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>				<b>0</b>

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. . . . . ►		0

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

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

	Expenses
<b>1</b> DONATION TO FOUR DIAMONDS FUND HELPING TO CONQUER CHILDHOOD CANCER	113,050
<b>2</b> DONATION TO ST JUDES CHILDREN'S RESEARCH HOSPITAL HELPING TO CONQUER CHILDHOOD CANCER	100,000
<b>3</b> DONATIONS THROUGH OUTREACH COMMITTEES TO BENEFIT THEIR COMMUNITIES	139,661
<b>4</b> DONATION TO NED SMITH CENTER TO HELP MERGE THE ARTS AND THE NATURAL WORLD AND FOSTER A CELEBRATION OF BOTH	7,500

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b> _____ _____ _____	
<b>2</b> _____ _____ _____	
All other program-related investments. See instructions.	
<b>3</b> _____ _____ _____	
Total. Add lines 1 through 3 . . . . . ►	0



**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	28,623
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	410,489
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	439,112
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	439,112
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	6,587
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	432,525
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	21,626

**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.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	21,626
<b>2a</b>	Tax on investment income for 2016 from Part VI, line 5.	<b>2a</b>	13
<b>b</b>	Income tax for 2016 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	13
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	21,613
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	21,613
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	21,613

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	360,212
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	360,212
<b>5</b>	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).	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	360,212

**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	(d) 2016
<b>1</b> Distributable amount for 2016 from Part XI, line 7				21,613
<b>2</b> Undistributed income, if any, as of the end of 2016				
<b>a</b> Enter amount for 2015 only. . . . .			0	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2016				
<b>a</b> From 2011. . . . .				
<b>b</b> From 2012. . . . .				
<b>c</b> From 2013. . . . .				
<b>d</b> From 2014. . . . .				
<b>e</b> From 2015. . . . .				195,853
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	195,853			
<b>4</b> Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 360,212				
<b>a</b> Applied to 2015, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2016 distributable amount. . . . .				21,613
<b>e</b> Remaining amount distributed out of corpus	338,599			
<b>5</b> Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	534,452			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 . . . . .				0
<b>7</b> 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			
<b>8</b> Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9</b> <b>Excess distributions carryover to 2017.</b> Subtract lines 7 and 8 from line 6a . . . . .	534,452			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2012. . . . .				
<b>b</b> Excess from 2013. . . . .				
<b>c</b> Excess from 2014. . . . .				
<b>d</b> Excess from 2015. . . . .				195,853
<b>e</b> Excess from 2016. . . . .				338,599

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

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

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

**1 Information Regarding Foundation Managers:**

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

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

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

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

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

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

**c** Any submission deadlines

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

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	360,212
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	0

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .					
<b>4</b> Dividends and interest from securities. . . . .			14	639	
<b>5</b> Net rental income or (loss) from real estate					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .					
<b>9</b> Net income or (loss) from special events			01	-86,490	
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal. Add columns (b), (d), and (e). . . . .		0		-85,851	0
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . .			<b>13</b>		-85,851

(See worksheet in line 13 instructions to verify calculations )

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

[illegible]

## Part XVII

- |       | Yes | No |
|-------|-----|----|
| 1a(1) |     | No |
| 1a(2) |     | No |
| 1b(1) |     | No |
| 1b(2) |     | No |
| 1b(3) |     | No |
| 1b(4) |     | No |
| 1b(5) |     | No |
| 1b(6) |     | No |
| 1c    |     | No |

[illegible]

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

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

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

**Sign  
Here**

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

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

**Paid  
Preparer  
Use Only**

Print/Type preparer's name  MICHELLE MALIMBAN	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN  P01372721
Firm's name ▶ RSM US LLP				Firm's EIN ▶ 42-0714325
Firm's address ▶ 751 ARBOR WAY SUITE 200  BLUE BELL, PA 19422				Phone no (215) 641-8600

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
MATT DESOTO 430 SUMMERS ROAD MILLERSBURG, PA 17061	CHAIRMAN 1 00	0	0	0
MIKE DESOTO 4910 W IRON SPRINGS ROAD PRESCOTT, AZ 86306				
PAUL GARY 3 CENTERPOINTE DRIVE LAKE OSWEGO, OR 97035	DIRECTOR 1 00	0	0	0
KELLY NEIDERER 281 N OLD STONEHOUSE ROAD CARLISLE, PA 17013				
DAVID TRUSKEY 1805 PRIMROSE LANE DAUPHIN, PA 17018	DIRECTOR 1 00	0	0	0

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


Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FOUR DIAMONDS FUND 1249 COCOA AVENUE MC HS20 HERSHEY, PA 17033		PC	MEDICAL RESEARCH	113,050
ST JUDES CHILDRENS HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105		PC	MEDICAL RESEARCH	100,000
NED SMITH CENTER FOR NATURE AND ART 176 WATER COMPANY ROAD BOX 33 MILLERSBURG, PA 17061		PC	GENERAL DONATION	7,500
PRESCOTT VALLEY LITTLE LEAGUE PO BOX 25453 PRESCOTT VALLEY, AZ 86312		PC	GENERAL DONATION	300
MEGAN SHINGARA 1112 N FRANKLIN ST SHAMOKIN, PA 17872	NONE	I	GENERAL DONATION	100
<b>Total . . . . .</b> ► <b>3a</b>				360,212




Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SEAN ERDMANDISBURSEMENT PARK LANE HEGINS, PA 17938	NONE	I	GENERAL DONATION	500
UPPER DAUPHIN HUMAN SERVICES CENTER INC PO BOX 157 ELIZABETHVILLE, PA 17023		PC	GENERAL DONATION	1,566
KEITH A POTTIGER PO BOX 255 HALIFAX, PA 17032	NONE	I	GENERAL DONATION	614
HELPHOPELIVE INC TWO RADNOR CORPORATE CENTER RADNOR, PA 19087		PC	GENERAL DONATION	1,100
FOSTER'S HOME FOR CHILDREN PO BOX 978 STEPHENVILLE, TX 76401		SO I	GENERAL DONATION	500
<b>Total . . . . . ▶</b> <b>3a</b>				360,212

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
ASHLEY FONDRK 133 MAIN ST APT 2 LEECHBURG, PA 15656	NONE	I	GENERAL DONATION	1,500
THE LIGHT HOUSE INC 10 HUDSON STREET ANNAPOLIS, MD 21401		PC	GENERAL DONATION	1,500
SHANNON AND STEVE SCHWALM 159 WEST MOUNTAIN ROAD HEGINS, PA 17938	NONE	I	GENERAL DONATION	600
HOOVER BOYER FUNERAL HOME 118 SOUTH MARKET ST MILLERSBURG, PA 17061		NC	GENERAL DONATION	1,000
ALICIA HOOVER 932 STATE ST MILLERSBURG, PA 17061	NONE	I	GENERAL DONATION	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				360,212

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
VETERAN'S MEDICAL PLAQUE FUND PO BOX 11594 PRESCOTT, AZ 86304		NC	GENERAL DONATION	1,150
PILLOW FIRE COMPANY NO 1 PO BOX 452 PILLOW, PA 17080		NC	GENERAL DONATION	500
KIM BERRY 435 MATAMORAS RD HALIFAX, PA 17032	NONE	I	GENERAL DONATION	400
CHAD THEOBALD 7555 EAST STATE RT 69 PRESCOTT VALLEY, AZ 86314	NONE	I	GENERAL DONATION	3,000
PROJECT BREAD-THE WALK FOR HUNGER INC 145 BORDER STREET EAST BOSTON, MA 021281903		PC	GENERAL DONATION	200
<b>Total . . . . .</b> ► <b>3a</b>				360,212

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN CANCER SOCIETY PO BOX 897 HERSHEY, PA 17033		PC	GENERAL DONATION	500
DONALD KANE 1348 GINGRICH ROAD MIDDLETOWN, PA 170575205	NONE	I	GENERAL DONATION	734
MILLERSBURG YOUTH CENTER 346 CENTER ST MILLERSBURG, PA 17061		PC	GENERAL DONATION	254
YMCA CAMP LETTS 4003 CAMP LETTS EDGEWATER, MD 21037		NC	GENERAL DONATION	2,040
JAMES BUNGER JR 1849 ARMSTRON VALLEY RD HALIFAX, PA 17032	NONE	I	GENERAL DONATION	500
<b>Total . . . . .</b> 				360,212
<b>3a</b>				


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HUGHES FUNERAL HOME 400 EAST JEFFERSON BLVD DALLAS, TX 75203		NC	GENERAL DONATION	1,000
GRATZ BOROUGH PO BOX 305 GRATZ, PA 17030		NC	GENERAL DONATION	150
GEIGER PO BOX 712144 CINCINNATI, OH 452712144		NC	GENERAL DONATION	453
MICHELLE DIETRICH 443 W MAIN ST ELIZABETHVILLE, PA 17023	NONE	I	GENERAL DONATION	200
PHYLLIS A REPROGLE 5532 STATE RT 209 APT 3 LYKENS, PA 17048	NONE	I	GENERAL DONATION	500
<b>Total . . . . . ►</b> <b>3a</b>				360,212


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MI METALSRMHC 1517 STATE ROUTE 209 MILLERSBURG, PA 17061		NC	GENERAL DONATION	2,000
DUSTIN RHOADS 200 CENTER ST WICONISCO, PA 17097	NONE	I	GENERAL DONATION	500
SPECIAL OLYMPICS PO BOX 143806 AUSTIN, TX 787143806		PC	GENERAL DONATION	100
FIRST BAPTIST CHURCH WYLIE 101 N FIRST STREET WYLIE, TX 75098		NC	GENERAL DONATION	1,000
MINNIE'S FOOD PANTRY 3033 WEST PARKER ROAD PLANO, TX 75023		PC	GENERAL DONATION	1,000
<b>Total . . . . .</b> 				360,212
<b>3a</b>				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
KADENCE JAE FOUNDATION 105 HILLCREST AVENUE NEW CUMBERLAND, PA 17070		NC	GENERAL DONATION	500
HOMES FOR OUR TROOPS 6 MAIN ST TAUNTON, MA 02780		PC	GENERAL DONATION	2,500
TRI-VALLEY YOUTH ACTIVITIES FUND PO BOX 210 SACRAMENTO, PA 17968		NC	GENERAL DONATION	500
GRATZ PARKS & RECREATION 625 WEST MARKET ST GRATZ, PA 17030		NC	GENERAL DONATION	300
MILLERSBURG FERRY BOAT ASSOCIATION PO BOX 93 MILLERSBURG, PA 17061		PC	GENERAL DONATION	500
<b>Total . . . . . ▶</b> <b>3a</b>				360,212


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GUNS 'N HOSES FOUNDATION 1891 FOREST LANE GARLAND, TX 75042		PC	GENERAL DONATION	1,200
RITA RUCH TANDY LANE MILLERSBURG, PA 17061	NONE	I	GENERAL DONATION	1,000
BARBARA FREDERICK PARK LANE HEGINS, PA 17938	NONE	I	GENERAL DONATION	500
CLAYTON CREWS 17 SOUTH CHESTNUT ST SHENANDOAH, PA 17976	NONE	I	GENERAL DONATION	2,174
USLBM FOUNDATION 582 S EGG HARBOR ROAD HAMMONTON, NJ 08037		NC	GENERAL DONATION	1,500
<b>Total . . . . .</b> ▶ <b>3a</b>				360,212




Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TODD BIXLER PO BOX 731 VALLEY VIEW, PA 17983	NONE	I	GENERAL DONATION	20,542
NORTHERN DAUPHIN CO BRANCH YMCA 500 NORTH CHURCH ST ELIZABETHVILLE, PA 17023		NC	GENERAL DONATION	1,000
CAMP HEBRON INC 957 CAMP HEBRON RD HALIFAX, PA 17032		PC	GENERAL DONATION	1,125
COLEMAN'S MILITARY SURPLUS 360 KLINGER RD MILLERSBURG, PA 17061		NC	GENERAL DONATION	350
TEK FOUNDATION CC INC TANDY LANE MILLERSBURG, PA 17061		PC	GENERAL DONATION	6,050
<b>Total . . . . .</b> <b>3a</b>				360,212

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
WICONISCO FIRE COMPANY PO BOX 246 110 ARCH ST WICONISCO, PA 17097		NC	GENERAL DONATION	375
HOMES FOR OUR TROOPS INC 6 MAIN ST TAUNTON, MA 02780		PC	GENERAL DONATION	1,100
MELODY OF HOPE INC 6213 APACHE DR THE COLONY, TX 75056		PC	GENERAL DONATION	250
UDA GIRLS VOLLEYBALL 220 N CHURCH ST ELIZABETHVILLE, PA 17023		NC	GENERAL DONATION	250
JUDY WARFEL PARK LANE HEGINS, PA 17938	NONE	I	GENERAL DONATION	500
Total . . . . . 				360,212
3a				


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DUSTIN RHOADS 200 CENTER ST WICONISCO, PA 17097	NONE	I	GENERAL DONATION	4,338
GREATER BATON ROUGE FOOD BANK 10600 S CHOCTAW DR BATON ROUGE, LA 70815		PC	GENERAL DONATION	1,500
SCOTT DEE'S CATERING 376 HILL ROAD HEGINS, PA 17938		NC	GENERAL DONATION	127
PRESCOTT HIGH SCHOOL STUDENT COUNCIL 146 SOUTH GRANITE ST PRESCOTT, AZ 86303		NC	GENERAL DONATION	1,000
GRATZ FIRE CO 202 SOUTH CENTER ST GRATZ, PA 17030		NC	GENERAL DONATION	5,500
<b>Total . . . . . ▶</b> <b>3a</b>				360,212

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GSS-MARLEY HOUSE 1065 RUTH STREET PRESCOTT, AZ 86301		NC	GENERAL DONATION	1,000
BOYS & GIRLS CLUB OF CENTRAL AZ 335 EAST AUBREY STREET PRESCOTT, AZ 86303		PC	GENERAL DONATION	750
BECKY JUAREZ 7555 EAST STATE RD PRESCOTT VALLEY, AZ 86314	NONE	I	GENERAL DONATION	1,500
CHRISTIAN COMMUNITY ACTION 200 SOUTH MILL COURT LEWISVILLE, TX 75057		PC	GENERAL DONATION	1,000
KIMBERLY WOLFE 820 E CAMERON ST SHAMOKIN, PA 17872	NONE	I	GENERAL DONATION	4,000
<b>Total . . . . .</b> 				360,212
<b>3a</b>				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JASON HUHN 1307 STATE RT 25 MILLERSBURG, PA 17061	NONE	I	GENERAL DONATION	500
JACK ZEREMBO 1248 ROUTE 209 MILLERSBURG, PA 17061	NONE	I	GENERAL DONATION	500
EDWARD NOBLIT JR 59 DAVID DRIVE HALIFAX, PA 17032	NONE	I	GENERAL DONATION	2,220
MATT REIGEL 205 S 2ND ST BERRYSBURG, PA 17005	NONE	I	GENERAL DONATION	550
BRETT KRISTI DAUBERMAN 427 CENTER ST WICONISCO, PA 17097	NONE	I	GENERAL DONATION	150
<b>Total . . . . .</b> 				360,212
<b>3a</b>				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HALIFAX COMMUNITIES THAT CARE 3940 PETERS MOUNTAIN ROAD HALIFAX, PA 17032		PC	GENERAL DONATION	1,800
COREY HEN PARK LANE HEGINS, PA 17938	NONE	I	GENERAL DONATION	1,000
TONIA CURTIS MARTZ PO BOX 166 HERNDON, PA 17830	NONE	I	GENERAL DONATION	500
BRETT KRISTI DAUBERMAN 427 CENTER ST WICONISCO, PA 17097	NONE	I	GENERAL DONATION	100
TODD SNYDER 1677 URBAN ROAD HERNDON, PA 17830	NONE	I	GENERAL DONATION	600
<b>Total . . . . .</b> <b>3a</b>				360,212

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LINDA GILL 879 PUMPKIN CENTER ROAD KLINGERSTOWN, PA 17941	NONE	I	GENERAL DONATION	600
MICHELLE DIETRICH 443 W MAIN ST ELIZABETHVILLE, PA 17023	NONE	I	GENERAL DONATION	750
YAVAPAI HUMANE SOCIETY PO BOX 12 PRESCOTT, AZ 86302		PC	GENERAL DONATION	1,000
YAVAPAI BIG BOTHER BIG SISTER 3208 LAKESIDE VILLAGE DR PRESCOTT, AZ 86301		PC	GENERAL DONATION	1,000
CARROLLTON FIRE FIGHTERS BENEVOLENCE FUND PO BOX 110535 CARROLLTON, TX 750110535		NC	GENERAL DONATION	5,000
<b>Total . . . . . ▶</b> <b>3a</b>				360,212

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CENTRAL YAVAPAI FIRE DISTRICT 8555 E YAVAPAI ROAD PRESCOTT VALLEY, AZ 86314		NC	GENERAL DONATION	5,000
HEGINS VALLEY FIRE RESCUE 720 CHESTNUT STREET HEGINS, PA 17938		NC	GENERAL DONATION	5,000
SACRAMENTO COMMUNITY FIRE COMPANY 2206 EAST MAIN ST SACRAMENTO, PA 17968		NC	GENERAL DONATION	5,000
FLOWER MOUND FIRE DEPT 3911 S BROADWAY AVE FLOWER MOUND, TX 75028		NC	GENERAL DONATION	5,000
MILLERSBURG FIRE COMPANY NO 1 PO BOX 151 MILLERSBURG, PA 17061		NC	GENERAL DONATION	5,000
<b>Total</b> . . . . . 				360,212
<b>3a</b>				



**TY 2016 Accounting Fees Schedule****Name:** MIWD CHARITABLE FOUNDATION**EIN:** 47-2381136

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	1,000	0	0	0

**TY 2016 Investments Corporate Stock Schedule****Name:** MIWD CHARITABLE FOUNDATION**EIN:** 47-2381136

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
ADVANCED ENERGY INDUSTRIES INC	9,526	9,526
ASPEN TECHNOLOGY INC	9,624	9,624
GRAND CANYON EDUCATION INC	11,690	11,690
UBIQUITI NETWORKS INC	8,901	8,901

**TY 2016 Legal Fees Schedule****Name:** MIWD CHARITABLE FOUNDATION**EIN:** 47-2381136

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	2,783	0	0	0

**TY 2016 Other Expenses Schedule****Name:** MIWD CHARITABLE FOUNDATION**EIN:** 47-2381136**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OUTREACH COMMITTEE EXPENSES	17,896	0	0	0
SPECIAL EVENT EXPENSES	114,590	0	0	0

## TY 2016 Other Income Schedule

**Name:** MIWD CHARITABLE FOUNDATION

**EIN:** 47-2381136

### Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	28,100		28,100

**TY 2016 Other Increases Schedule**

**Name:** MIWD CHARITABLE FOUNDATION

**EIN:** 47-2381136

Description	Amount
TEMP. RESTRICTED NET ASSETS	60,000

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	<b>Schedule of Contributors</b>  ▶ <b>Attach to Form 990, 990-EZ, or 990-PF</b> ▶ <b>Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a></b>	OMB No 1545-0047  <b>2016</b>

<b>Name of the organization</b> MIWD CHARITABLE FOUNDATION	<b>Employer identification number</b> 47-2381136
---	---

**Organization type** (check one)

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☒ 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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing 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) filing 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. Do not 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.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> MIWD CHARITABLE FOUNDATION	<b>Employer identification number</b> 47-2381136
---	---

**Part I** **Contributors** (see Instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )



Employer identification number

47-2381136

Part II	Noncash Property
---------	------------------

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

<b>Name of organization</b> MIWD CHARITABLE FOUNDATION	<b>Employer identification number</b> 47-2381136
---	---

<b>Part III</b>	<b>Exclusively</b> religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <b>exclusively</b> religious, charitable, etc., contributions of <b>\$1,000 or less</b> for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
-----------------	--

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

Additional Data

Software ID:  
Software Version:  
EIN: 47-2381136  
Name: MIWD CHARITABLE FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	AURORA PLASTICS	\$ 17,800	Person <input checked="" type="checkbox"/>
	9280 JEFFERSON ST		Payroll <input type="checkbox"/>
	STREETSBORO, OH 44241		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>2</u>	BIGNOLI ENTERPRISES	\$ 8,000	Person <input checked="" type="checkbox"/>
	10 JEFFREY WAY		Payroll <input type="checkbox"/>
	NORWALK, OH 44857		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>3</u>	BULLDOG POLYMERS	\$ 7,800	Person <input checked="" type="checkbox"/>
	10 JEFFREY WAY		Payroll <input type="checkbox"/>
	NORWALK, OH 44857		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>4</u>	CALDWELL MANUFACTURING	\$ 23,200	Person <input checked="" type="checkbox"/>
	PO BOX 92891		Payroll <input type="checkbox"/>
	ROCHESTER, NY 14692		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>5</u>	CARDINAL GLASS	\$ 5,700	Person <input checked="" type="checkbox"/>
	775 PRAIRIE CENTER DR SUITE 200		Payroll <input type="checkbox"/>
	EDEN PRAIRIE, MN 55344		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>6</u>	CHESCO SALES	\$ 24,500	Person <input checked="" type="checkbox"/>
	5620 TURNER GLEN DRIVE		Payroll <input type="checkbox"/>
	RALEIGH, NC 27603		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	FLYOVER ENTERPRISES	\$ 9,900	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
	1068 CHIPMUNK LANE		
	PENDELETON, IN46064		
<u>8</u>	FRYMAN'S RECYCLING	\$ 6,800	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
	PO BOX 781		
	DOWAGIAC, MI49047		
<u>9</u>	GRATZ OPS OUTREACH	\$ 5,165	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
	650 W MARKET ST		
	GRATZ, PA17030		
<u>10</u>	GUARDIAN	\$ 19,200	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
	2300 HARMON ROAD		
	AUBURN HILLS, MI48326		
<u>11</u>	HEGINS OUTREACH	\$ 21,028	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
	PARK LANE		
	HEGINS, PA17938		
<u>12</u>	M&T BANK	\$ 9,800	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
	PO BOX 767		
	BUFFALO, NY14240		

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>	MATT DESOTO	\$ 50,000	<b>Person</b> <input checked="" type="checkbox"/>
	650 WEST MARKET ST		<b>Payroll</b> <input type="checkbox"/>
	GRATZ, PA17030		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>14</u>	MIKE DESOTO	\$ 55,250	<b>Person</b> <input checked="" type="checkbox"/>
	4910 WIRON SPRINGS RD		<b>Payroll</b> <input type="checkbox"/>
	PRESCOTT VALLEY, AZ86305		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>15</u>	MI WINDOWS AND DOORS	\$ 283,873	<b>Person</b> <input checked="" type="checkbox"/>
	650 WEST MARKET ST		<b>Payroll</b> <input type="checkbox"/>
	GRATZ, PA17030		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>16</u>	OPS OUTREACH	\$ 5,990	<b>Person</b> <input checked="" type="checkbox"/>
	650 WEST MARKET ST		<b>Payroll</b> <input type="checkbox"/>
	GRATZ, PA17030		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>17</u>	PETER DESOTO	\$ 10,100	<b>Person</b> <input checked="" type="checkbox"/>
	1180 GULF BLVD APT 401		<b>Payroll</b> <input type="checkbox"/>
	CLEARWATER, FL33767		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>18</u>	ROSCOM INC	\$ 10,200	<b>Person</b> <input checked="" type="checkbox"/>
	2925 STATE ROAD		<b>Payroll</b> <input type="checkbox"/>
	CROYDON, PA19021		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )

**Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.**

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>	SOUTHWEST ROCKIES SALES	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
	8602 E HAZELWOOD ST		
	SCOTTSDALE, AZ85251		
<u>20</u>	STEPHEN REHMAN	\$ 79,741	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
	9221 HARVEST RUSH ROAD		
	OWING MILLS, MD21117		
<u>21</u>	THE GARY LAW GROUP	\$ 9,800	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
	3 CENTERPOINTE DRIVE SUITE 190		
	LAKE OSWEGO, OR97035		
<u>22</u>	TWENTY-FOUR SEVEN SALES	\$ 30,250	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
	9221 HARVEST RUSH ROAD OWING MILLS		
	OWING MILLS, MD21117		
<u>23</u>	WATSONTOWN TRUCKING	\$ 6,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
	60 BELFORD BLVD		
	MILTON, PA17847		