Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2017

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

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| | Balance Sheets (see the instructions for Part II) | | |
| | ` Check if the organization used Schedule O to respond to any question in this | | |
| | | (A) Beginning of year | (B) End of year |
| 22 | Cash, savings, and investments | 65219 | |
| 23 | Land and buildings | | 23 |
| 24 | Other assets (describe in Schedule O) | | 24 |
| 25 | Total assets | | 25 / |
| 26 | Total liabilities (describe in Schedule O) | | 26 |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 65219 | |
| ?: Part | | | |
| | Check if the organization used Schedule O to respond to any question in this | | Expenses |
| What | is the organization's primary exempt purpose? promote awareness of & provide enhancements | | (Required for section |
| | | | 501(c)(3) and 501(c)(4) organizations; optional for |
| ပူမွှေငျ | ibe the organization's program service accomplishments for each of its three largest | orogram_services. | organizations, optional for |
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| 30 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 31 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 32 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 33 If "Yes To line 35a, has the organization filed a Form 1991 for the year? If "No" provide an explanation in Schedule O 33 Uses the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 34 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule Applicable parts of Schedule N are make any leans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 39 If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under: section 4911 P o section 4912 P o secti | | Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this | | | | |
|---|------|--|------|------------|----------|------------|
| 33 | | mondono for fair 1.) Oncor if the organization used somedule of to respond to any question in the | , al | | | - |
| copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O, See instructions) 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on limes 2, 6a, and 7a, among others)? b If "Yes" to line 35a, has the organization filed a Form 990-1 for the year? If "Yes," provide an explanation in Schedule 0. Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part II amount of political expenditures, direct or indirect, as described in the instructions ■ 37a 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 33 | | 33 | 100 | ₩ | - |
| activities (such as those reported on lines 2, 6a, and 7a, among others)? b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 34 | copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the | 34 | | ~ | - 4 |
| c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? if "Yes," complete Schedule C, Part III. 35c 27d 38d 27d 38d 38d 27a 38a 38d 38d 27a 38a 38d 38d 38d 38d 38d 38d 38 | 35a | | 35a | | ~ | - |
| Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a | | | 35b | | V | - |
| b Did the organization file Form 1120-POL for this year? 30 Did the organization file Form 1120-POL for this year? 31 Did the organization form, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 32 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 33 Description 501 (c)(7) organizations. Enter: 34 Did Freys, "complete Schedule L, Part I and enter the total amount involved 38 Description 501 (c)(7) organizations. Enter amount of tax imposed on the organization during the year under: 35 Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization and transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 26 Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 37 Did V 38 Did We organization and 501 (c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 38 Description 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax on line 40c relimbursed by the organization 40 Description for the foreign country is filed Pennsylvania 40 Description for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account in a foreign country; busine turn is filed Pennsylvania 42 Description for exceptions and filing requirements for FinCEN Form 1041—Check here 42 Description for foreign country for form 990-EZ in lieu of Form 1041—Check here 45 Description for form 1041—Check here 46 Description form 1041—Check here 47 Desc | 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets | 35c | | ~ | - |
| b Did the organization file Form 1120-PQL for this year? 28a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved | 37a | | 36 | | ~ | - |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39b 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0; section 4915 ▶ 0 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ Pennsylvania 42a The organization's books are in care of ▶ Caroline L. Rapalyea Located at ▶ PO Box 695 Located at ▶ PO Box 695 Telephone no. ▶ 610-667-3836 Located at ▶ PO Box 695 Telephone no. ▶ 610-667-3836 Located at ▶ PO Box 695 Telephone no. ▶ 610-667-3836 If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exem | | Did the organization file Form 1120-POL for this year? | 37b | | 1 | _ |
| Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ Pennsylvania The organization's books are in care of ▶ Caroline L. Rapalyea Located at ▶ PO Box 695 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year. Yes No | b | | 38a | - | V | 1 |
| Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40c reimbursed by the organization. All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T List the states with which a copy of this return is filed ▶ Pennsylvania The organization's books are in care of ▶ Caroline L. Rapalyea Telephone no. ▶ 610-667-3836 Located at ▶ PO Box 695 ZIP + 4 ▶ 19004 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 | 39 | Section 501(c)(7) organizations. Enter: | | | | 1 |
| b Section 4911 | b | Gross receipts, included on line 9, for public use of club facilities | † | ļ | | |
| that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed Pennsylvania The organization's books are in care of Caroline L. Rapalyea Telephone no. 510-667-3836 Located at PO Box 695 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here Yes No | | section 4911 \triangleright 0; section 4912 \triangleright 0; section 4955 \triangleright 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 | | | | |
| on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. | | that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | V | , I |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed ▶ Pennsylvania 42a The organization's books are in care of ▶ Caroline L. Rapaltyea Telephone no. ▶ 610-667-3836 Located at ▶ PO Box 695 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ □ 44 Yes No | С | on organization managers or disqualified persons during the year under sections 4912, | | | | |
| transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ Pennsylvania The organization's books are in care of ▶ Caroline L. Rapalyea Located at ▶ PO Box 695 Tile + 4 ▶ 19004 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here Telephone no. ▶ 610-667-3836 Yes No | d | | | | | • |
| The organization's books are in care of ► Caroline L. Rapalyea Telephone no. ► 610-667-3836 Located at ► PO Box 695 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year | е | | 40e | - | ~ | 1 |
| Located at ▶ PO Box 695 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 Yes No | 41 | List the states with which a copy of this return is filed ▶ Pennsylvania | | | | _ |
| a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ 42c 42c 42c 42c 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 | 42a | | | | 5 | - |
| If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ► 42c 42c 42c 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► Yes No | þ | | 42b | Yes | No | - |
| If "Yes," enter the name of the foreign country: ► 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 Yes No | | If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and | | | | 1 |
| Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year | С | | 42c | L <u>.</u> | | - |
| | 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here | •• | . | | _ |
| μοι των των τουν ποιοικό που του του του του του του του του του τ | 442_ | Did the executation mointain any dense advised funds during the years of 81/42.7 Farm 000 must be | | Yes | No | - |

| Form 99 | 90-EZ (2 | (017) | | | | | | | Page 4 |
|----------|-------------|--|--|---|----------------|--|-------------|-----------|---|
| 46 | | he organization engage, directly or in | | | | | | Yes | No |
| | to ca | indidates for public office? If "Yes," o | | Part I | | <u> </u> | . 4 | 6 | <u>'</u> |
| Part | VI | Section 501(c)(3) organizations All section 501(c)(3) organization | _ | stions 47–49b an | nd 52. and | complete th | e tables | s for lir | nes |
| | | 50 and 51. | 400 | | , | | | - | |
| | | Check if the organization used Scl | hedule O to respond | to any question in | n this Part | VI | | | . 🗆 |
| | | | | | | | | Yes | No |
| 47 | | he organization engage in lobbying ? If "Yes," complete Schedule C, Par | | section 501(h) elec | | | | 7 | ~ |
| 48 | ls the | e organization a school as described in | | | | | | | 1 |
| 49a | | he organization make any transfers to | | • | | | | a | 1 |
| b | | es," was the related organization a se | | • | | | . 49 | b | |
| 50 | | plete this table for the organization's | | | | | | | |
| | empl | oyees) who each received more than | \$100,000 of comper | sation from the or | ganizatıon. | If there is non | e, enter | "None. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | (a) | Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MIS | contribut | ealth benefits, ions to employee ans, and deferred npensation | | ated amo | |
| NONE | | | | | | | | | |
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| f | | number of other employees paid ov | | | | _ | | | |
| 51 | | plete this table for the organization | | | ent contrac | tors who eacl | h receiv | ed mor | e than |
| | \$100 | ,000 of compensation from the orga | inization. If there is no | one, enter "None." | | | | | |
| | (a) | Name and business address of each independ | lent contractor | (b) Type of s | service | (c |) Compens | sation | |
| NONE | | | | | | | | | |
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| | | | | 1 | | | | | |
| d | Total | number of other independent contra | actors each receiving | over \$100,000 . | . ▶ | | | | |
| 52 | Did | the organization complete Schedu | ule A? Note: All se | ection 501(c)(3) or | ganization | s must attac | h a | | |
| | comp | oleted Schedule A | <u> </u> | <u> </u> | <u> </u> | <u> </u> | .►☑ Y | es 🗌 | No |
| Under p | enalties | of perjury, I declare that I have examined this | return, including accompan | ying schedules and stat | ements, and t | o the best of my k | nowledge | and belie | f, it is |
| true, co | rrect, an | d complete. Declaration of preparer (other than | officer) is based on all info | ermation of which prepare | rer has any kn | owledge. | | | |
| ۵. | | anound t | gar | | | 2-18 | -18 | | |
| Sign | ł | Signature of officer | U V | | | Date | | | |
| Here | ?: | Caroline L. Rapalyea, Vice Preside | ent and Treasurer | | | | | | |
| | $=$ \perp | Type or print name and title | 15 | ···· | D-4: | | 0.77 | | |
| Paid | | Print/Type preparer's name | Preparer's signature | | Date | Check _ | | N | |
| Prep | arer | | | | | self-emplo | oyed | | |
| Use (| Only | Firm's name ▶ | | | | Firm's EIN ▶ | | | |
| Marrat | O IDC | Firm's address > | ahawa ahawa 0 O | | | Phone no. | | | |
| iviay tr | ie iks | discuss this return with the prepare | r snown above? See i | instructions | | | _ L Y | es 📋 | No |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

| Part I. Reson for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 | Name of the organization | Employer identification number |
|--|--|--|
| The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-E2.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: A regalization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). Complete Part II.) A forded state of the section 170(b)(1)(A)(iii). Complete Part III.) A forded state of the section 170(b)(1)(A)(iii) and the section 170(b)(1)(A)(iii) and the section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: A forded state of the section 170(b)(1)(A)(iii) and the section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: A forded state of the section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: A forded state of the section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: A forded state of the section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: A forded state of the section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: A forded state of the section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: A forded state of the section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: A forded state of the section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: A forded state of the section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: A forded state of the section 170(b)(1)(A)(iii). Enter the hospital's name, city, and ci | Friends of the Cynwyd Heritage Trail Inc | 26-398675 |
| 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). 2 A school described in section 170(b)(1)(A)(iii). (Attack Schedule E (Form 990 or 990-E2). 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). (Complete Part II.) 6 A faderal state scales as a section 170(b)(1)(A)(iii). (All states as a section 170(b)(1)(A)(iii). (All scales as a section 170(b)(1)(A)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a) | Part I Reason for Public Charity Status (All organizations must complete the | nis part.) See instructions. |
| 2 A school described in section 170(b)(1)(A)(iii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 A magnization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). (Complete Part III.) 5 A folderal class related an approximate the second of | | |
| 3 | | |
| 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii). (Complete Part II.) 6 A federal data as local assessment to assessmental unit described in section 170(b)(1)(A)(iii). | | - 10 |
| hospital's name, city, and state: 5 | | |
| section 170b)(1)(A)(iv), (Complete Part II.) A faderal state action accompanies as assessmental unit described in a state 170b)(4)(4)(6) | hospital's name, city, and state: | |
| Series of the control | | erated by a governmental unit described in |
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| Part | • | | | | | | |
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| | (Complete only if you checked the | | | | | | alify under |
| | Part III. If the organization fails to | qualify unde | er the tests lis | ted below, p | lease comple | te Part III.) | |
| | ion A. Public Support | | | r | | | / |
| | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | ., | | |
| | on B. Total Support | | | | | | |
| | idar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | /(d) 2016 | (e) 2017 | (f) Total |
| 7 | Amounts from line 4 | | | | ľ | | · |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 12 13 | Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the support of the support of the form 990 is for the form 990 | • | '/ | d third fourth | or fifth tax v | 12 ear as a section | on 501(c)(3) |
| .0 | organization, check this box and stop he | - | | | • | | |
| Secti | on C. Computation of Public Suppor | | <u>/</u> | <u>-</u> | | | |
| 14 | Public support percentage for 2017 (line 6 | | | 1. column (f)) | | 14 | % |
| 15 16a | Public support percentage from 2016 Sch 331/3% support test—2017. If the organi box and stop here. The organization qua | nedule A, Part ization, did not | II, line 14 check the box | | nd line 14 is 33 | 15 31/3% or more, | % check this |
| b | 331/3% support test—2016. If the organithis box and stop here. The organization | | | | | | |
| 17a | 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | | | | |
| b | 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization is supported organization. | ition meets th | e "facts-and-o ts-and-circum | circumstances stances" test. | " test, check The organizati | this box and | stop here. |
| 18 | supported organization | | box on line 13 | | a, or 17b, chec | | |

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

| Secti | on A. Public Support | | | | | | |
|-------------|---|----------|-----------------|---------------|-------------------|----------|--------------------|
| Calen | dar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | - | | | |
| _ | received. (Do not include any "unusual grants.") | | | | 66603 | | 66603 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | ; | | · | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | _ | | 3000 | | 3000 |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | 1 | | | ļ | | |
| 6 | Total. Add lines 1 through 5 | | | | 69603 | | 69603 |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons . | - | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | | | } | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| C | Add lines 7a and 7b | | | | L | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| <u> </u> | line 6.) | <u> </u> | L | L | L1 | | 69603 |
| | on B. Total Support | (-) 0010 | (L) 0014 | 4-2-0045 | (-D-004C | (-) 0047 | I I Total |
| Calen 9 | dar year (or fiscal year beginning in) Amounts from line 6 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 69603 | (e) 2017 | (f) Total 69603 |
| 10a | Amounts from line 6 | | | | 67603 | | 67003 |
| IUa | payments received on securities loans, rents, | | | | | | |
| | royalties, and income from similar sources. | | 1 | | \ | | |
| b | Unrelated business taxable income (less | ļ | | | | | |
| - | section 511 taxes) from businesses | | <u> </u> | | 1 | | |
| | acquired after June 30, 1975 | | l | | { [| | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | 1 | | | | | ļ |
| | or not the business is regularly carried on |) | 1 | | 1 | | 1 |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | 1 | | | | | 1 |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | | 69603 | | 69603 |
| 14 | First five years. If the Form 990 is for the | - | | | | | |
| | organization, check this box and stop he | | | <u> </u> | <u> </u> | <u> </u> | · · · P [] |
| | on C. Computation of Public Suppo | | | | | T T | |
| 15 | Public support percentage for 2017 (line | | | | | 15 | 100 % |
| 16 Secti | Public support percentage from 2016 Sc | | | · · · · · · | | 16 | % |
| 17 | on D. Computation of Investment In Investment income percentage for 2017 | | | v line 12 och | mp (fl) | 17 | 0 0/ |
| 18 | Investment income percentage for 2017 Investment income percentage from 2016 | • | | • | | 18 | <u> </u> |
| 19a | 33 ¹ / ₃ % support tests—2017. If the organ | | | | | | |
| 130 | 17 is not more than 331/3%, check this box | | | | | | |
| b | 33 ¹ / ₃ % support tests—2016. If the organization | | _ | | | | |
| Ų | line 18 is not more than 331/3%, check this | | | | | | |
| 20 | Private foundation. If the organization d | = | _ | - | • | - | = |