

For calendar year 2016, or tax year beginning 12-01-2016, and ending 11-30-2017

Name of foundation APGAR-BLACK FOUNDATION		A Employer identification number 23-3024321	
Number and street (or P O box number if mail is not delivered to street address) PO BOX 313		Room/suite	B Telephone number (see instructions) (215) 567-6565
City or town, state or province, country, and ZIP or foreign postal code POINT PLEASANT, PA 18950		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change <input type="checkbox"/>		E If private foundation status was terminated under section 507(b)(1)(A), check here <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		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 1,072,539		J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	

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)	760,287			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	107	107		
	4 Dividends and interest from securities	27,719	27,719		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	19,727			
	b Gross sales price for all assets on line 6a _____ 798,790				
	7 Capital gain net income (from Part IV, line 2)		296,822		
	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)				
	12 Total. Add lines 1 through 11	807,840	324,648		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	3,275	1,638		1,637
	c Other professional fees (attach schedule)	11,487	11,487		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	600	0		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	269	0		269
	24 Total operating and administrative expenses. Add lines 13 through 23	15,631	13,125		1,906
	25 Contributions, gifts, grants paid	55,000			55,000
	26 Total expenses and disbursements. Add lines 24 and 25	70,631	13,125		56,906
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	737,209			
	b Net investment income (if negative, enter -0-)		311,523		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	7,471	24,979	24,979
	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)	259,268	1,047,560	1,047,560
	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 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	266,739	1,072,539	1,072,539	
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 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0	0	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29 Retained earnings, accumulated income, endowment, or other funds	266,739	1,072,539	
30 Total net assets or fund balances (see instructions)	266,739	1,072,539		
31 Total liabilities and net assets/fund balances (see instructions) .	266,739	1,072,539		

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	266,739
2 Enter amount from Part I, line 27a	2	737,209
3 Other increases not included in line 2 (itemize) ▶ _____	3	68,591
4 Add lines 1, 2, and 3	4	1,072,539
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	1,072,539

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a MERRILL LYNCH #04257	D	2017-12-06	2017-11-30
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 798,790		501,968	296,822
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			296,822
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	296,822
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 { }	3	

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

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	32,082	273,305	0 117385
2014	12,176	292,916	0 041568
2013	44,843	312,208	0 143632
2012	43,266	288,736	0 149846
2011	69,806	320,017	0 218132
2 Total of line 1, column (d)			2 0 670563
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0 134113
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5			4 1,042,001
5 Multiply line 4 by line 3			5 139,746
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 3,115
7 Add lines 5 and 6			7 142,861
8 Enter qualifying distributions from Part XII, line 4			8 56,906

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)

1a	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	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	1	6,230
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	6,230
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	6,230
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	170
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	170
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	6,060
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be Credited to 2017 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

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

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	Yes	
14	The books are in care of ALLEN BLACK RICHARD APGAR Telephone no (215) 567-6565			

Located at **42 RIVER ROAD PO BOX 313 POINT PLEASANT PA** ZIP+4 **189500313**

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16	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 ▶	16	Yes	No

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.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(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? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> 1b			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? <input type="checkbox"/> 1c			No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 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 ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/> 2b			
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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"/> Yes <input checked="" type="checkbox"/> No 3b			
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a			No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016? 4b			No

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

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

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	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
ALLEN D BLACK BOX 313 PT PLEASANT, PA 18950	DIRECTOR 0 00	0	0	0
RANDY APGAR BOX 313 PT PLEASANT, PA 18950	DIRECTOR 0 00	0	0	0
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				
Total number of other employees paid over \$50,000.				0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

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

Part IX-A Summary of Direct Charitable Activities

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

	Expenses
1	
2	
3	
4	

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

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	1,034,102
b	Average of monthly cash balances.	1b	23,767
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	1,057,869
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	1,057,869
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	15,868
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,042,001
6	Minimum investment return. Enter 5% of line 5.	6	52,100

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

1	Minimum investment return from Part X, line 6.	1	52,100
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	6,230
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	6,230
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	45,870
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	45,870
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	45,870

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	56,906
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	56,906
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	56,906

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
1	Distributable amount for 2016 from Part XI, line 7				45,870
2	Undistributed income, if any, as of the end of 2016				
a	Enter amount for 2015 only.			0	
b	Total for prior years 20____, 20____, 20____		0		
3	Excess distributions carryover, if any, to 2016				
a	From 2011.	54,193			
b	From 2012.	29,297			
c	From 2013.	29,547			
d	From 2014.				
e	From 2015.	18,847			
f	Total of lines 3a through e.	131,884			
4	Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 56,906				
a	Applied to 2015, but not more than line 2a			0	
b	Applied to undistributed income of prior years (Election required—see instructions).		0		
c	Treated as distributions out of corpus (Election required—see instructions).	0			
d	Applied to 2016 distributable amount.				45,870
e	Remaining amount distributed out of corpus	11,036			
5	Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6	Enter the net total of each column as indicated below:				
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5	142,920			
b	Prior years' undistributed income Subtract line 4b from line 2b		0		
c	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d	Subtract line 6c from line 6b Taxable amount—see instructions		0		
e	Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f	Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				0
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8	Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions).	54,193			
9	Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	88,727			
10	Analysis of line 9				
a	Excess from 2012.	29,297			
b	Excess from 2013.	29,547			
c	Excess from 2014.				
d	Excess from 2015.	18,847			
e	Excess from 2016.	11,036			

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

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

1 Information Regarding Foundation Managers:	
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) ALLEN D BLACK	
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 <input type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d	
a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed ALLEN D BLACK BOX 313 POINT PLEASANT, PA 18950 (215) 567-6565	
b The form in which applications should be submitted and information and materials they should include LETTER REQUESTING AMOUNT AND PROPOSED USE OF FUNDS	
c Any submission deadlines NONE	
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors NONE	

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)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	55,000
b <i>Approved for future payment</i>				
Total			3b	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	
1 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments			14	107	
4 Dividends and interest from securities.			14	27,719	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	19,727	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal Add columns (b), (d), and (e).		0		47,553	0
13 Total. Add line 12, columns (b), (d), and (e).			13		47,553

(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

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

Print/Type preparer's name EMILY GUNTHERCPA	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00644197
Firm's name ▶ CLIFTONLARSONALLEN LLP				Firm's EIN ▶ 41-0746749
Firm's address ▶ 610 W GERMANTOWN PIKE STE 400 PLYMOUTH MEETING, PA 19462				Phone no (215) 643-3900

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)				
a <i>Paid during the year</i>				
ACADEMY OF VOCAL ARTS (AVA) 1920 SPRUCE STREET PHILADELPHIA, PA 19103		PUBLIC CHARITY	UNDERWRITE THE COSTS OF A CULTIVATION EVENT AND ADVERTISEMENT IN AVA'S MAGAZINE	5,000
PROJECT HOME 1515 FAIRMOUNT AVENUE PHILADELPHIA, PA 19103		PUBLIC CHARITY	GENERAL PURPOSES	10,000
CHRIST CHURCH PRESERVATION TRUST 20 N AMERICAN STREET PHILADELPHIA, PA 19106		PUBLIC CHARITY	A NEW PIPE ORGAN	10,000
KIMMEL CENTER INC 1500 WALNUT STREET 17TH FLOOR PHILADELPHIA, PA 19102		PUBLIC CHARITY	2017 JAZZ RESIDENCY PROGRAM	5,000
DELAWARE CANAL 21 PO BOX 262 POINT PLEASANT, PA 18950		PUBLIC CHARITY	GENERAL PURPOSES	25,000
Total ▶ 3a				55,000

TY 2016 Accounting Fees Schedule**Name:** APGAR-BLACK FOUNDATION**EIN:** 23-3024321

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	3,275	1,638		1,637

TY 2016 Investments Corporate Stock Schedule

Name: APGAR-BLACK FOUNDATION
EIN: 23-3024321

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ALTRIA GROUP INC	78,818	78,818
BLACKROCK INC	46,109	46,109
BLOCK H&R INC	0	0
CA INC	32,409	32,409
CARNIVAL CORP PAIRED SHS	52,184	52,184
CHEVRON CORP	28,201	28,201
CINN FINCL CRP OHIO	35,646	35,646
CISCO SYSTEMS INC COM	34,428	34,428
COCAL COLA COM	20,963	20,963
DOMINION RES INC NEW VA	15,816	15,816
DUKE ENERGY CORP NEW	21,225	21,225
ELI LILLY &CO	31,909	31,909
GENERAL ELECTRIC	23,777	23,777
GENL DYNAMICS CORP COM	59,662	59,662
HASBRO INC COM	9,953	9,953
INTEL CORP	36,948	36,948
KINDER MORGAN INC DEL	18,298	18,298
LOWE'S COMPANIES INC	23,677	23,677
MICROSOFT CORP	40,402	40,402
NEWMARKET CORP	22,830	22,830
NORFOLK SOUTHERN CORP	53,095	53,095
PAYCHEX INC	29,347	29,347
PFIZER INC	35,390	35,390
REYNOLDS AMERICAN INC	0	0
THE MOSAIC COMPANY COMMON SHARES	0	0
VERIZON COMMUNICATIONS COM	29,974	29,974
WELLS FARGO & CO NEW DEL	54,268	54,268
BERKSHIRE HATHAWAY INC.	25,670	25,670
DIAEGO PLC SPSD ADR NEW	36,279	36,279
GENERAL MILLS	32,748	32,748

Name of Stock	End of Year Book Value	End of Year Fair Market Value
MERCK AND CO INC SHS	31,172	31,172
CROWN CASTLE REIT INC	35,256	35,256
PHILLIP MORRIS INTL INC	17,262	17,262
TARGET CORP COM	33,844	33,844

TY 2016 Other Expenses Schedule**Name:** APGAR-BLACK FOUNDATION**EIN:** 23-3024321**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	269	0		269

TY 2016 Other Increases Schedule

Name: APGAR-BLACK FOUNDATION
EIN: 23-3024321

Description	Amount
UNREALIZED GAINS	68,591

TY 2016 Other Professional Fees Schedule**Name:** APGAR-BLACK FOUNDATION**EIN:** 23-3024321

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTING FEE	11,487	11,487		0

TY 2016 Taxes Schedule**Name:** APGAR-BLACK FOUNDATION**EIN:** 23-3024321

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX	600	0		0

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990	OMB No 1545-0047 2016
	Name of the organization APGAR-BLACK FOUNDATION	Employer identification number 23-3024321

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not 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 33¹/₃% 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).

Name of organization APGAR-BLACK FOUNDATION	Employer identification number 23-3024321
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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 _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Name of organization APGAR-BLACK FOUNDATION	Employer identification number 23-3024321
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Part II Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	See Additional Data Table	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—		\$	

Name of organization APGAR-BLACK FOUNDATION	Employer identification number 23-3024321
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Part III	Exclusively 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 exclusively religious, charitable, etc., contributions of \$1,000 or less 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
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

Additional Data

Software ID:
Software Version:
EIN: 23-3024321
Name: APGAR-BLACK 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>	ALLEN BLACK	\$ 10,989	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>2</u>	ALLEN BLACK	\$ 9,838	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>3</u>	ALLEN BLACK	\$ 14,609	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>4</u>	ALLEN BLACK	\$ 9,254	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>5</u>	ALLEN BLACK	\$ 12,664	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>6</u>	ALLEN BLACK	\$ 12,175	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" 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>	ALLEN BLACK	\$ 2,651	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>8</u>	ALLEN BLACK	\$ 29,301	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>9</u>	ALLEN BLACK	\$ 24,316	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>10</u>	ALLEN BLACK	\$ 18,719	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>11</u>	ALLEN BLACK	\$ 20,256	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>12</u>	ALLEN BLACK	\$ 48,878	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>	ALLEN BLACK	\$ 9,977	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>14</u>	ALLEN BLACK	\$ 2,535	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>15</u>	ALLEN BLACK	\$ 4,921	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>16</u>	ALLEN BLACK	\$ 4,576	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>17</u>	ALLEN BLACK	\$ 7,267	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>18</u>	ALLEN BLACK	\$ 9,555	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	ALLEN BLACK	\$ 4,206	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
20	ALLEN BLACK	\$ 4,605	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
21	ALLEN BLACK	\$ 5,328	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
22	ALLEN BLACK	\$ 7,467	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
23	ALLEN BLACK	\$ 9,275	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
24	ALLEN BLACK	\$ 4,872	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>25</u>	ALLEN BLACK	\$ 8,983	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>26</u>	ALLEN BLACK	\$ 10,369	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>27</u>	ALLEN BLACK	\$ 5,303	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>28</u>	ALLEN BLACK	\$ 9,318	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>29</u>	ALLEN BLACK	\$ 9,922	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>30</u>	ALLEN BLACK	\$ 2,205	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>31</u>	ALLEN BLACK	\$ 14,968	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>32</u>	ALLEN BLACK	\$ 15,301	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>33</u>	ALLEN BLACK	\$ 3,111	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>34</u>	ALLEN BLACK	\$ 2,571	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>35</u>	ALLEN BLACK	\$ 5,488	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>36</u>	ALLEN BLACK	\$ 12,117	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>37</u>	ALLEN BLACK	\$ 1,705	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>38</u>	ALLEN BLACK	\$ 651	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>39</u>	ALLEN BLACK	\$ 1,394	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>40</u>	ALLEN BLACK	\$ 61	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>41</u>	ALLEN BLACK	\$ 281	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>42</u>	ALLEN BLACK	\$ 2,891	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	ALLEN BLACK	\$ 160	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
44	ALLEN BLACK	\$ 621	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
45	ALLEN BLACK	\$ 9,129	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
46	ALLEN BLACK	\$ 5,633	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
47	ALLEN BLACK	\$ 10,793	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
48	ALLEN BLACK	\$ 28,537	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	ALLEN BLACK	\$ 5,324	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
50	ALLEN BLACK	\$ 3,830	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
51	ALLEN BLACK	\$ 8,429	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
52	ALLEN BLACK	\$ 3,249	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
53	ALLEN BLACK	\$ 5,437	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
54	ALLEN BLACK	\$ 6,074	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>55</u>	ALLEN BLACK	\$ 3,313	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>56</u>	ALLEN BLACK	\$ 5,164	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>57</u>	ALLEN BLACK	\$ 9,706	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>58</u>	ALLEN BLACK	\$ 2,673	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>59</u>	ALLEN BLACK	\$ 22,586	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>60</u>	ALLEN BLACK	\$ 8,839	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	ALLEN BLACK	\$ 2,273	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
62	ALLEN BLACK	\$ 8,636	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
63	ALLEN BLACK	\$ 4,573	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
64	ALLEN BLACK	\$ 18,524	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
65	ALLEN BLACK	\$ 2,969	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
66	ALLEN BLACK	\$ 6,376	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>67</u>	ALLEN BLACK	\$ 4,177	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>68</u>	ALLEN BLACK	\$ 7,167	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>69</u>	ALLEN BLACK	\$ 8,496	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>70</u>	ALLEN BLACK	\$ 1,277	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>71</u>	ALLEN BLACK	\$ 6,866	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
<u>72</u>	ALLEN BLACK	\$ 17,192	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	ALLEN BLACK	\$ 13,591	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
74	ALLEN BLACK	\$ 50,052	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
75	ALLEN BLACK	\$ 15,870	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
76	ALLEN BLACK	\$ 4,636	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
77	ALLEN BLACK	\$ 3,110	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
78	ALLEN BLACK	\$ 10,841	Person <input type="checkbox"/>
	42 RIVER ROAD PO BOX 313		Payroll <input type="checkbox"/>
	POINT PLEASANT, PA189500313		Noncash <input checked="" 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>79</u>	ALLEN BLACK 42 RIVER ROAD PO BOX 313	<hr/> \$ 8,511	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	POINT PLEASANT, PA189500313		
<u>80</u>	ALLEN BLACK 42 RIVER ROAD PO BOX 313	<hr/> \$ 11,894	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	POINT PLEASANT, PA189500313		
<u>81</u>	ALLEN BLACK 42 RIVER ROAD PO BOX 313	<hr/> \$ 12,831	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	POINT PLEASANT, PA189500313		
<u>82</u>	ALLEN BLACK 42 RIVER ROAD PO BOX 313	<hr/> \$ 6,055	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
	POINT PLEASANT, PA189500313		

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>1</u>	168 SHARES OF ALTRIA GROUP INC	<u>\$ 10,989</u>	<u>2016-12-07</u>
<u>2</u>	164 SHARES OF ABBVIE	<u>\$ 9,838</u>	<u>2016-12-07</u>
<u>3</u>	77 SHARES OF ALLERGAN PLC	<u>\$ 14,609</u>	<u>2016-12-07</u>
<u>4</u>	12 SHARES OF ALPHABET INC CL C	<u>\$ 9,254</u>	<u>2016-12-07</u>
<u>5</u>	16 SHARES OF ALPHABET INC CL A	<u>\$ 12,664</u>	<u>2016-12-07</u>
<u>6</u>	301 SHARES OF AT&T	<u>\$ 12,175</u>	<u>2016-12-07</u>
<u>7</u>	44 SHARES OF AMN ELEC POWER CO	<u>\$ 2,651</u>	<u>2016-12-07</u>
<u>8</u>	423 SHARES OF ANADARKO PETE CORP	<u>\$ 29,301</u>	<u>2016-12-07</u>
<u>9</u>	219 SHARES OF APPLE INC	<u>\$ 24,316</u>	<u>2016-12-07</u>
<u>10</u>	233 SHARES OF AUTODESK INC DEL PV	<u>\$ 18,719</u>	<u>2016-12-07</u>

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>11</u>	71 SHARES OF BIOGEN	<u>\$ 20,256</u>	<u>2016-12-07</u>
<u>12</u>	705 SHARES OF COMCAST CORP	<u>\$ 48,878</u>	<u>2016-12-07</u>
<u>13</u>	112 SHARES OF CITRIX SYSTEMS INC	<u>\$ 9,977</u>	<u>2016-12-07</u>
<u>14</u>	36 SHARES OF CONSOLIDATED EDISON	<u>\$ 2,535</u>	<u>2016-12-07</u>
<u>15</u>	43 SHARES OF CHEVRON CORP	<u>\$ 4,921</u>	<u>2016-12-07</u>
<u>16</u>	54 SHARES OF CROWN CASTLE REIT	<u>\$ 4,576</u>	<u>2016-12-07</u>
<u>17</u>	176 SHARES OF COCA COLA CORP	<u>\$ 7,267</u>	<u>2016-12-07</u>
<u>18</u>	130 SHARES OF DOMINO RES INC	<u>\$ 9,555</u>	<u>2016-12-07</u>
<u>19</u>	90 SHARES OF DOLBY LABS INC	<u>\$ 4,206</u>	<u>2016-12-07</u>
<u>20</u>	52 SHARES OF DR PEPPER SNAPPLE GROUP INC	<u>\$ 4,605</u>	<u>2016-12-07</u>

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>21</u>	185 SHARES OF DISCOVERY COMMUNICATION INC	<u>\$ 5,328</u>	<u>2016-12-07</u>
<u>22</u>	100 SHARES OF DUKE ENERGY CORP	<u>\$ 7,467</u>	<u>2016-12-07</u>
<u>23</u>	163 SHARES OF DOW CHEMICAL CO	<u>\$ 9,275</u>	<u>2016-12-07</u>
<u>24</u>	66 SHARES OF DU PONT E I DE NEMOURS	<u>\$ 4,872</u>	<u>2016-12-07</u>
<u>25</u>	102 SHARES OF EXXON MOBILE CORP	<u>\$ 8,983</u>	<u>2016-12-07</u>
<u>26</u>	672 SHARES OF FREEPORT-MCMORAN INC	<u>\$ 10,369</u>	<u>2016-12-07</u>
<u>27</u>	97 SHARES OF FLUOR CORP	<u>\$ 5,303</u>	<u>2016-12-07</u>
<u>28</u>	79 SHARES OF FACEBOOK INC	<u>\$ 9,318</u>	<u>2016-12-07</u>
<u>29</u>	314 SHARES OF GENERAL ELECTRIC	<u>\$ 9,922</u>	<u>2016-12-07</u>
<u>30</u>	35 SHARES OF GENERAL MILLS	<u>\$ 2,205</u>	<u>2016-12-07</u>

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>31</u>	113 SHARES OF HOME DEPOT	<u>\$ 14,968</u>	<u>2016-12-07</u>
<u>32</u>	182 SHARES OF JP MORGAN CHASE & CO	<u>\$ 15,301</u>	<u>2016-12-07</u>
<u>33</u>	28 SHARES OF JOHNSON & JOHNSON CO	<u>\$ 3,111</u>	<u>2016-12-07</u>
<u>34</u>	31 SHARES OF KRAFT HEINZ CO	<u>\$ 2,571</u>	<u>2016-12-07</u>
<u>35</u>	48 SHARES OF KIMBERLY CLARK	<u>\$ 5,488</u>	<u>2016-12-07</u>
<u>36</u>	75 SHARES OF L-3 COMMUNICATIONS HOLDINGS	<u>\$ 12,117</u>	<u>2016-12-07</u>
<u>37</u>	23 SHARES OF LIBERTY BROADBAND CORP CC	<u>\$ 1,705</u>	<u>2016-12-07</u>
<u>38</u>	9 SHARES OF LIBERTY BROADBAND CORP	<u>\$ 651</u>	<u>2016-12-07</u>
<u>39</u>	39 SHARES OF LIBERTY MEDIA CORP SER A SIRIUSXM	<u>\$ 1,394</u>	<u>2016-12-07</u>
<u>40</u>	3 SHARES OF LIBERTY MEDIA CORP SER A BRAVES	<u>\$ 61</u>	<u>2016-12-07</u>

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>41</u>	9 SHARES OF LIBERTY MEDIA CORP SER A MEDIA GROUP	<u>\$ 281</u>	<u>2016-12-07</u>
<u>42</u>	82 SHARES OF LIBERTY MEDIA CORP SER C SIRIUSXM	<u>\$ 2,891</u>	<u>2016-12-07</u>
<u>43</u>	8 SHARES OF LIBERTY MEDIA CORP SER C BRAVES	<u>\$ 160</u>	<u>2016-12-07</u>
<u>44</u>	20 SHARES OF LIBERTY MEDIA CORP SER C MEDIA GROUP	<u>\$ 621</u>	<u>2016-12-07</u>
<u>45</u>	152 SHARES OF MERC & CO	<u>\$ 9,129</u>	<u>2016-12-07</u>
<u>46</u>	78 SHARES OF MEDTRONIC PLC	<u>\$ 5,633</u>	<u>2016-12-07</u>
<u>47</u>	90 SHARES OF MCDONALDS CORP	<u>\$ 10,793</u>	<u>2016-12-07</u>
<u>48</u>	465 SHARES OF MICROSOFT CORP	<u>\$ 28,537</u>	<u>2016-12-07</u>
<u>49</u>	56 SHARES OF NVIDIA	<u>\$ 5,324</u>	<u>2016-12-07</u>
<u>50</u>	249 SHARES OF NUANCE COMMUNICATIONS	<u>\$ 3,830</u>	<u>2016-12-07</u>

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>51</u>	146 SHARES OF NATIONAL GRID	<u>\$ 8,429</u>	<u>2016-12-07</u>
<u>52</u>	140 SHARES OF NOW INC	<u>\$ 3,249</u>	<u>2016-12-07</u>
<u>53</u>	22 SHARES OF NORTHROP GRUMMAN	<u>\$ 5,437</u>	<u>2016-12-07</u>
<u>54</u>	91 SHARES OF NUCOR CORP	<u>\$ 6,074</u>	<u>2016-12-07</u>
<u>55</u>	54 SHARES OF PENTAIR PLC	<u>\$ 3,313</u>	<u>2016-12-07</u>
<u>56</u>	156 SHARES OF PPL CORP	<u>\$ 5,164</u>	<u>2016-12-07</u>
<u>57</u>	108 SHARES OF PHILLIP MORRIS	<u>\$ 9,706</u>	<u>2016-12-07</u>
<u>58</u>	26 SHARES OF PEPSICO INC	<u>\$ 2,673</u>	<u>2016-12-07</u>
<u>59</u>	134 SHARES OF BROADCAM LTD	<u>\$ 22,586</u>	<u>2016-12-07</u>
<u>60</u>	105 SHARES OF PROCTOR & GAMBLE CO	<u>\$ 8,839</u>	<u>2016-12-07</u>

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>61</u>	41 SHARES OF REALTY INCM	<u>\$ 2,273</u>	<u>2016-12-07</u>
<u>62</u>	58 SHARES OF RAYTHEON CO	<u>\$ 8,636</u>	<u>2016-12-07</u>
<u>63</u>	67 SHARES OF ROSS STORES	<u>\$ 4,573</u>	<u>2016-12-07</u>
<u>64</u>	460 SHARES OF SEAGATE TECH	<u>\$ 18,524</u>	<u>2016-12-07</u>
<u>65</u>	85 SHARES OF STARZ	<u>\$ 2,969</u>	<u>2016-12-07</u>
<u>66</u>	1203 SHARES OF WEATHERFORD INTL	<u>\$ 6,376</u>	<u>2016-12-07</u>
<u>67</u>	64 SHARES OF WELLTOWER INC	<u>\$ 4,177</u>	<u>2016-12-07</u>
<u>68</u>	152 SHARES OF SOUTHERN COMPANY	<u>\$ 7,167</u>	<u>2016-12-07</u>
<u>69</u>	156 SHARES OF SUNTRUST BKS INC	<u>\$ 8,496</u>	<u>2016-12-07</u>
<u>70</u>	26 SHARES OF TOTAL SA SP ADR	<u>\$ 1,277</u>	<u>2016-12-07</u>

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>71</u>	39 SHARES OF 3M COMPANY	<u>\$ 6,866</u>	<u>2016-12-07</u>
<u>72</u>	244 SHARES OF TE CONNECTIVITY LTD	<u>\$ 17,192</u>	<u>2016-12-07</u>
<u>73</u>	307 SHARES OF JOHNSON CONTROLS INTER	<u>\$ 13,591</u>	<u>2016-12-07</u>
<u>74</u>	314 SHARES OF UNITED HEALTH GROUP INC	<u>\$ 50,052</u>	<u>2016-12-07</u>
<u>75</u>	309 SHARES OF US BANCORP	<u>\$ 15,870</u>	<u>2016-12-07</u>
<u>76</u>	64 SHARES OF UNITED CONTL HOLDINGS	<u>\$ 4,636</u>	<u>2016-12-07</u>
<u>77</u>	50 SHARES OF VENTAS INC	<u>\$ 3,110</u>	<u>2016-12-07</u>
<u>78</u>	211 SHARES OF VERIZON COMMUNICATIONS	<u>\$ 10,841</u>	<u>2016-12-07</u>
<u>79</u>	113 SHARES OF VERTEX PHARMA INC	<u>\$ 8,511</u>	<u>2016-12-07</u>
<u>80</u>	172 SHARES OF WSTN DIGITAL CORP	<u>\$ 11,894</u>	<u>2016-12-07</u>

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>81</u>	224 SHARES OF WELLS FARGO & CO	<u>\$ 12,831</u>	<u>2016-12-07</u>
<u>82</u>	296 SHARES OF LIBERTY INTERACTIVE CORP	<u>\$ 6,055</u>	<u>2016-12-07</u>