

Form **990**

Return of Organization Exempt From Income Tax

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

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/Form990 for instructions and the latest information.

Open to Public Inspection

OMS No. 1545-0047

| A | For the 2 | 2017 calen | ndar year, or tax year begin | ning JANUARY 1 | , 2017, a | and ending | DECEMI | BER 31 | , 20 17 | |
|--------------------------------|---------------|---------------|--|----------------------------------|------------------------|----------------------|--------------------|---------------|-----------------------|--|
| В | Check if a | pplicable C | C Name of organization FIRST | REGIMENT INFANTRY O | F PENNSYLV | ANIA | | Employ | er identification n | mber |
| | Address c | | Doing business as | | | | | | 23-6272333 | |
| $\overline{\Box}$ | Name cha | | Number and street (or P.O. box | of mail is not delivered to stre | et address) | Room/suit | e (| E Telephoi | ne number | |
| $\overline{\Box}$ | Initial retur | _ | 21301 ANNS CHOICE WAY | | | 1 | | | 215-394-8401 | |
| $\bar{\sqcap}$ | | /terminated | City or town, state or province, | country, and ZIP or foreign p | ostał code | <u></u> | | | | |
| ī | Amended | | WARMINSTER, PA., 18974- | l (| Gross re | eceipts \$ | 90,248.49 | | | |
| $\overline{\sqcap}$ | | | F Name and address of principal | | SLIM PRESID | FNT | Hiat is this a gro | up return for | subordinates? Yes | |
| | тринации | | 1110 TINTERN LANE, AMBI | | 22,, | - M | 1 1 | | s included? Tyes | |
| | Tax-exem | | | 1(c) (4) ((msert no.) | 74947(a)(1) or | | | | list. (see instructio | |
| <u>-</u> | Website: | | | T(b) (4) 4 (mident tib.) E | | <u> </u> | H(c) Group e | xemption | number > | |
| K | | | Corporation Trust As | sociation Other ▶ | I Ve | ar of formation | | | ot legal domicile. | PA |
| | art I | Summa | | | 1 12 10 | <u> </u> | 1321 | 1 0.0.0 | 0, 10822 20.1110.11 | <u> </u> |
| | | | scribe the organization's r | mesion or most signific | ant activities | Suppor | of the 103d | Brigade | Engineer Rattal | ion |
| | 1 | _ | Philadelphia) of the 56th S | | | | | | | |
| Š | 5 | BEB) (HU | my Nauc | ingi Guard. | | | | | | |
| Activities & Governance | 1 2 | Chook this | n how & Duf the erganized | tion discontinued to an | | | f mare than | 2E 0/ of | to not accets | |
| 8 | | | s box ▶☐ if the organizat | | | | | 1 1 | 112 1161 922612 | |
| Ğ | | | of voting members of the g | | | | | 3 | | 15 |
| Š | | | f independent voting men | _ | | | | | | 15 |
| ŧ | 1 | | iber of individuals employe | | / (Part V, line | e 2a) . | | 5 | · | 0 |
| Ę | 1 | | ber of volunteers (estimat | | | | | 6 | ···· | 0 |
| ⋖ | | | elated business revenue fr | | | | | 7a | | 0 |
| | d | Net unrela | ated business taxable inco | ome from horn 990 | / 10-34 · · |] · · · · | Prior Yes | 7b | Current Ye | 0 |
| | ١ | | | | | | | | | |
| 9 | , | | ions and grants (Part VIII, I | 1971 | 2018: P | · · | \$13 | 3,421.52 | <u>s</u> . | 11,47 5.00 |
| ē | 9 F | Program s | service revenue (Part VIII, | Ine Sept. 3.0 | ეც. ∤ტ | · · | | 0 | | 0 |
| Revenue | 10 1 | nvestmen | service revenue (Part VIII, nt income (Part VIII, colum | in (A), lines 3, 4, and 7d | ∵ ∙ ∤တ | l · · | \$9; | 2,859.84 | \$: | 32,25 5.55 |
| _ | | | enue (Part VIII, column (A) | | | | \$49 | 9,197.97 | \$ <i>i</i> | 16,54 7.94 |
| | | | nue-add lines 8 through 1 | | | ne 12) | \$155 | 5,284.23 | \$! | 0,248.49 |
| | i . | | d similar amounts paid (P | | - | ' · · _ | \$4 | 1,784.20 | | 5,344.40 |
| | j. | - | oald to or for members (Pa | | | · · | \$1 | ,417.00 | | 0 |
| 8 | 1 | | ther compensation, employ | | | 5–10) | \$3 | ,200.00 | | 3,200.00 |
| Expenses | 16a F | Profession | nal fundraising fees (Part I | IX, column (A), line 11e |) | | | 0 | | 0 |
| × | b 7 | Total fund | iraising expenses (Part IX, | column (D), line 25) 🕨 | | 0 | | | | |
| Ш | 17 (| Other expo | enses (Part IX, column (A) |), lines 11a-11d, 11f-24 | le) | L | \$136 | 5,541.82 | \$10 | 7,61 3.99 |
| | 18 T | Fotal expe | enses. Add lines 13-17 (m | ust equal Part IX, colur | nn (A), line 25 | 5) . [_ | \$145 | ,943.02 | \$12 | 2,294 39 |
| | 19 F | Revenue le | ess expenses. Subtract lin | ne 18 from line 12 | <u> </u> | | | 3,341.21 | -\$3 | 2,04 5.90 |
| ō 8 | | | | | | В | eginning of Cun | ent Year | End of Ye | ar ———————————————————————————————————— |
| 홞 | 20 T | Fotal asset | ets (Part X, line 16) | | | | \$1,346 | 3,325.25 | \$1,42 | 22,95 -6 .53 |
| Net Assets or Fund Balances | 21 T | Fotal liabıli | lities (Part X, line 26) | | | [| | 0 | | 0 |
| ž2 | 22 N | | s or fund balances. Subtra | act line 21 from line 20 | | | \$1,346 | 5,325.25 | \$1,47 | 22,956.53 |
| Pa | art II | Signatu | ure Block | | | | | | | |
| | | | y, I declare that I have examined | | | | | | ny knowledge and | belief, it is |
| tru | e, correct, | and complet | te. Declaration of preparer (other | than officer) is based on all in | iformation of whi | ch preparer | has any knowle | dge. | | |
| | | | Volut R. Mida | x 61 | | | | 041 | 16/18 | |
| Sign | | Signati | ture of officer | , | | | Date | , | | |
| He | re | R | Robert R. McQue, Si | r., Treasurer | | | | | | |
| | | Туре о | or print name and title | | | | | | | |
| Pa | id | Print/Type | e preparer's name | Preparer's signature | | Dat | e | Check | T d PTIN | |
| | eparer | | | | | | | self-emp | | |
| | e Only | | me > | | | | Firm' | s EIN ▶ | | |
| | Only | Firm's add | | | | | Phon | | | |
| Ma | y the IRS | | this return with the prepa | rer shown above? (see | instructions) | | | | Yes | No |
| | | | tion Act Notice, see the set | | | Cat. No | . 11282Y | | | 90 (2017) |

| Form 99 | 0 (2017) | 2 |
|---------|---|-----------|
| Part | | _ |
| 1 | Check if Schedule O contains a response or note to any line in this Part III | ✓] |
| • | Support of the 103d Brigade Engineer Battalion (BEB) (HQ Philadelphia) of the 56th Stryker Brigade, of the 28th Infantry Division, | |
| | Pennsylvania Army National Guard. | |
| | | - |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | _ |
| | prior Form 990 or 990-EZ? |) |
| • | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | ח |
| | If "Yes," describe these changes on Schedule O. | • |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured in | |
| | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported. | s, |
| | the total expenses, and revenses, in any, recession program solving reported. | |
| 4a | (Code:) (Expenses \$ 36,376.70 including grants of \$ 25,601.70) (Revenue \$ 10,775.00) | _ |
| | Finance the annual Anniversary Banquet of the First Pennsylvania Infantry of Pennsylvania, which is the ancestral unit of the | |
| | current day 103d Brigade Engineer Battalion. | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| 4b | (Code:) (Expenses \$ 40,774.34 including grants of \$ 40,774.34) (Revenue \$ 0) | _ |
| | Finance the storage of the Museum of the First Regiment Infantry of Pennsylvania, while the armory of the | |
| | 103d Brigade Engineer Battalion that houses the museum is renovated. | |
| | ······································ | |
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| | | |
| 4c | (Code:) (Expenses \$ 6,136.00 including grants of \$ 6,136.00) (Revenue \$ 0) | |
| | Funds provided to the Commander of the 103d Brigade Engineer Battalion for incidental items not covered by normal military | |
| | budgets (\$2000.00), plus funds provided to the Company Commanders of the 6 organic companies of the battalion (6x\$500=\$3000.00 |)),_ |
| | plus 4 checks from 2016 not cashed until 2017 (4X\$284.00=\$1,136.00). The funds provided to the Company Commanders are to provide suppliments to the issued retions, and comfort items for off-duty periods during the Annual Training period. | |
| | provide suppliments to the issued reading, and common thems for our quity periods during the winder i ranning period. | |
| | | , |
| | | |
| | | |
| | | |
| | | |
| 4d | Other program services (Describe in Schedule O.) | — |
| ₩ | (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) | |
| 4e | Total program service expenses ► \$86,004.04 | _ |



| Day IV Chaptelint of Doguinad Cabadula | | | | | | |
|--|----|-------|----------|---------|-----------|---------|
| Part IV Checklist of Required Schedule | es | redul | ired Sch | of Requ | Checklist | Part IV |

| | | | 1.00 | 110 |
|--------|--|-----|------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | | 1 |
| 2 3 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | 1 |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | · · |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III | 5 | | 1 |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | √ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | 1 |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | <u>√</u> |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | √ |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | ✓ |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | | √ |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | √ |
| C | | 11c | | √ |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | ✓ |
| e f | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . | 11e | | √ |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | √ |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | ✓ |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | ✓ |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | ✓ |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 14b | | ✓ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | ✓ |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | ✓ |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | ✓_ |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | √ |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | ✓ |
| | | | | |

Form **990** (2017)

| Form 99 | 0 (2017) | | F | age 4 |
|----------|--|------------|-------|----------|
| Part | V Checklist of Required Schedules (continued) | | | |
| 00. | Did the appropriation operate one or more bounital facilities? If "Voc." complete School de II | 000 | Yes | No |
| _ | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . | 20a 20b | | ✓ |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | √ |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. | 23 | | √ |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | √ |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 24d 25a | | ✓ |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | 1 |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | 1 |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | √ |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | پ | |
| a b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | | √ |
| C | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | ✓ |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | ✓ ✓ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | 1 |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | √ |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. | 33 | | 1 |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | 1 |
| 35a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a 35b | | 1 |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | 1 |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | 1 | |
| | | Forr | n 990 | (2017) |

| Part | | | | |
|----------|---|----------|---------------|----------------|
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | |
| _ | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | , |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | , | |
| · | reportable gaming (gambling) winnings to prize winners? | 1c | | - • |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 10 | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | ., | ~ ~ ~ |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | ✓ |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | 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)? | 4- | | 1 |
| b | If "Yes," enter the name of the foreign country: ▶ | 4a | | - |
| b | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | | | |
| | (FBAR). | | | , |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | 1 |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | ✓ |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5с | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | _ |
| - | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | ✓ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | C.L. | | |
| 7 | gifts were not tax deductible? | 6b | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | - 1 | | |
| | and services provided to the payor? | 7a | | 1 |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| _ | required to file Form 8282? | 7c | | ✓ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | _ | | , 1 |
| e f | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7e 7f | | / |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | , | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| ь 10 | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | <u> </u> |
| 10 | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| a b | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | ٠ . |
| а | Gross income from members or shareholders | | ~ | ' |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | , | , |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 120 | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | . |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | ' |
| - | the organization is licensed to issue qualified health plans | 1 | | , |
| C | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | |
| <u>b</u> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . | 14b | L | <u></u> |
| | | Fon | n 99 0 | (2017) |

| Part | | | | |
|----------|--|-------------|----------|-------------|
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O | | | |
| Sacti | Check if Schedule O contains a response or note to any line in this Part VI | | <u></u> | |
| 3000 | on A. Governing Body and Management | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a | | - | |
| | If there are material differences in voting rights among members of the governing body, or | 1 | | ; |
| | if the governing body delegated broad authority to an executive committee or similar | | | 1 |
| | committee, explain in Schedule O. | [| | |
| b | Enter the number of voting members included in line 1a, above, who are independent . 1b | J | ļ | 1 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | ~ i |
| _ | any other officer, director, trustee, or key employee? | 2 | | ✓_ |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . | | | , |
| 4 | | 3 | <u> </u> | √ |
| 4 5 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | ✓_ |
| 6 | Did the organization have members or stockholders? | 6 | 1 | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | - | | |
| | one or more members of the governing body? | 7a | ' | 1 |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | ··- | | <u> </u> |
| | stockholders, or persons other than the governing body? | 7b | | ✓ |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | , |
| | the year by the following: |] | | ا ست ها |
| а | The governing body? | 8a | ✓_ | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| Capti | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | √ | |
| Secu | on B. Policies (This Section B requests information about policies not required by the Internal Rever | ue C | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | 1 |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | 100 | | - |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? | 11a | 1 | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | 1 | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | 1 | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| 40 | describe in Schedule O how this was done | 12c | \ | |
| 13 14 | Did the organization have a written whistleblower policy? | 13 | | ✓ |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | 14 | | V |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | 1 |
| b | Other officers or key employees of the organization | 15b | | V |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | - | | [i |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | ۱. ' |
| | with a taxable entity during the year? | 16a | | 1 |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| Section | organization's exempt status with respect to such arrangements? | 16b | | <u> </u> |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section | 1 501/ | c)(3)s | onlv) |
| • | available for public inspection. Indicate how you made these available. Check all that apply. | . 551(| -,(-,- | |
| | ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int | erest | policy | , and |
| | financial statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and re | cords | :► | |
| | Robert R. McOue, Sr. Treasurer 21301 Aprils Choice Way Warminster PA 18974-3344 215-394-9401 | | | |

| Form 990 (2017) |
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| 1 | aue | |

Form **990** (2017)

| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and |
|----------|--|
| | Independent Contractors |

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| ☐ Check this box if neither the organization no | r any relate | d org | aniz | atic | n c | ompe | nsa | ited any curren | t officer, director | , or trustee. |
|---|--|------------------------|--|---------|--------------|------------------------------|--------|--|---|---|
| (A) Name and Title | (B) Average hours per week (list any | box, | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
| | hours for related organizations below dotted line) | ndıvıdua or directo | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | trom the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | comer compensation from the organization and related organizations |
| (1) Thomas P. Anglim, President | 8 | 1 | | | | | | | | |
| (2) Wesley E. Craig, Vice President | 2 | √ | | | | - | | | | |
| (3) Philip DeHennis, Vice President | 2 | 1 | | | | | | | | |
| (4) Chester T. Osinski, Secretary | 4 | 1 | | | | | | | | \$ 1600.00 |
| (5) Robert R. McQue, Sr., Treasurer | 12 | ✓ | | | | | | | | \$ 1600.00 |
| (6) Mark A. Austin, Tustee | 1 | ✓ | | | | | | | | |
| (7) Michael R. Benson, Trustee | 11 | ✓ | | | | | | | | |
| (8) Harry V. Dutchyshyn, Trustee | 11 | 1 | | | | | | | | |
| (9) John L. Gronski, Trustee | 11 | 1 | | | | | | | | |
| (10) Franklin J. Heim, Jr., Trustee | 1 | ✓ | <u> </u> | | | | | | | |
| (11) Michael Higgins, Trustee | 11 | 1 | | | | | _ | | | |
| (12) Jeffrey H. Hill, Trustee | 11 | 1 | | | | | | | | |
| (13) Joseph Stivala, Trustee | 1 | 1 | | | | | _ | | | |
| (14) Lawrence J. Volz | 11 | 1 | | | | | | | | |

| (A) Name and title | (B) Average hours per week (list any | officer and a director/trus | | | | | an ee) | (D) Reportable compensation from | (E) Reportable compensation from related | am am | (F) timated nount of other | |
|--|--|-----------------------------|-----------------------|--------------|--------------|------------------------------|------------|--|--|--|--|------------------|
| | hours for related organizations below dotted line) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | fr org and | pensation the anization direction the same anization in the same a | n J |
| (15) James P. Wong, Trustee | 1 | 1 | | | | | | | | | | |
| (16) | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | |
| (19) | | | - | | | | | | | | | |
| (20) | | | | | | | | | | | | |
| (21) | | | | | | | - | | | | | |
| (22) | | | | | | | | | | - | | |
| (23) | | | | | | | | | | <u> </u> | | |
| (24) | | | | | | | | | | <u> </u> | | - |
| | | | | | | | | | | ļ | | |
| (25) | | | | | | | | | | | | |
| 1b Sub-total | Part VII , Sectio | | · · | | | • | ► ► | 0 | |)) | | 200.00 200.00 |
| 2 Total number of individuals (including reportable compensation from the or | g but not limited | | | | | above |) w | ho received me | ore than \$100,0 | 00 of | | |
| 3 Did the organization list any forme employee on line 1a? If "Yes," comp. | er officer, directilete Schedule J | tor, o | r tn | uste indi | ee, vidu | key e | mp | loyee, or high | est compensat | ed | Yes | No |
| 4 For any individual listed on line 1a, i organization and related organizati individual | s the sum of rep | oortal | ole d | com | per | satio | | | | he | | |
| 5 Did any person listed on line 1a rece for services rendered to the organiza | | | | | | | | | ation or individu | | | 7 |
| Section B. Independent Contractors | | | | | | | | | | | | |
| Complete this table for your five high compensation from the organization, year. | | | | | | | | | | | | ax |
| (A) Name and busines | s address | | | | | | | (B) Description of se | ervices | (C) Compen | | |
| | | | | | | | | | | | | |
| 2 Total number of independent conti | ractors (including | ig bu | t no | ot li | imit | ed to | th | ose listed abo | ove) who | , - | | |
| received more than \$100,000 of com | pensation from t | ne or | gani | zati | on I | | | 0 | , ^ ` . | Fo | m 990 | (2017 |

| Form 9 | _ | | | | | | Page 9 |
|---|---------|---|---------------|-------------------|--|---|---|
| Part | VIII | Statement of Revenue | | | D 1344 | | _ |
| | | Check if Schedule O contains a response o | r note to | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| इं इं | 1a | Federated campaigns 1a | 0 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues 1b | 0 | | | <u> </u> | |
| A, T | С | Fundraising events 1c | 0 | | | | - |
| 흁 | d | | 0,775.00 | | | } | |
| Sir. | e f | Government grants (contributions) All other contributions, gifts, grants, | 0 | | | | , |
| | ' | and similar amounts not included above | | | | | |
| 불리 | g | Noncash contributions included in lines 1a-1f: \$ | \$700.00 0 | | | | |
| S E | h | Total. Add lines 1a–1f | . • | \$11,475.00 | | | |
| - e | | Busines | s Code | \$11,475.00 | · | | |
| , ken | 2a | | | | | | - , |
| 8 | b | | | | | | |
| Š | С | | | | | | |
| Se | d | | | | | <u> </u> | |
| 眶 | e | All other program and a second | | | | | |
| Program Service Revenue | f g | All other program service revenue . Total. Add lines 2a–2f | | | | L | |
| - | 3 | Investment income (including dividends, in | terest | 0 | | | · · · · <u>, p· · · · · · · · · · · · · · · · · · ·</u> |
| | | and other similar amounts) | | \$31,965.84 | 0 | o | o |
| | 4 | Income from investment of tax-exempt bond proce | eds▶ | \$289.71 | 0 | | 0 |
| | 5 | Royalties | . ▶ | 0 | 0 | 0 | 0 |
| | | (i) Real (ii) Per | sonal | | | | |
| | 6a | Gross rents | | | | | |
| | b | Less. rental expenses | | | | | |
| | d | Rental income or (loss) Net rental income or (loss) | | | | | _ |
| | 7a | Gross amount from sales of (i) Securities (ii) Of | • | - 0 | 0 | 0 | 0 |
| | | assets other than inventory | | | | | • |
| Ī | b | Less cost or other basis | | | | | |
| | | and sales expenses . | | İ | | | ' |
| | C | Gain or (loss) | | İ | | | |
| | d | Net gain or (loss) | . ▶ | 0 | 0 | 0 | 0 |
| Other Revenue | 8a | Gross income from fundraising events (not including \$ | | | | | |
| Jer Re | | of contributions reported on line 1c). See Part IV, line 18 a | | | | | |
| 5 | | Less: direct expenses b | | İ | | | |
| - | | Net income or (loss) from fundraising events Gross income from gaming activities. | . ▶ | o | | 0 | 0 |
| | | See Part IV, line 19 a | | | | | |
| | | Less: direct expenses b | | 1 | _ | | |
| - { | | Net income or (loss) from gaming activities . | . ▶ | 0 | 0 | 0 | 0 |
| | | | \$292.00 | | | | |
| | | Less: cost of goods sold b Net income or (loss) from sales of inventory . | 0 | | | u | |
| H | | Miscellaneous Revenue Busines: | Code | \$292.00 | 0 | 0 | 0 |
| | 11a | Principle Withdrawal | | \$21,225.94 | 0 | | 0 |
| | b | Bond Redemptions | | \$25,000.00 | 0 | 0 | 0 |
| | С | | | | | | |
| | d | All other revenue | | | | | |
| | е 12 | Total. Add lines 11a-11d | . ▶ | \$46,225.94 | | | |
| | | LOIM FEVERUA See instructions | . • | \$90,248.49 | 0 | ol | 0 |

Form 990 (2017)

Part IX Statement of Functional Expenses

| Section | on 501(c)(3) and 501(c)(4) organizations must com | | | | |
|----------------------|---|---------------------------|------------------------------------|---|---------------------------------------|
| | Check if Schedule O contains a respons | se or note to any lin | e in this Part IX . | | |
| 8b, 9 | ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | \$5,344.40 | 0 | - | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 0 | 0 | , | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 0 | 0 | , | - |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | \$3,200.00 | 0 | \$3,200.00 | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | \$3,200.00 | |
| 7 8 | Other salaries and wages | 0 | 0 | 0 | (|
| 9 | section 401(k) and 403(b) employer contributions) Other employee benefits | <u> </u> | 0 | 0 | (|
| 10 11 | Payroll taxes | 0 | 0 | 0 | |
| a b | Management | 0 | 0 0 | 0 | |
| c d | Accounting | 0 | 0 | 0 | |
| e f | Professional fundraising services. See Part IV, line 17 Investment management fees | \$11,776.14 | 0 | \$11,776.14 | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | \$46.88 | 0 | \$46.88 | |
| 12 13 | Advertising and promotion | 0 | 0 | 0 | |
| 14 15 | Information technology | \$460.52 0 | 0 | \$460.52 0 | (|
| 16 | Royalties | 0 | 0 | 0 | (|
| 17 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 0 | 0 | |
| 19 20 | Conferences, conventions, and meetings . Interest | \$12,837.41 0 | 0 | \$12,837.41 0 | (|
| 21 22 | Payments to affiliates | \$6,136.00 0 | \$6,136.00 0 | 0 | (|
| 23 24 | Insurance | 0 | 0 | 0 | |
| | above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | * | ; ; |
| а | Anniversary Banquet | \$39,093.70 | \$39,093.70 | 0 | |
| c b | Regimental Museum Storage Donations/ Benevolence | \$40,774.34 \$2,625.00 | \$40,774.34 0 | 0 \$2,625.00 | (|
| d e | All other expenses | | | | |
| 25 26 | Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) | \$122,294.39 | \$86,004.04 | \$30,945.95 | |

Form 990 (2017) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 1 1 0 2 Savings and temporary cash investments 2 \$170,951.54 \$139,846.71 3 Pledges and grants receivable, net ol 0 4 Accounts receivable, net 4 o Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. ol Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Assets ol 6 Notes and loans receivable, net 7 ol 0 Inventories for sale or use 8 0 0 Prepaid expenses and deferred charges . 9 ol Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b o 10c 0 Investments—publicly traded securities 11 11 \$1,175,373.71 \$1,283,109.82 12 Investments-other securities. See Part IV, line 11 . 12 o 0 13 Investments-program-related. See Part IV, line 11. 0 13 0 14 14 0 0 15 Other assets. See Part IV, line 11 0 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 1,346,325.25 \$1,422,956.53 17 17 0 18 0 18 0 19 0 19 0 20 0 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 0 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 0 23 Secured mortgages and notes payable to unrelated third parties . . . 0 23 0 24 Unsecured notes and loans payable to unrelated third parties . . . 0 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 . . 26 0 0 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 \$1,422,956.53 \$1,346,325.25 31 Paid-in or capital surplus, or land, building, or equipment fund 0 31 32 Retained earnings, endowment, accumulated income, or other funds .

Total net assets or fund balances

Total liabilities and net assets/fund balances

33

\$1,422,956.53 Form **990** (2017)

\$1,422,956.53

0

32

33

\$1,346,325.25

\$1,346,325.25

| Form 9 | 90 (2017) | | | Pa | ige IZ | | |
|--------|---|------------|---------|--------------|----------------------|--|--|
| Par | XI Reconciliation of Net Assets | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | | | \$90,248.49 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | | \$122,294.39 | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | | | -\$32,045.90 | | |
| 4 | | | | | \$1,346,225.25 | | |
| 5 | Net unrealized gains (losses) on investments | | | | \$96 <u>,</u> 954.16 | | |
| 6 | Donated services and use of facilities | | | | 0 | | |
| 7 | Investment expenses | | | | \$11,776.14 | | |
| 8 | Prior period adjustments | | | | 0 | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | | | | \$46.88 | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | | |
| | 33, column (B)) | L | \$1 | ,422, | <u> 56.53</u> | | |
| Part | XII Financial Statements and Reporting | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u> </u> | <u></u> | | | | |
| | | - - | | Yes | No | | |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other | _ | | , | ; | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain | in | | | ! | | |
| | Schedule O. | - 1 | | | | | |
| 2a | | | | | ✓ | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | 1 | | ~ | i i | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | · L | 2b_ | | √ | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | | | |
| | separate basis, consolidated basis, or both: | - 1 | | İ | 1 | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | _ | | | | |
| C | c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | | | | ١. | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain | in | | ł | } | | |
| | Schedule O. | Ì | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth | | 3a | | ١. | | |
| | the Single Audit Act and OMB Circular A-133? | | | | ↓ ✓ | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | 1 | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | 3b | L | <u> </u> | | |
| | | | Fon | ո 990 | (2017) | | |

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

201**7** Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization FIRST REGIMENT INFANTRY OF PENNSYLVANIA 23-6272333 PART VI, SECTION A, LINE 5 - The 103d Brigade Engineer Battalion hosts a museum of the First Regiment Infantry that includes artifacts of ancestral and succeeding units. The armory where the battalion is headquartered is undergoing renovation. The museum artifacts must be removed, stored, and returned professionally. The Corporation of the First Regiment Infantry is funding this effort. PART VI, SECTION A, LINE 6 - The corporation has voting members (Trustees), and non-voting members who are authorized to enter into discussions, and make recommendations, but have no part making decisions. PART VI, SECTION A, LINE 9 Thomas P. Anglim, 1110 Tintern Drive, Ambler, PA., 19002 Wesley E. Craig, 1615 Brent Road, Oreland, PA., 19075 Philip DeHennis, 157 Delmont Avenue, Warminster, PA. 18974 Chester T. Osinski, 892 Phillips Road, Warminster, PA., 18974-2765 Mark A. Austin, 3705 Woodridge Drive, Harrisburg, PA., 17110 Michael R. Benson, 105 Magnolia Place, North Wales, PA., 19454 Harry V. Dutchyshyn, 928 Luzerne Street, Johnstown, PA., 15905 John L. Gronski, 1400 Nowlen Street, Lebenon, PA., 17042 Franklin J. Heim, Jr., 772 Chickory Trail, Mullica Hill, NJ., 08062-2020 Michael Higgins, 9109 Greenfield Lane, Clinton, MD., 20735 Jeffrey H. Hill, 2508 Belmont Avenue, Ardmore, PA., 19003-2617 Joseph Stivala, 28 Harding Avenue, Mt. Ephriam, NJ., 08059 Lawrence J. Volz, 101 Beach Drive, Seaside Park, NJ.,08752 James P. Wong, 1134 Cumberland Road, Abington, PA., 19001 PART VI, SECTION B, LINE 11a - After completion of the Form 990, before the form is submitted, copies are distributed to the Board of

Trustees for review.

| Cabadd O Tawa oo areas 57 (017) | Page 2 |
|---|-----------------------------------|
| Schedule O (Form 990 or 990-EZ) (2017) Name of the organization | Employer identification number |
| FIRST REGIMENT INFANTRY OF PENNSYLVANIA | 23-6272333 |
| PART VI, SECTION B, LINES 12b & 12c - During the Annual Meeting of the Corporation, in March of each y Conflict of Interest Policy, and each member of the corporation is given the opportunity to disclose any no | |
| PART VI, SECTION C, LINE 19 - No Public Monies are involved in the operations of the corporation, therefore these documents. | ore the public has no interest in |
| PART VIII, LINE 1d - \$10,775.00 are the funds received from the attendees of the Annual Banquet. | |
| PART VIII, LINE 1f - \$700.00 are the funds received from the non-corporation member guests, attending th | e annual December Dinner-Meeting. |
| PART VIII, LINE 3 - \$31,000.62 from investment dividends, \$950.00 from Bond Interest, and \$15.22 from Ch | ecking Account Interest. |
| PART VIII, LINE 4 - \$289.71 Interest from the account that reeived the proceeds from the Bond Account. | |
| PART VIII, LINE 10c - Sale of Items from the museum, that did not pertain to the history of the ancestral un | nits of the 103d BEB. |
| PART IX, LINE 1 - \$1,000.00 to the 2nd PA Regiment (Reenactors), \$1,000.00 to the Gearity American Legic | on Post #315, \$2,500 to the |
| USO of Philadelphia (Patron Sponsor), \$344.40 to the Union League of Philadelphia for an Armed Forces (| Day Luncheon, and \$500.00 to |
| American Legion Post 10 to support the "Our Community Salutes" event at the Union League of Philadelp | hia. |
| · | |
| PART XI, LINE 9 - Several investments within the funds that had been invested with Wells Fargo, and now | invested with Relience Trust |
| Company are in foreign stocks. The ammount shown are the taxes collected on those stocks. | |
| PART XII, LINES 2a THROUGH 3a - No Federal Awards are involved in corpoate funds. No independent ac | countant was engaged to audit the |
| funds. An internal Auditing Committee, consisting of the Secretary as chair, a member of the Board of Tru | istees, and a non-Trustee |
| corporation member, audit the funds annually, and report the results to the entire corporation. | |
| | |