Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
Go to www.rs.gov/Form990PF for instructions and the latest information.

4X	Ford	alen	dar year 2017 or tax year beginning		, and ending		<del>-</del>
	_	_	foundation			A Employer identification	number
•	A	L <u>L</u>	ONE FOUNDATION	30-0892103			
	Nun	ber a	nd street (or P O box number if mail is not delivered to street	et address)	Room/suite	B Telephone number	
	_7	0 ]	NORTH MAIN STREET			(570) 208-	1200
	_		own, state or province, country, and ZIP or foreign KES-BARRE, PA 18711	postal code		C If exemption application is po	ending, check here
•			all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	check here
	u c	HEUN	Final return	Amended return	office public charty	i i i i i i i i i i i i i i i i i i i	, circux ilcit
			Address change	Name change		Foreign organizations me check here and attach cor	eting the 85% test,
•	H C	hack		exempt private foundation	~ J		
	۳	-	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda		E If private foundation stat under section 507(b)(1)	
	ı Fa	_		ting method: Cash	X Accrual		
2			· I —	Other (specify)	/ Noordan	F If the foundation is in a 6 under section 507(b)(1)	
/	<b>\</b>		102,163,740. (Part I, colu	ımn (d) must be on cash bası	s.)		(b), unouk nord
1			Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
Ί,			(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
•		1	Contributions, gifts, grants, etc., received	29,000,000.			,
		2	Check from the foundation is not required to attach Sch. B			4	
		3	Interest on savings and temporary cash investments	66,605.	66,605.		STATEMENT 1
		4	Dividends and interest from securities	2,108,321.	2,108,321.		STATEMENT 2
		5a	Gross rents				
		b	Net rental income or (loss)			, ``	* , ;
		6a	Net gain or (loss) from sale of assets not on line 10	320,117.	, , , , , , , , , , , , , , , , , , ,		,
	ğ	b	Gross sales price for all assets on line 6a 5,655,050.				•
	Revenue	7	Capital gain net income (from Part IV, line 2)	-	320,117.		, <u> </u>
	æ	8	Net short-term capital gain		,		
		9 Income modifications		41			
	İ	10a	Gross sales less returns and allowances	, ,	4 4	, , , , , , , , , , , , , , , , , , , ,	* 1
		1	Less Cost of goods sold				
		C	Gross profit or (loss)				*
	ſ	717-	Other income Total: Add:lines 1-through 11	21 405 042	0 105 013		
	-+	12_	_Total:: Add:lines/14through 111	31,495,043.	2,495,043.	0.	102 000
		113	Compensation of officers, directors, trustees, etc	102,879.	0.	0.	103,269.
	- [4	14	Other employee Salaries and wages Pension plans, employee benefits	37,815.	0.	0.	37,884.
	S	15_		24,658.			27,433.
	Sui	Iba	Accounting-fees STMT 3	51,537. 23,100.	0.	0.	48,680. 22,979.
	xpe		Other professional fees STMT 5	91,125.	91,125.	0.	91,125.
	Ē	17	Interest	91,143.	91,143.		91,125.
$\infty$	ativ	18	Taxes STMT 6	293,917.	0.	0.	10,801.
2018	str	10	Depreciation and depletion	4,296.	0.	4,296.	10,001.
63	nin	20	Occupancy	36,394.	0.	0.	36,394.
<del></del>	Adr	21	Travel, conferences, and meetings	5,165.	0.	0.	5,751.
	þ	22	Printing and publications	8,733.	0.	0.	7,717.
	ga	23	Other expenses STMT 7	17,584.	0.	0.	20,908.
	atin	16a c 17 18 19 20 21 22 23 24	•				
Щ	per		expenses. Add lines 13 through 23	697,203.	91,125.	4,296.	412,941.
3	ō	25	Contributions, gifts, grants paid	1,270,000.			1,307,500.
A			Total expenses and disbursements.				
SCANNED	<u> </u>		Add lines 24 and 25	1,967,203.	91,125.	4,296.	1,720,441.
44		27	Subtract line 26 from line 12:				
		a	Excess of revenue over expenses and disbursements	29,527,840.			<u> </u>
		l	Net investment income (if negative, enter -0-)		2,403,918.		·
		c	Adjusted net income (if negative, enter -0-)			0.	

Form **990-PF** (2017)

30-0892103

n	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	f year
P	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	7,520.	275.703.	275,703.
į		Savings and temporary cash investments	8,649.	459,946.	
		Accounts receivable ► 3,039.	0/0450		205/5200
	٦	Less: allowance for doubtful accounts	1,244.	3,039.	3,039.
	١,		1,444.	3,033.	3,033.
	4	Pledges receivable >		•	
		Less: allowance for doubtful accounts			
		Grants receivable _			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons .			·
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
y	8	Inventories for sale or use			
Assets	,	Prepaid expenses and deferred charges	22,155.	22,504.	22,504.
¥	I	Investments - U.S. and state government obligations			
		Investments - corporate stock			
	l	Investments - corporate bonds			
		·			
	11	Investments - land, buildings, and equipment basis		*** ** ** ** * ***	
ı		Less accumulated depreciation		<del></del>	<del> </del>
	l	Investments - mortgage loans	60 600 450	101 201 761	101 201 764
	13	Investments - other STMT 9	60,622,470.	101,391,764.	101,391,764.
	14	Land, buildings, and equipment basis  24,370.	**************************************	* ** ** * * * * ** ** * * * * * * * *	10,784.
		Less accumulated depreciation STMT 10 ► 13,586.	16,043.	10,784.	10,784.
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	60,678,081.	102,163,740.	102,163,740.
	17	Accounts payable and accrued expenses	86,182.	327,999.	, , ,
	18	Grants payable	37,500.		إ المشيا
S	19	Deferred revenue			1 : 1
iți	20	Loans from officers, directors, trustees, and other disqualified persons			1 '
abilities	21	Mortgages and other notes payable			
Ľ	ŀ	Other liabilities (describe )			
		Curol liabilities (describe			٠,
	22	Total liabilities (add lines 17 through 22)	123,682.	327,999.	
-	23		123,002.	341,333.	
		,			
es		and complete lines 24 through 26, and lines 30 and 31.	60 554 300	101 035 741	, ;
)ce	<del>-</del> '	Unrestricted	60,554,399.	101,835,741.	
alaı	25	Temporarily restricted			
B	26	Permanently restricted			, !
nu		Foundations that do not follow SFAS 117, check here			
Ŧ.		and complete lines 27 through 31.			
s o	27	Capital stock, trust principal, or current funds			
Net Assets or Fund Balanc	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
As	29	Retained earnings, accumulated income, endowment, or other funds			]
let	30	Total net assets or fund balances	60,554,399.	101,835,741.	1
_					1
	31	Total liabilities and net assets/fund balances	60.678.081	102,163,740.	1
				102/200/1103	<u> </u>
P	<u>art</u>	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)	00		60,554,399.
		· · · · · · · · · · · · · · · · · · ·	•	1	
		r amount from Part I, line 27a	Oppia den	A MISMENTIN O	29,527,840.
		r increases not included in line 2 (itemize)	SEE ST.	ATEMENT 8 3	11,753,502.
		lines 1, 2, and 3	•	4	101,835,741.
		eases not included in line 2 (itemize)			0.
<u>6_</u>	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6_	101,835,741.
					Form <b>990-PF</b> (2017)

(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))
2016	2,473,441.	59,582,089.	.041513
2015	224,493.	32,035,545.	.007008
2014	251,519.	45,140.	5.571976
2013	350,299.	154,723.	2.264040
2012	245,257.	144,679.	1.695180

_	2010		J4,0JJ,J4Je		• 00 / 00 0
	2014	251,519.	45,140.		5.571976
	2013	350,299.	154,723.		2.264040
_	2012	245,257.	144,679.		1.695180
	Total of line 1, column (d)			2	9.579717
3	Average distribution ratio for the 5-year ba the foundation has been in existence if less	se period - divide the total on line 2 by 5.0, or by the than 5 years	•	3	1.915943
4	Enter the net value of noncharitable-use as	sets for 2017 from Part X, line 5		4	92,056,542.
5	Multiply line 4 by line 3			5	176,375,087
6	Enter 1% of net investment income (1% of	Part I, line 27b)	_	6	24,039
7	Add lines 5 and 6			7	176,399,126
8	Enter qualifying distributions from Part XII	line 4		8	1,720,441

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.

	1990-PF (2017) ALLONE FOUNDATION		<u> </u>			age 4	
Ь.	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	<u> 4948 -</u>	see ins	truc	ction	<u> S)</u>	
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.						
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	1					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1		48	3,0	<u>78.</u>	
	of Part I, line 27b						
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).	1					
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		48	3,0		
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		48	3,0		*
6	Credits/Payments:	1					
_	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 21,880						
		_					
		<b>⊸</b> 1					
_		- I		2		0 0	
7	Total credits and payments. Add lines 6a through 6d	7		۷.	1,8	<u> </u>	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	- 8			- 4	<del></del>	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		26	5,1	<u> 98-</u>	-
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	_10					-
	Enter the amount of line 10 to be: Credited to 2018 estimated tax	11					-
Pa	art VII-A Statements Regarding Activities		_ <del></del>				-
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervel	ne in			Yes		_
	any political campaign?		<u>L</u>	la		X	-
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the def	inition	L.	1b		<u> </u>	
	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.						
C	Did the foundation file Form 1120-POL for this year?		[ -	1c		X	
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:						1
-	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0			.			
A	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	<del></del>	1				
·	managers. ►\$ 0.			İ		ı	1
9	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	******	X	
2	If "Yes," attach a detailed description of the activities.		·	-			-
•			,			ı	•
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	, 01		_		v	•
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X	-
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	3.7		<del>la</del>			-
	If "Yes," has it filed a tax return on Form 990-T for this year?	N,	/A	4b		77	-
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		.  -	5		X	7
	If "Yes," attach the statement required by General Instruction T.		ļ				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		Ì			l	,
	By language in the governing instrument, or					l	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of the state	ate law	.	-		-	;
	remain in the governing instrument?			6	<u>X</u>	<u> </u>	_
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		. [_	7	X		_
						ĺ	: :
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.					i	į.
	PA					l	į
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)			ŀ			1
_	of each state as required by General Instruction G? If "No," attach explanation		<u> </u>	8b	X		<b>-</b>
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	alendar	· F				- 1
·	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV			9		x	· 0
10			<u> </u>	10		x	-
	see strift personne begonne begonniati contribution during the tax your; if res, attach a schedule listing their names and addresses			<del></del>	)-PF	(2017	<u>-</u>
			1 01111			15011	1

	j j j j j j j j j j j j j j j j j j j			
14	At any time during the user did the foundation department of the	۰ 🖳	Yes	No
* *	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	١.,		.,
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	11_		X
	If "Yes," attach statement. See instructions	40		v
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	12	Х	X
	Website address ► <u>WWW.ALLONEFOUNDATIONS.ORG</u>	13	Δ	
14	The books are in care of ► EXECUTIVE DIRECTOR  Telephone no. ► (570)	208	_12	00
	Located at ► 70 NORTH MAIN STREET, WILKES-BARRE, PA ZIP+4 ►1		12	00
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	<u> </u>		
	and enter the amount of tax-exempt interest received or accrued during the year	. N	/A	
16			Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	''		
	foreign country		-	
Pa	art 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.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No			ı
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		-74474	-
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(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.)		•	;
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 N/A	1b		_
	Organizations relying on a current notice regarding disaster assistance, check here	4.1	,	
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	1 ,	(	: 
	before the first day of the tax year beginning in 2017?	1c		X
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)):			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			,
	before 2017? Yes X No			
_	If "Yes," list the years		:	
D	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	.	l	
	statement - see instructions.)  If the provisions of coston 4040(a)(b) are born a solution of the statement	2b		
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
2.	Did the foundation hold more than a 20/ direct or indirect above to the control of the control o			
Ja	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
	103 (22) 100			
U	If "Yes," did it have excess business holdings in 2017 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 heavest or (2) the lapse of the 10. 15. or 20 year first above helding acquired by gift or heavest or (2) the lapse of the 10.			
	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 2017.)	_	1	
	Form 4/20, to determine if the foundation had excess business holdings in 2017.)  N/A  Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b		77
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4a		<u> </u>
~	had not been removed from jeopardy before the first day of the tax year beginning in 2017?			 V
		4b	DE	X

Form 990-PF (2017) ALLONE FOUNDATION	4700 May Da F	Dogwinad ( )	<u> 30-08921</u>	.03	Page 6
Part VII-B   Statements Regarding Activities for Which F	orm 4/20 May Be F	requirea (continu	ued)	- IV-	No No
5a During the year, did the foundation pay or incur any amount to:		<del></del>	F991	-   Tes	NO
(1) Carry on propaganda, or otherwise attempt to influence legislation (section		•	s X No		1
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire		- Feet		
any voter registration drive?	_		s X No		1
(3) Provide a grant to an individual for travel, study, or other similar purposes		L Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization 4945(d)(4)(A)? See instructions	n described in section 	☐ Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?	or educational purposes, or t		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	Ier the exceptions described i				
section 53.4945 or in a current notice regarding disaster assistance? See instru		-	N/A	5b	1
Organizations relying on a current notice regarding disaster assistance, check h			<b>▶</b> □		1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined			1
and the second of the feether and	3.	. —	s 🔲 No		
expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d).		•/			Į
	nav promíumo on				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on		s X No		
a personal benefit contract?			ו פוא נבבו אי	C.	v
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonai denem contract?		-	6b	<del>  X</del>
If "Yes" to 6b, file Form 8870.	haltar transaction O	[	s X No		1
7a At any time during the tax year, was the foundation a party to a prohibited tax s		16	N/A	7b	+
Part VIII Information About Officers, Directors, Trusto		nagare Highly		70	
Paid Employees, and Contractors	ees, roundation wia	magers, mgm	,		
1 List all officers, directors, trustees, and foundation managers and ti	heir compensation.	<del></del>	<del></del>		
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to	(e) E)	xpense nt, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	accour	nt, other vances
	to position	Cittor 0 )	Compensation	+	
				1	
SEE STATEMENT 11	l I	103,269.	3,752	_	0.
		103/2031	37732	<del>`</del>	
<del></del>					
		<del> </del>		<del>                                     </del>	
				Ì	
		<del> </del>		+	
				1	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	'   accour	xpense nt, other
	devoted to position		compensation	allow	vances
NONE					
				+	
	<u> </u>	<del> </del>	<u> </u>	<del> </del>	
		<del> </del>	<del> </del>	<del> </del>	
	<del>                                     </del>	<del> </del>		<del> </del>	
		<u> </u>	<u> </u>		
Total number of other employees paid over \$50,000	·				0

Form **990-PF** (2017)

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

30-0892103 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Part X Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes; 90,008,927. a Average monthly fair market value of securities 1a 3,449,491. b Average of monthly cash balances 1<u>b</u> c Fair market value of all other assets 1c 93,458,418. d Total (add lines 1a, b, and c) 1d Reduction claimed for blockage or other factors reported on lines 1a and 0 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 1d 93,458, 418. 3 3 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 1.401.876. 4 Net value of noncharitable-use assets, Subtract line 4 from line 3. Enter here and on Part V, line 4 5 92,056,542. 4,602,827. Minimum investment return. Enter 5% of line 5 Part XI Distributable Amount (see instructions) (Section 4942(1)(3) and (j)(5) private operating foundations and certain foreign organizations, check here 
and do not complete this part.) 4,602,827. Minimum investment return from Part X, line 6 48,078. Tax on investment income for 2017 from Part VI, line 5 2a Income tax for 2017. (This does not include the tax from Part VI.) 2b 48.078. Add lines 2a and 2b 2c 4,554,749. Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 749. Add lines 3 and 4 5 0. Deduction from distributable amount (see instructions) 6 554 749. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 1,720,441. Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 3 Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b 1,720,441 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b

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

Form **990-PF** (2017)

Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7			20.0	
2 Undistributed income, if any, as of the end of 2017		··· · · · · · · · · · · · · · · · · ·		4,554,749.
a Enter amount for 2016 only			512,640.	
b Total for prior years:			312,040.	
, ,, ,		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012		i		
<b>b</b> From 2013	1	,		
c From 2014	ļ			
d From 2015				
e From 2016				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ►\$ 1,720,441.				'
a Applied to 2016, but not more than line 2a     b Applied to undistributed income of prior		<del></del>	512,640.	·
years (Election required - see instructions)		0		,
c Treated as distributions out of corpus		0.		
(Election required - see instructions)	0.	` TEQUEUR DEQUERATION	his by the hindustry of	* ~
d Applied to 2017 distributable amount	0.	<del></del>		1,207,801.
e Remaining amount distributed out of corpus	0.			1,207,801.
5 Excess distributions carryover applied to 2017	0.	•		0.
(If an amount appears in column (d), the same amount must be shown in column (a))		4		
6 Enter the net total of each column as indicated below:		· · ·	, ,	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.	*	•	,
b Prior years' undistributed income. Subtract	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u>,                                      </u>		· · · · · · · · · · · · · · · · · · ·
line 4b from line 2b		0.	,	, ,
c Enter the amount of prior years'				* 9
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 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.	•		0.	6
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				3,346,948.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				ė s
section 170(b)(1)(F) or 4942(g)(3) (Election	,			¢ ¢ §
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012				1
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a				; •
O Analysis of line 9:	0.			
a Excess from 2013				:
b Excess from 2014				ł
c Excess from 2015				ļ
d Excess from 2016				;
e Excess from 2017				:
		<del></del>		

	FOUNDATION				92103 Page 10
Part XIV   Private Operating	Foundations (see in	structions and Part VII	-A, question 9)	N/A	/
1 a If the foundation has received a ruling		•			
foundation, and the ruling is effective t			▶ └		
b Check box to indicate whether the four		ng foundation described i		4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(h) 0016	Prior 3 years	(4) 2014	(a) Total
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for			1		
each year listed					
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		1			
exempt activities					ļ <u> </u>
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)		<u> </u>			
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year			`		
listed	<b></b>	<del> </del> -		<u></u>	
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					:
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Inf			if the foundation	had \$5,000 or m	ore in assets
at any time during		ructions.)			
1 Information Regarding Foundat	_				
a List any managers of the foundation w			tributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed	more man \$5,000). (See	section 507(a)(2).)			
NONE			<del> </del>		_ <del></del>
b List any managers of the foundation w other entity) of which the foundation h			(or an equally large porti	on of the ownership of a p	artnership or
• ,	as a 1070 or greater intere	.o.L			
NONE				<del></del>	
2 Information Regarding Contribu			_		
Check here \( \sum_\) If the foundation the foundation makes gifts, grants, etc.				not accept unsolicited requ	Jests for funds. If
	<del></del>		<del></del>		
a The name, address, and telephone nu	moer or email address of t	ne person to whom appli	cauons snould de addres	sseu.	
SEE STATEMENT 12					
b The form in which applications should	he submitted and inform	stron and materials their c	hould include:		
u The form in which applications should	i ve suvimueŭ anv imolina	anon anu materiais mey s	nould include.		
c Any submission deadlines:		<del></del>	<del></del>		
5 Tary outstribution doublinted.					
d Any restrictions or limitations on awar	ds, such as by geographic	al areas, charitable fields	, kınds of ınstitutions, or	other factors:	
	-		·		

**▶** 3b

<u>Total</u>

Form 990-PF (2017) ALLONE FOUNDAT:	ION	<del></del>		30-0	892103 Page 12
Part XVI-A Analysis of Income-Produc	cing Activitie	es			
Enter gross amounts unless otherwise indicated.		ousiness income (b)	(c)	(d)	(e) Related or exempt
1 Program service revenue:	(a) Business code	Amount	sion code	Amount	function income
a b					
С					
d					
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	66,605.	
4 Dividends and interest from securities			14	2,108,321.	
5 Net rental income or (loss) from real estate: a Debt-financed property					
b Not debt-financed property				<del></del>	
6 Net rental income or (loss) from personal					
property 7 Other investment income	-				<u></u>
8 Gain or (loss) from sales of assets other		<u> </u>	+ +		
than inventory			18	320,117.	
9 Net income or (loss) from special events			1 - 4	320,111,	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c		<del></del>		<u></u> .	
d					
6			+	2 405 043	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>			2,495,043.	<u>0.</u> 2,495,043.
(See worksheet in line 13 instructions to verify calculations.)				. 13	2,455,045.
Part XVI-B Relationship of Activities t	o the Accon	plishment of I	Exempt F	ourposes	
Line No. Explain below how each activity for which inco				ed importantly to the accomp	lishment of
the foundation's exempt purposes (other than	by providing fund:	s for such purposes).			
	<del></del> -				
				<del></del>	
		·			
	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
	<del></del>				
	<del></del>				

# Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)

					with any other organization	i described in secut	) 1 30 1(C)	ľ	E3	140
					to political organizations?					,
		from the reporting founda	ation to a noncharital	ole exempt org	anization of:			-		
,	1) Cash							1a(1)		<u>X</u>
(	2) Other	assets						1a(2)	[	X
<b>b</b> (	Other tran	sactions:								
(	1) Sales	of assets to a noncharital	ble exempt organizat	ion				1b(1)		X
(	2) Purch	nases of assets from a nor	ncharitable exempt o	rganization				1b(2)		X
(	3) Renta	il of facilities, equipment,	or other assets	•				1b(3)		X
(	4) Reiml	bursement arrangements					,	1b(4)		X
(	5) Loans	s or loan guarantees						1b(5)		X
		rmance of services or me			18			1b(8)	$\Box$	<u>x</u>
		f facilities, equipment, ma	•	-			• • • • • • • • • • • • • • • • • • • •	1c		X
					dule Column (b) should alw	avs show the fair m	arket value of the goods, of	her asset	ts.	
				-	d less than fair market value				ω,	
		i) the value of the goods, (			2 1000 than 14.1.	a, wanoacco	or onaring arrangement on	•		
(a)Line		(b) Amount involved			exempt organization	(d) Description	of transfers, transactions, and sl	hanno arrai	ngemer	
. ,	-	(0)	(0) 114.11.0 01	N/A	Oxompt organization	(4) basarption	or dationals, datisactions, and or		- Germon	
				N/A		<del> </del>				
			<del></del>			<del>                                      </del>				
						<b>}</b>				
						<u> </u>				
					<del></del>		<del></del>			
						<u> </u>				
		· · · · · · · · · · · · · · · · · · ·				<del>                                     </del>				
			·							
22	c the four	adation directly or indirect	thy affiliated with or i	alated to one	or more tax-exempt organiz					
		501(c) (other than section	-		or more tax-exempt organiz	audits described	Г	Yes	X	No
				CHOII 3217			L	1c2	_41	טאו ר
	i yes, co	omplete the following sch		<del></del>	(b) Type of organization		(c) Description of relationsh			
		(a) Name of org	amzauon		(b) Type of organization		C) Description of relationsh	<u></u>		
		N/A								
		<u></u>								
	Under	penalties of perjury, I declare	that I have examined the	s return, includin	g accompanying schedules and a	statements, and to the	best of my knowledge has any knowledge May	the IRS di	scuss	this
Sig	n   and b	eliatz it is una, correct, and cor	thete Declaration of pr	eparer (otner than	taxpayer) is based on all inform.	EXECUI	retui	rn with the wn below?	prepar See in:	er str
Her	e 📝		Vary	<del></del>	5.09.18	DIRECT	OR 🛛 🔀	✓ Yes		No
	Sign	nature of officer of trustee			Date	Title				
		Print/Type preparer's na	ante	Preparer's si	gnature	Date	Check if PTIN			
		SEAN J. GR	ASST.				self- employed			
Pai	d	C.P.A		Som	12 ussi aa	05/09/18	P01	12128	350	
	parer	Firm's name ► ROB	ERT POCCT	& CO	7/	,, 10	Firm's EIN ▶ 23-23			
	Only	I IIII S HAIRE PROD	THI KODDI				I I I I I I I I I I I I I I I I I I I			
- 50	. <b>.</b> y	Firm's address ▶ 29	O MATATOR	2370	ET OOD		<del> </del>			
		II .			FLOOR		/570\	976	22	0.0
			YPHANT, P	'A 1844	1-2320		Phone no. (570)			
							Fc	rm <b>990</b>	-PF	(2017)

3 Grants and Contributions Paid During the	Year (Continuation)			_ <del></del> .
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
EDERI AND ANGA	7/3		THE THE LEGISON	
FREELAND YMCA	N/A	PUBLIC	EXTENDING AFTER SCHOOL	
600 FRONT STREET			AND EARLY MORNING	
FREELAND, PA 18224		1	PROGRAMS AND "MOMMY	7 500
			AND ME" PROGRAM	7_500.
GREATER CARBONDALE YMCA	N/A	PUBLIC	SERVING SPECIAL NEEDS	
82 N MAIN STREET			PROGRAM	
CARBONDALE, PA 18407				30,000.
GREATER SCRANTON YMCA	N/A	PUBLIC	EXPANSION OF SPECIAL	
706 N BLAKELY STREET			NEEDS PROGRAM	
DUNMORE PA 18512		<del> </del>	<del> </del>	12,500.
,				
LACAWAC SANCTUARY	N/A	PUBLIC	NATURALLY HEALTHY	
94 SANCTUARY ROAD			PROGRAM	
LAKE ARIEL, PA 18436				5,000.
LOU RUSPI JR FOUNDATION	N/A	PUBLIC	WELLNESS MATTERS	
PO BOX 101			PROGRAM	
PECKVILLE, PA 18452				5,000.
MATERNAL AND FAMILY HEALTH SERVICES	N/A	PUBLIC	ENHANCING HEALTH CARE	
15 PUBLIC SQUARE SUITE 600			THROUGH HEALTH	
WILKES BARRE, PA 18701			INFORMATION TECHNOLOGY	
<del></del>		<del> </del>	INITIATIVE	25,000.
MISERICORDIA UNIVERSITY	N/A	PUBLIC	ADDICTION COUNSELING	
301 LAKE STREET			EDUCATION AND	
DALLAS, PA 18612			INTERPROFESSIONAL	
			TREATMENT PROGRAM	50,000.
NATIVITY MIGUEL SCHOOL OF SCRANTON	N/A	PUBLIC	LOW-INCOME AFTER	
1 KNOX ROAD			SCHOOL PROGRAM	
SCRANTON, PA 18505			PROMOTING ACCESS TO	
			HELP FOR HOMEWORK AND	
			PERSONAL ENRICHMENT	7,500.
NEPA CENTER FOR INDEPENDENT LIVING	N/A	PUBLIC	TRANSITIONAL SKILLS	
1142 SANDERSON AVENUE SUITE 1			CENTER TO ASSIST	
SCRANTON, PA 18509			STUDENTS AGE 14-21 ON	
			THE AUTISM SPECTRUM	12,500,
NORTHEAST REGIONAL CANCER INSTITUTE	N/A	PUBLIC	CANCER SCREENING	
334 JEFFERSON AVENUE			NAVIGATION PROGRAM	
SCRANTON PA 18510		<u></u>		75,000.
Total from continuation sheets				1 112 500

Part XV Supplementary Information				<del></del>
3 Grants and Contributions Paid During the	<del></del>			
· Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
,	or śubstantial contributor	recipient		
NORTHEASTERN CHILD CARE SERVICES	N/A	PUBLIC	COMMUNITY-BASED	
1356 N WASHINGTON AVENUE		ļ	MULTI-SENSORY PLAY AND	
SCRANTON, PA 18509			ACTIVITY CENTER	12,500
RONALD MCDONALD HOUSE OF SCRANTON	N/A	PUBLIC	RONALD MCDONALD FAMILY	
332 WHEELER AVENUE			ROOM PROGRAM	
SCRANTON, PA 18510				25,000
ST JOSEPH CENTER	N/A	PUBLIC	TWO RESIDENTIAL	
2010 ADAMS AVENUE	.,	102220	PROGRAMS - WALSH MANOR	
SCRANTON, PA 18509			& MOTHER INFANT	50,000
THE WRIGHT CENTER	N/A	PUBLIC	SKYVIEW PARK	
501 MADISON AVENUE	, , , , , , , , , , , , , , , , , , ,	TOBBIC	APARTMENTS PRIMARY	
SCRANTON PA 18510			CARE CLINIC	12,50
THE WRIGHT CENTER	N/A	PUBLIC	PATIENT ENGAGEMENT	
501 MADISON AVENUE SCRANTON, PA 18510			CARE DELIVERY MODEL	450,00
UNITED WAY OF WYOMING VALLEY	N/A	PUBLIC	TRAUMA-FOCUSED	
100 NORTH PENNSYLVANIA AVENUE 2ND			AWARENESS INITIATIVE	
FLOOR WILKES BARRE, PA 18701			AND PROFESSIONAL	15 00
		<del> </del>	DEVELOPMENT PROGRAM	15,00
WAYNE MEMORIAL COMMUNITY HEALTH CENTERS	N/A	PUBLIC	PRENATAL SERVICES PROGRAM	
601 PARK STREET HONESDALE PA 18431				15,00
WAYNE MEMORIAL HOSPITAL	N/A	PUBLIC	FUNDING FOR VEHICLE	13,00
501 PARK STREET			ADAPTATION AND	
HONESDALE, PA 18431			IMPLEMENTATION	
			STRATEGY FOR DELIVERY	
			OF MOBILE MAMMOGRAPHY	100,00
WILKES UNIVERSITY	N/A	PUBLIC	SHINE PROGRAM	
10 EAST SOUTH STREET				
WILKES BARRE, PA 18701				75,000
WOMEN'S RESOURCES OF MONROE COUNTY	N/A	PUBLIC	CHILD ABUSE/WITNESS TO	
225 J. WILSON DRIVE			VIOLENCE COUNSELING	
DELAWARE WATER GAP, PA 18327			PROGRAM	2,50
Total from continuation sheets				

Part XV   Supplementary Information				<del></del>
3 Grants and Contributions Paid During the Y		<del></del>		
· Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
wante and address (nome of business)	any foundation manager or substantial contributor	recipient		
SAFE HAVEN OF PIKE COUNTY	N/A	PUBLIC	BUILD CAPACITY THROUGH	
402 BROAD STREET			MEDICAL EQUIPMENT,	
MILFORD, PA 18337			SUPPLIES AND PHYSICAL EXPANSION TO PROVIDE	
			MEDICAL EXAMINATION	75,000.
PITTSTON MEMORIAL LIBRARY	N/A	PUBLIC	START RIGHT/START	
47 BROAD STREET	,,,,		EARLY PROJECT	
PITTSTON, PA 18640				20,000,
JEWISH COMMUNITY ALLIANCE	N/A	PUBLIC	DINNER FOR KIDS	
60 SOUTH RIVER STREET	.,,		PROGRAM	
WILKES BARRE PA 18702				30,000.
	<del> </del>			
	}			
_Total from continuation sheets				

ALLONE FOUNDATION	30-0892103
Part XV Supplementary Information	
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution	
. NAME OF RECIPIENT - NATIVITY MIGUEL SCHOOL OF SCRANTON	
LOW-INCOME AFTER SCHOOL PROGRAM PROMOTING ACCESS TO HELE	P FOR HOMEWORK
AND PERSONAL ENRICHMENT ACTIVITIES	
NAME OF RECIPIENT - SAFE HAVEN OF PIKE COUNTY	
BUILD CAPACITY THROUGH MEDICAL EQUIPMENT, SUPPLIES AND E	PHYSICAL
EXPANSION TO PROVIDE MEDICAL EXAMINATION ROOM TO ADDRESS	S ISSUE OF
TRAUMA BROUGHT ON BY VIOLENCE	
	<del></del>

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

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Employer identification number

A1	LLONE FOUNDATION	30-0892103
Organization type (check of	one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> )(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ile See instructions
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
sections 509(a)(1) any one contribute	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount, line 1 Complete Parts I and II	or 16b, and that received from
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or eductorized to children or animals. Complete Parts I, II, and III.	-
year, contributions is checked, enter purpose Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled in here the total contributions that were received during the year for an exclusively religious implete any of the parts unless the <b>General Rule</b> applies to this organization because it le, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box s, charitable, etc.,
but it must answer "No" or certify that it doesn't meet	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fin Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fithe filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).  uction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule	orm 990-PF, Part I, line 2, to

Name of organization

Employer identification number

# ALLONE. FOUNDATION

30-0892103

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GEISINGER HEALTH SYSTEM FOUNDATION  100 N. ACADEMY AVENUE  DANVILLE, PA 17822	\$ 29,000,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Occupate Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

## ALLONE. FOUNDATION

30-0892103

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	I 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
		  \$	
(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

Employer identification number

LLONE.	FOUNDATION		30-0892103
art III	the year from any one contributor. Complete c	olumns (a) through (e) and the foliou	in section 501(c)(7), (8), or (10) that total more than \$1,000 for Ming line entry. For organizations
	completing Part III, enter the total of exclusively religious  Use duplicate copies of Part III if additional	s, charitable, etc., contributions of \$1,000 or	less for the year (Enterthis info once) > \$
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, ar	nd ZIP + 4	Relationship of transferor to transferee
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, ar	nd ZIP + 4	Relationship of transferor to transferee
-			
a) No. from			
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, ar	nd ZIP + 4	Relationship of transferor to transferee
-			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	Transferee's name, address, ar	(e) Transfer of gif	
-	mansieree s name, address, ar	IU ZIF † †	Relationship of transferor to transferee
-			

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold (c) Date acquired P - Purchase D - Donation (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) TOTAL 09/01/15|01/24/17 1a VANGUARD BOND MARKET INDEX FUND INDEX FUND P 09/01/1504<u>/26</u>/1<u>7</u> b VANGUARD TOTAL BOND MARKET P 09/01/15|07/24/17 c VANGUARD TOTAL BOND MARKET INDEX FUND d VANGUARD TOTAL BOND MARKET INDEX FUND P 09/01/1510/18/17 P 09/01/1505/11/1 e VANGUARD TOTAL INTERNATIONAL STOCK INDEX f VANGUARD TOTAL INTERNATIONAL STOCK P |09/01/15|06/09/17 TOTAL P 09/01/15|07/31/17 q VANGUARD INTERNATIONAL STOCK INDEX h VANGUARD TOTAL INTERNATIONAL STOCK P 09/01/15|11<u>/27/</u>17 INDEX i **VANGUARD** TOTAL STOCK MARKET INDEX FUND P 09/01/15|01/09/17 TOTAL P 09/01/1501/20/17 VANGUARD STOCK MARKET INDEX FUND TOTAL STOCK MARKET P |09/01/15|05/11/17 k VANGUARD INDEX FUND TOTAL STOCK MARKET P 09/01/1506/09/17 I VANGUARD INDEX FUND <u>09/01/15|07/31/17</u> m VANGUARD TOTAL STOCK MARKET INDEX FUND P n VANGUARD TOTAL P 09/01/15|11/27/17 STOCK MARKET INDEX 05/05/1709/18/17 BANK OF AMERICA P (f) Depreciation allowed (h) Gain or (loss) (a) Cost or other basis (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 12,350. 12,639 <289.> a 12,558. 12,769 <211.> b 12,692. 12,796. <104.> C 12,855 12,997. <142.> d 4,321. 40,000. 35,679. е 120,000. 104,994. 15,006. <u>353,333.</u> 302,370. 50,963. 65,226. 53,339 11,887. 104,500. 96,274. 8,226. 12,001. 150,000. 137,999 69,986. 80,000. 10,014. 11,253. 80,000. 68,747. 400,000. 339,862. 60,138. m 84,000. 16,404. 67,596. Π 228,800. 222,750. <6,050.> 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any <289.> a <211.> <104.> C <142.> d <u>4,321.</u> 15,006. 50,963. g 11,887. h 8,226. 12,001. 10,014. <u>11,253.</u> 60,138. 16,404. п <6,050.> { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 2 Capital gain net income or (net capital loss) 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

CONTINUATION FOR 990-PF, PART IV 30-0892103 PAGE 2 OF 3

	describe the kind(s) of property sold ick warehouse; or common stock, 20	(b) How acquired P - Purchase D - Donation	(c) Date acquired (d) Date sold (mo., day, yr.)	
1a CHARLES SCHWAB	US MC	P	02/16/1707/31/17	
b CHARLES SCHWAB			P	02/16/17/10/02/17
c COCA COLA COMPA			P	02/16/1705/31/17
d FEDERAL HOME LI			P	05/15/1708/25/17
	N 1.625		P	04/10/1704/28/17
f GENUINE PARTS			P	02/16/1709/27/17
g JOHNSON & JOHN			P	02/16/1705/31/17
h KOHLS CORP	301,		P	02/16/1709/13/17
	MPANY		P	02/16/17/05/31/17
SCHWAB EMERGING MARKETS EQUITY			P	02/16/1707/31/17
k SCHWAB EMERGING MARKETS EQUITY			P	02/16/1707/31/17
SCHWAB INTERNATIONAL EQUITY ETF			P	02/16/1707/31/17
m SCHWAB INTERNA			P	02/16/1707/31/17
n SCHWAB US SMAL		<del></del>	P	02/16/1707/31/17
O US TREASURY NT	1.375% UST NOTE		P	11/09/17/11/24/17
	(f) Depreciation allowed	(g) Cost or other basis		) Gain or (loss)
(e) Gross sales price	(or allowable)	plus expense of sale		olus (f) minus (g)
a 62,450.	·	60,552.		1,898.
b 1,130,911.		1,063,692.		67,219.
c 45,994.		41,549.		4,445.
d 300,000.		300,000.		0.
e 200,000.		200,000.		0.
f 145,243.		154,116.		<u>&lt;8,873.</u> >
g 40,098.		36,743.		3,355.
h 136,985.		129,912.		7,073.
39,809.		37,665.		2,144.
19,399.		17,540.		1,859.
k 80,183.		72,556.		7,627.
74,320.		66,441.	<del></del>	7,879. 33,235.
$\frac{m}{n}$ 317,063.		283,828.		380.
		23,670. 74,026.		<236.>
	g gain in column (h) and owned by t		(I) L or	sses (from col. (h))
Gompion only for account and	(j) Adjusted basis	(k) Excess of col. (I)		of col. (h) gain over col. (k),
(i) F.M.V. as of 12/31/69	as of 12/31/69	over col. (j), if any	` but r	not less than "-0-")
a				1,898.
b				67,219.
С				4,445.
d				0.
e				0.
<u>f</u>				<8,873.>
<u>g</u>				3,355.
h				7,073.
			<del></del>	2,144.
<u> </u>				1,859.
<u>k</u>				7,627.
1	<del></del>			7,879.
<u>m</u>	<del></del>		<del></del>	33,235.
<u>n</u>		<del></del>	<del></del>	380.
0			<del></del>	<236.>
2 Capital gain net income or (net ca	pıtal loss) {   If gain, also enter   If (loss), enter "-0	in Part I, line 7 In Part I, line 7	2	
3 Net short-term capital gain or (fos if gain, also enter in Part I, line 8,	s) as defined in sections 1222(5) an			
If (loss), enter "-0-" in Part I, line 8	<u> </u>	Jl	3	

Part IV   Capital Gains and Lo	osses for Tax on Investment Income				
(a) List and	d describe the kınd(s) of property sol rick warehouse; or common stock, 2	d, e.g., real estate, 00 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a US TREASURY NT	1.375% UST NOTE		P	02/27/17	07/06/17
b US TREASURY NI			P	02/27/17	06/09/17
c US TREASURY NI			P		07/31/17
d US TREASURY NT			P		07/06/17
e US TREASURY NT	2.25% MATURED	<del>-</del>	P	07/31/17	11/30/17
<u>f</u>					
<u>h</u>		<del>-</del> ,			
_!		<del></del>			
<u>k</u>				<del> </del>	
<u></u>					
<u>m</u>					
<u>n</u>					
0	(f) Depreciation allowed	(a) Cost or other basis	(h)	) Gain or (loss)	L.,
(e) Gross sales price	(or allowable)	(g) Cost or other basis plus expense of sale	(n) 2 (e)	olus (f) minus (g)	
a 285,089.	<del></del>	286,006.	(-71		<917.
b 9,993.		9,995.			<2.
c 490,000.		490,000.			0.
d 279,409.		279,795.			<386.
e 150,000.		150,000.			0.
f					
9					
h					
1					
<u>k</u>					
1					
<u>m</u>			····		
<u>n</u>					
Complete only for agests shows	ng gain in column (h) and owned by	the foundation on 10/01/60			
Complete only for assets shown	<del></del>		(I) Los Gains (excess i	sses (from col. (h)) of col. (h) gain ove	r col. (k)
(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		ot less than "-0-")	
a					<917.
b					<2.
C					0.
d					<386.
e					0.
f					
9					
h					
<u> </u>					
1	<del></del>				
<u>k</u>					
<u> </u>					
<u>m</u>			<del></del>		
<u>n</u>			<del></del> -		
0	<u> </u>		<del></del>	·	
2 Capital gain net income or (net ca	apıtal loss) {   If gain, also enter   If (loss), enter "-C	r in Part I, line 7	,		320,117.
•			2	·	JZU,II/
3 Net short-term capital gain or (lo if gain, also enter in Part I, line 8)	ss) as defined in sections 1222(5) an	nd (6);	1		
If (loss), enter "-0-" in Part I, line	8	ŗ	<u> </u>	N/A	

FORM 990-PF 'INTERE	ST ON SAVI	NGS AND TEM	IPORARY	CASH IN	VESTMENTS	STATEMENT
SOURCE		( <i>F</i> REVE PER F	ENUE		(B) VESTMENT COME	(C) ADJUSTED NET INCOME
INTEREST INCOME		6	6,605.		66,605.	66,605
TOTAL TO PART I, LI	NE 3	6	6,605.		66,605.	66,605
FORM 990-PF	DIVIDENI	S AND INTER	REST FR	OM SECUR	ITIES	STATEMENT
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI	R.	(A) EVENUE R BOOKS	(B) NET INVEST MENT INCOM	
DIVIDEND INCOME	2,108,321	l •	0. 2,	108,321.	2,108,321	1. 2,108,321
TO PART I, LINE 4	2,108,321		0. 2,	108,321.	2,108,321	2,108,321
FORM 990-PF		LEGAI	FEES			STATEMENT
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTED NET INCOM	(D) CHARITABL E PURPOSES
LEGAL	-	51,537.		0.	(	0. 48,680
TO FM 990-PF, PG 1,	LN 16A =	51,537.		0.	(	48,680
FORM 990-PF		ACCOUNT	NG FEE	S		STATEMENT
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTED NET INCOM	
ACCOUNTING	_	23,100	•	0.		0. 22,979
TO FORM 990-PF, PG	1, LN 16B	23,100	,	0.		0. 22,979
	=		= ====			=======================================

FORM 990-PF · (	OTHER PROFES	SIONAL FEES	S <sup>1</sup>	PATEMENT
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES
INVESTMENT ADVISORY FEES	91,125.	91,125.	0.	91,125
TO FORM 990-PF, PG 1, LN 16C	91,125.	91,125.	0.	91,125
FORM 990-PF	TAX	ES	Si	PATEMENT
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES
PAYROLL TAXES 990-PF EXCISE TAXES	10,769. 283,148.	0.	0.	10,801
TO FORM 990-PF, PG 1, LN 18 =	293,917.	0.	0.	10,801
FORM 990-PF	OTHER E	XPENSES	Si	TATEMENT
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABL PURPOSES
OFFICE EXPENSE	16,524.	0.	0.	19,848
	97. 963.	0.		963
AMORTIZATION				
MISCELLANEOUS AMORTIZATION TO FORM 990-PF, PG 1, LN 23 FORM 990-PF OTHER INCREASES	963.	0.		963
AMORTIZATION TO FORM 990-PF, PG 1, LN 23	963.	0.		20,908
AMORTIZATION  TO FORM 990-PF, PG 1, LN 23  FORM 990-PF OTHER INCREASES	963. 17,584. S IN NET ASS	0.		963 20,908 FATEMENT

FORM 990-PF · OTH	ER INVESTMENTS		STATEMENT 9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS - FIXED INCOME MUTUAL FUNDS - EQUITY	FMV FMV	18,296,896. 83,094,868.	18,296,896. 83,094,868.
TOTAL TO FORM 990-PF, PART II, LIN	E 13	101,391,764.	101,391,764.
FORM 990-PF DEPRECIATION OF ASSE	TS NOT HELD FOR	RINVESTMENT	STATEMENT 10
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER EQUIPMENT SOFTWARE	21,480. 2,890.	11,098.	10,382. 402.
TOTAL TO FM 990-PF, PART II, LN 14	24,370.	13,586.	10,784.

	LIST OF OFFICERS, DIRECTORS AND FOUNDATION MANAGERS		STATEMENT 11	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK			EXPENSE
JOHN COSGROVE 70 N MAIN STREET WILKES-BARRE, PA 18711	EXECUTIVE DIRE		3,752.	0.
JOHN P MOSES ESQUIRE 120 S. FRANKLIN ST WILKES-BARRE, PA 18701	CHAIRMAN 5.00	0.	0.	0.
FRANK E APOSTOLICO 538 SPRUCE ST SCRANTON, PA 18503	TREASURER 1.00	0.	0.	0.
PAUL J CANEVARI 1059 HIDEAWAY HILL RD KUNKLETOWN, PA 18058	SECRETARY 1.00	0.	0.	0.
PETER DANCHAK 201 PENN AVE SCRANTON, PA 18503	DIRECTOR 1.00	0.	0.	0.
LOUIS A DENAPLES 400 MILL ST DUNMORE, PA 18512	DIRECTOR 1.00	0.	0.	0.
BART E ECKER ESQUIRE 145 COUNTRY CLUB LANE SUGARLOAF, PA 18249	DIRECTOR 1.00	0.	0.	0.
JOHN H GRAHAM 135 HIGHLAND AVENUE SHAVERTOWN, PA 18708	DIRECTOR 1.00	0.	0.	0.
JUDITH O GRAZIANO 201 SALLY DR S. ABINGTON TWP, PA 18411	DIRECTOR 1.00	0.	0.	0.
ALAN S HOLLANDER ESQUIRE 15 S.FRANKLIN ST WILKES-BARRE, PA 18711	DIRECTOR 1.00	0.	0.	0.
GARY L LAMONT BOX 702, SR 93 CONYNGHAM, PA 18219	DIRECTOR 1.00	0.	0.	0.

ALLONE FOUNDATION			30	-0892103
RICHARD K MANGAN 1401 VERNE CLOSE MOOSIC, PA 18507	DIRECTOR 1.00	0.	0.	0.
JOHN D MCCARTHY JR 340 KIDDER ST WILKES-BARRE, PA 18702	DIRECTOR 1.00	0.	0.	0.
JOHN J MENAPACE 1012 WOODLAND WAY CLARKS SUMMIT, PA 18411	DIRECTOR 1.00	0.	0.	0.
PAUL H ROONEY JR 1538 GRAMPIAN BLVD WILLIAMSPORT, PA 17701	DIRECTOR 1.00	0.	0.	0.
RHEA P SIMMS 1755 N. MEMORIAL HIGHWAY SHAVERTOWN, PA 18708	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF,	PAGE 6, PART VIII	103,269.	3,752.	0.

ALLONE FOUNDATION

30-0892103

FORM 990-PF · GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 12

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

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

TELEPHONE NUMBER

(570)208-1200

EMAIL ADDRESS

JCOSGROVE@ALLONEFOUNDATIONS.ORG

FORM AND CONTENT OF APPLICATIONS

SEE ATTACHED STATEMENT

#### ANY SUBMISSION DEADLINES

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

RESTRICTIONS AND LIMITATIONS ON AWARDS

SEE ATTACHMENT

### ATTACHMENT TO FORM 990-PF

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

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

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

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