



Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing . . . . .	117,918	209,213	209,213
	2	Savings and temporary cash investments . . . . .	500,258	846,660	846,660
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .	39,741	133,573	133,573
	c	Investments—corporate bonds (attach schedule) . . . . .			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans . . . . .			
	13	Investments—other (attach schedule) . . . . .			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	657,917	1,189,446	1,189,446	
Liabilities	17	Accounts payable and accrued expenses . . . . .			
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule) . . . . .			
	22	Other liabilities (describe ▶ _____)			
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	24	Unrestricted . . . . .	657,917	1,189,446	
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>				
	27	Capital stock, trust principal, or current funds . . . . .			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	657,917	1,189,446	
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) .	657,917	1,189,446		

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

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	657,917
2	Enter amount from Part I, line 27a . . . . .	2	529,956
3	Other increases not included in line 2 (itemize) ▶ _____	3	1,573
4	Add lines 1, 2, and 3 . . . . .	4	1,189,446
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	1,189,446

**Part IV Capital Gains and Losses for Tax on Investment Income**

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

  

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 121,004		114,653	6,351
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b>			6,351
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

<b>2</b> Capital gain net income or (net capital loss) <span style="float: right;">{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }</span>	<b>2</b>	6,351
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 <span style="float: right;">{ }</span>	<b>3</b>	

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

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	360,212	432,525	0.832812
2015	202,282	128,583	1.573163
2014			
2013			
2012			

  

<b>2</b> Total of line 1, column (d)	<b>2</b>	2.405975
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	1.202988
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	<b>4</b>	866,374
<b>5</b> Multiply line 4 by line 3	<b>5</b>	1,042,238
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	99
<b>7</b> Add lines 5 and 6	<b>7</b>	1,042,337
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	316,583

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

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

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	198
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	198
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	198
<b>6</b>	Credits/Payments		
<b>a</b>	2017 estimated tax payments and 2016 overpayment credited to 2017	<b>6a</b>	0
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	500
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	<b>10</b>	302
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2018 estimated tax</b> <input type="checkbox"/> 302 <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . If "Yes," attach a detailed description of the activities	<b>2</b>	No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	<b>3</b>	Yes
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by General Instruction T	<b>5</b>	No
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>6</b>	Yes
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> PA		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	<b>8b</b>	Yes
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? If "Yes," complete Part XIV . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .	<b>10</b>	No

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

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>N/A</b>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>KIRBY BROSIUS</b> Telephone no <b>(717) 365-2550</b>			

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

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>15</b>			
<b>16</b>	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country <b>▶</b>	<b>16</b>	<b>Yes</b>	<b>No</b>

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

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

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	<b>1b</b>		
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? <input type="checkbox"/>	<b>1c</b>		<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
<b>a</b>	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>▶</b> 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	<b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>▶</b> 20____, 20____, 20____, 20____			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If "Yes," did it have excess business holdings in 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 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). <input type="checkbox"/>	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	<b>4b</b>		<b>No</b>

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

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

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

**Total** number of other employees paid over \$50,000. . . . . **0****3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

**Total** number of others receiving over \$50,000 for professional services. . . . . **0****Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b> DONATION TO FOUR DIAMONDS FUND HELPING TO CONQUER CHILDHOOD CANCER	103,010
<b>2</b> DONATIONS THROUGH OUTREACH COMMITTEES TO BENEFIT THEIR COMMUNITIES	208,908
<b>3</b>	
<b>4</b>	

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

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

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	72,874
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	806,694
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	879,568
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	879,568
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	13,194
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	866,374
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	43,319

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

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	43,319
<b>2a</b>	Tax on investment income for 2017 from Part VI, line 5.	<b>2a</b>	198
<b>b</b>	Income tax for 2017 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	198
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	43,121
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	43,121
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	43,121

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	316,583
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	316,583
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	316,583

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				43,121
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only. . . . .			0	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . .				
<b>b</b> From 2013. . . . .				
<b>c</b> From 2014. . . . .				
<b>d</b> From 2015. . . . .				195,853
<b>e</b> From 2016. . . . .				338,599
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	534,452			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 316,583				
<b>a</b> Applied to 2016, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2017 distributable amount. . . . .				43,121
<b>e</b> Remaining amount distributed out of corpus	273,462			
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	807,914			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). . . .	0			
<b>9</b> <b>Excess distributions carryover to 2018.</b> Subtract lines 7 and 8 from line 6a . . . . .	807,914			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2013. . . . .				
<b>b</b> Excess from 2014. . . . .				
<b>c</b> Excess from 2015. . . . .				195,853
<b>d</b> Excess from 2016. . . . .				338,599
<b>e</b> Excess from 2017. . . . .				273,462

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)Form **990-PF** (2017)

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	305,863
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	0

## Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2017)

**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of			
<b>(1)</b> Cash. . . . .	<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets. . . . .	<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions			
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .	<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .	<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .	<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements. . . . .	<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees. . . . .	<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .	<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .	<b>1c</b>		<b>No</b>

**d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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

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

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

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	***** 2018-11-14 Date	***** Title	May the IRS discuss this return with the preparer shown below (see instr )? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee			

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MICHELLE MALIMBAN				P01372721
	Firm's name ▶ RSM US LLP				Firm's EIN ▶ 42-0714325
	Firm's address ▶ 518 TOWNSHIP LINE ROAD SUITE 300 BLUE BELL, PA 19422				Phone no (215) 641-8600

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

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

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ALAN KAUFMAN 3230 HANGING ROCK WAY PRESCOTT, AZ 86301	NONE	I	TO SUPPORT PV OUTREACH	1,650
ALLEN KLINGER JR 386 OLD STATE ROAD KLINGERSTOWN, PA 17941	NONE	I	TO SUPPORT HEGINS OUTREACH	500
AMANDA BIXLER1308 W MAIN ST VALLEY VIEW, PA 17983	NONE	I	TO SUPPORT HEGINS OUTREACH	510
<b>Total . . . . . ▶</b> <b>3a</b>				305,863

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN CANCER SOCIETY PO BOX 897 HERSHEY, PA 17033		PC	TO SUPPORT GRATZ OUTREACH	550
AMERICAN CANCER SOCIETY-HOPE LODGE PHX 5811 E MAYO BLVD PHOENIX, AZ 85054		PC	TO SUPPORT PV OUTREACH	1,000
AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC 600 WATERFRONT DRIVE STE 210 PITTSBURGH, PA 15222		PC	TO SUPPORT HEGINS OUTREACH	3,000
<b>Total . . . . .</b> ▶ <b>3a</b>				305,863



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
AMERICAN RED CROSSPO BOX 37839 BOONE, IA 50037		PC	TO SUPPORT FLOWER MOUND OUTREACH	3,547
BARBIE FEGERPO BOX 99 BERRYSBURG, PA 17005	NONE	I	TO SUPPORT HEGINS OUTREACH	500
BECKY JUAREZ7555 EAST STATE RD PRESCOTT VALLEY, AZ 86314	NONE	I	TO SUPPORT PV OUTREACH	3,800
<b>Total . . . . . ▶</b> <b>3a</b>				305,863

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BERRYSBURG & COMMUNITY FIRE CO 196 WEST MARKET ST BERRYSBURG, PA 17005		PC	GENERAL DONATION	5,000
BOY SCOUTS OF AMERICA - TROOP 1165 236 HARMAN RD HALIFAX, PA 17032		PC	TO SUPPORT OPS OUTREACH	250
BOYS & GIRLS CLUB OF CENTRAL ARIZONA 335 EAST AUBREY STREET PRESCOTT, AZ 86303		PC	TO SUPPORT PV OUTREACH	2,500
<b>Total . . . . . ▶</b> <b>3a</b>				305,863

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BRANDON SNYDER551 CHESTNUT ST KUPLMONT, PA 17834	NONE	I	TO SUPPORT HEGINS OUTREACH	500
CAMP HEBRON INC 957 CAMP HEBRON RD HALIFAX, PA 17032		PC	TO SUPPORT OPS OUTREACH	1,520
CARROLLTON FIRE RESCUE 1945 E JACKSON ROAD CARROLLTON, TX 75011		PC	GENERAL DONATION	5,000
<b>Total . . . . . ▶</b> <b>3a</b>				305,863

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CATHOLIC CHARITIES - DIOCESE OF TYLER PO BOX 2016 TYLER, TX 75710		PC	TO SUPPORT FLOWER MOUND OUTREACH	1,000
CENTRAL YAVAPAI FIRE DISTRICT 8555 E YAVAPAI ROAD PRESCOTT VALLEY, AZ 86314		PC	GENERAL DONATION	5,000
CHASE E MORGAN 55 S TULPEHOCKEN ST PINE GROVE, PA 17963	NONE	I	TO SUPPORT OPS OUTREACH	600
<b>Total . . . . . ▶</b> <b>3a</b>				305,863

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHILDREN'S ADVOCACY CENTER FOR DENTON COUNTY 1854 CAIN DRIVE LEWISVILLE, TX 75077		PC	TO SUPPORT FLOWER MOUND OUTREACH	500
CHOI LING1306 OVERLOOK DR LEWISVILLE, TX 75067	NONE	I	TO SUPPORT TX OUTREACH	500
CHRISTIAN COMMUNITY ACTION 200 SOUTH MILL COURT LEWISVILLE, TX 75057		PC	TO SUPPORT TX OUTREACH	2,300
<b>Total . . . . . ▶</b> <b>3a</b>				305,863

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
CHRISTIAN SHUTT362 CHURCH STREET MILLERSBURG, PA 17061	NONE	I	TO SUPPORT GRATZ OUTREACH	3,881
CHURCHES OF CHRIST DISASTER RELIEF EFFORT INC 410 ALLIED DRIVE NASHVILLE, TN 37211		PC	GENERAL DONATION	2,000
COREY HENN322 W MAIN STREET HEGINS, PA 17938	NONE	I	TO SUPPORT HEGINS OUTREACH	11,000
<b>Total . . . . . ▶</b> <b>3a</b>				305,863

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DANIEL KEISER397 NORTH PINE ST ELIZABETHVILLE, PA 17023	NONE	I	TO SUPPORT GRATZ OUTREACH	500
DANIELLE WILEYPO BOX 1055 DEWEY, AZ 86327	NONE	I	TO SUPPORT PV OUTREACH	834
DEB JACKSON1900 LAKESIDE PKWY FLOWER MOUND, TX 75028	NONE	I	TO SUPPORT TX OUTREACH	1,392
<b>Total . . . . .</b> ▶ <b>3a</b>				305,863

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DENNIS GARBER118 SOUTH MARKET ST MILLERSBURG, PA 17061	NONE	I	TO SUPPORT PROFILES OUTREACH	1,000
DERON LUDWIG319 W GRAND AVENUE TOWER CITY, PA 17980	NONE	I	TO SUPPORT HEGINS OUTREACH	750
DON KAHLER129 RASBERRY ST PILLOW, PA 17080	NONE	I	TO SUPPORT GRATZ OUTREACH	900
<b>Total . . . . .</b> ▶ <b>3a</b>				305,863



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
DONALD E MARTZ JRPO BOX 159 HERNDON, PA 17830	NONE	I	TO SUPPORT GRATZ OUTREACH	1,000
DONALD WIEST SR 1506 SPECKTOWN ROAD LYKENS, PA 17048	NONE	I	TO SUPPORT HEGINS OUTREACH	500
ED VANESSA BANI 749 POTTSVILLE STREET LYKENS, PA 17048	NONE	I	TO SUPPORT GRATZ OUTREACH	500
<b>Total . . . . . ▶</b> <b>3a</b>				305,863

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ELAINE NOVINGERPO BOX 100 HALIFAX, PA 17032	NONE	I	TO SUPPORT GRATZ OUTREACH	1,641
ERIC ERDMAN420 RAILROAD ST MILLERSBURG, PA 17061	NONE	I	TO SUPPORT OPS OUTREACH	300
FIRST BAPTIST CHURCH OF HOUSTON 7401 KATY FREEWAY HOUSTON, TX 77024		PC	TO SUPPORT HEGINS OUTREACH	2,000
<b>Total . . . . . ▶</b> <b>3a</b>				305,863

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
FLOWER MOUND FIRE DEPARTMENT 3911 S BROADWAY AVE FLOWER MOUND, TX 75028		PC	GENERAL DONATION	5,000
FOUR DIAMONDS FUND C/O PENN STATE UNIVERSITY STATE COLLEGE, PA 16801		PC	TO SUPPORT FOUNDED DIAMONDS FUND	103,010
FRANCESCO MEDRANO 4606 PHILIP AVENUE DALLAS, TX 75223	NONE	I	TO SUPPORT TX OUTREACH	500
<b>Total . . . . . ▶</b> <b>3a</b>				305,863

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GASPAR SOTELO 3721 SPRING VALLEY ROAD APT 210 ADDISON, TX 75001	NONE	I	TO SUPPORT TX OUTREACH	500
GOOD SAMARITAN SOCIETY - MARLEY HOUSE 1065 RUTH STREET PRESCOTT, AZ 86301		PC	TO SUPPORT PV OUTREACH	1,000
GRACE UNITED METHODIST CHURCH HEARTS OF GRACE 982 MEDICAL ROAD MILLERSBURG, PA 17061		PC	TO SUPPORT OPS OUTREACH	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				305,863

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GRATZ AREA FIRE COMPANY #1 202 SOUTH CENTER ST GRATZ, PA 17030		PC	TO SUPPORT GRATZ OUTREACH	5,500
GRATZ BOROUGH COUNCILPO BOX 305 GRATZ, PA 17030		GOV	TO SUPPORT OPS OUTREACH	350
GRATZ PARKS & RECREATION 625 WEST MARKET ST GRATZ, PA 17030		GOV	TO SUPPORT OPS OUTREACH	300
<b>Total . . . . . ▶</b> <b>3a</b>				305,863

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HEARTS WITH HANDSPO BOX 6444 ASHEVILLE, NC 28816		PC	TO SUPPORT GRATZ OUTREACH	4,186
HEGINS VALLEY FIRE RESCUE 720 CHESTNUT STREET HEGINS, PA 17938		PC	GENERAL DONATION	5,000
HOMES FOR OUR TROOPS6 MAIN ST TAUNTON, MA 02780		PC	GENERAL DONATION	500
<b>Total . . . . . ▶</b> <b>3a</b>				305,863

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
HUMMELSTOWN FOOD BANK C/O ZION LUTHERAN CHURCH HUMMELSTOWN, PA 17036		PC	GENERAL DONATION	600
HUNTS FOR HEALING INC 3 COBURN HILL ROAD LACEYVILLE, PA 18623		PC	GENERAL DONATION	500
JACK ZEREMBO1248 ROUTE 209 MILLERSBURG, PA 17061	NONE	I	TO SUPPORT GRATZ OUTREACH	2,508
<b>Total . . . . . ▶</b> <b>3a</b>				305,863

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JAMES ADAMS JR1159 W MARKET ST WILLIAMSTOWN, PA 17098	NONE	I	TO SUPPORT HEGINS OUTREACH	1,381
JAMES F MARKMANNPO BOX 3035 MCKINNEY, TX 75070	NONE	I	TO SUPPORT FLOWER MOUND OUTREACH	250
JAMIE TIMMONSPO BOX 123 VALLEY VIEW, PA 17983	NONE	I	TO SUPPORT GRATZ OUTREACH	500
<b>Total . . . . . ▶</b> <b>3a</b>				305,863



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JANET WISCOUNT1445 E GRAND AVE TOWER CITY, PA 17980	NONE	I	TO SUPPORT OPS OUTREACH	600
JASON HUHN1307 STATE RT 25 MILLERSBURG, PA 17061	NONE	I	TO SUPPORT PROFILES OUTREACH	4,719
JASON LONG322 LINCOLN STREET SUNBURY, PA 17801	NONE	I	TO SUPPORT PROFILES OUTREACH	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				305,863

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
JEFF HAWTHORNE 702 BERRYSBURG ROAD MILLERSBURG, PA 17061	NONE	I	TO SUPPORT PROFILES OUTREACH	500
JEFF MASSER1309 OLD STATE ROAD KLINGERSTOWN, PA 17941	NONE	I	TO SUPPORT HEGINS OUTREACH	1,500
JERRY BIXLER650 WEST MARKET ST GRATZ, PA 17030	NONE	I	TO SUPPORT GRATZ OUTREACH	1,041
Total . . . . . ▶ 3a				305,863

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
JERRY MALLETT207 TOURIST PARK RD HALIFAX, PA 17032	NONE	I	TO SUPPORT GRATZ OUTREACH	1,000
JESSICA CROSBY35 N TREMONT ST TREMONT, PA 17981	NONE	I	TO SUPPORT HEGINS OUTREACH	1,200
JOAN LUDWIG319 WEST GRAND AVE TOWER CITY, PA 17980	NONE	I	TO SUPPORT GRATZ OUTREACH	500
Total . . . . . ▶ 3a				305,863

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
JOSE ARROYO7555 EAST STATE RT 69 PRESCOTT VALLEY, AZ 86314	NONE	I	TO SUPPORT PV OUTREACH	4,000
JOY SCHREIBER650 WEST MARKET ST GRATZ, PA 17030	NONE	I	TO SUPPORT OPS OUTREACH	750
JUAN C MENDOZA2934 VILLA SUN TRL DALLAS, TX 75228	NONE	I	TO SUPPORT TX OUTREACH	500
<b>Total . . . . .</b> <div> <div></div> <div>3a</div> </div>				305,863

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JUDY A HOOVER204 LENKER DRIVE WILLIAMSTOWN, PA 17098	NONE	I	TO SUPPORT GRATZ OUTREACH	1,702
KADENCE JAE FOUNDATION 45 SUFFOLK ROAD HARRISBURG, PA 17112		PC	TO SUPPORT OPS OUTREACH	500
KRISA HUBLER107 POPLAR DRIVE KULPMONT, PA 17834	NONE	I	TO SUPPORT OPS OUTREACH	400
<b>Total . . . . .</b> ▶ <b>3a</b>				305,863

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LAMAR ADAMS76 OLD MILL RD HEGINS, PA 17938	NONE	I	TO SUPPORT HEGINS OUTREACH	500
LIBERTY HOSE CO NO 2 553 SOUTH SECOND STREET LYKENS, PA 17048		PC	TO SUPPORT OPS OUTREACH	350
MALLORY EBERTPO BOX 787 MINERSVILLE, PA 17954	NONE	I	TO SUPPORT OPS OUTREACH	400
<b>Total . . . . . ▶</b> <b>3a</b>				305,863

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MARINE TOYS FOR TOTS 18251 QUANTICO GATEWAY DR TRIANGLE, VA 22172		PC	TO SUPPORT TX OUTREACH	1,300
MATTHEW A HECKPO BOX 122 PILLOW, PA 17080	NONE	I	TO SUPPORT GRATZ OUTREACH	1,000
MAYKEL SANCHEZ 5754 PRESTON VIEW BLVD APT 2044 DALLAS, TX 75240	NONE	I	TO SUPPORT TX OUTREACH	500
<b>Total . . . . . ▶</b> <b>3a</b>				305,863

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MILLERSBURG AREA POOL ASSOCIATION 120 LINCOLN LANE MILLERSBURG, PA 17061		PC	TO SUPPORT OPS OUTREACH	500
MILLERSBURG FIRE COMPANY NO 1 PO BOX 151 MILLERSBURG, PA 17061		PC	GENERAL DONATION	5,000
NED SMITH CENTERPO BOX 33 MILLERSBURG, PA 17061		PC	GENERAL DONATION	2,500
<b>Total . . . . . ▶</b> <b>3a</b>				305,863



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NINA KAHLERPO BOX 153 PILLOW, PA 17080	NONE	I	TO SUPPORT OPS OUTREACH	600
NORTHERN DAUPHIN CO BRANCH YMCA 500 NORTH CHURCH ST ELIZABETHVILLE, PA 17023		PC	TO SUPPORT OPS OUTREACH	500
PADRE FOUNDATION 1201 W LA VETA AVE ORANGE, CA 92868		PC	GENERAL DONATION	5,000
<b>Total . . . . . ▶</b> <b>3a</b>				305,863

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PAUL KELLY3231 LUZON ROAD IRVING, TX 75060	NONE	I	TO SUPPORT FLOWER MOUND OUTREACH	14,000
PHYLLIS A REPROGLE 5532 STATE RT 209 APT 3 LYKENS, PA 17048	NONE	I	TO SUPPORT GRATZ OUTREACH	500
PILLOW FIRE COMANY NO 1PO BOX 452 PILLOW, PA 17080		PC	TO SUPPORT OPS OUTREACH	350
<b>Total . . . . . ▶</b> <b>3a</b>				305,863

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PRESCOTT POLICE DEPARTMENT 222 S MARINA STREET PRESCOTT, AZ 86303		PC	TO SUPPORT PV OUTREACH	500
PROJECT BREAD-WALK FOR LIFE 145 BORDER STREET EAST BOSTON, MA 02128		PC	GENERAL DONATION	200
RANDY CHALLENGER 246 WEST BROAD STREET ELIZABETHVILLE, PA 17023	NONE	I	TO SUPPORT OPS OUTREACH	1,500
<b>Total . . . . . ▶</b> <b>3a</b>				305,863

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
RANDY GILLIGBAUER 225 NORTH TUNNEL ST WILLIAMSTOWN, PA 17098	NONE	I	TO SUPPORT GRATZ OUTREACH	1,000
RANDY NACE135 EAST STREET WILLIAMSTOWN, PA 17098	NONE	I	TO SUPPORT OPS OUTREACH	500
RICHARD LITCHKO46 N OAK ST APT 2 MOUNT CARMEL, PA 17851	NONE	I	TO SUPPORT HEGINS OUTREACH	500
<b>Total . . . . . ▶</b> <b>3a</b>				305,863

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
RILEY ALBRIGHT515 BERRYSBURG RD MILLERSBURG, PA 17061	NONE	I	TO SUPPORT HEGINS OUTREACH	500
ROBERT A ARBOGAST54 MILL ROAD KLINGERSTOWN, PA 17941	NONE	I	TO SUPPORT GRATZ OUTREACH	1,500
ROBERT OBRIEN 231 WEST GRAND AVENUE TOWER CITY, PA 17980	NONE	I	TO SUPPORT GRATZ OUTREACH	1,595
<b>Total . . . . . ▶</b> <b>3a</b>				305,863

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
RYLEY ALBRIGHT 515 BERRYSBURG ROAD MILLERSBURG, PA 17061	NONE	I	TO SUPPORT PROFILES OUTREACH	500
SACRAMENTO COMMUNITY FIRE COMPANY 2206 EAST MAIN ST SACRAMENTO, PA 17968		PC	GENERAL DONATION	5,000
SCOTT MATTER104 BRENDA DRIVE MILLERSBURG, PA 17061	NONE	I	TO SUPPORT PROFILES OUTREACH	500
<b>Total . . . . . ▶</b> <b>3a</b>				305,863

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SCOTTISH RITE HOSPITAL FOR CHILDREN 222 WELBORN STREET DALLAS, TX 75219		PC	GENERAL DONATION	1,400
SHAWN ZIMMERMAN 119 REINER SCHOOL ROAD TOWER CITY, PA 17980	NONE	I	TO SUPPORT HEGINS OUTREACH	11,500
SPECIAL OLYMPICS OF PA AREA M (SOPAM) PO BOX 382 SUMMERDALE, PA 17093		PC	TO SUPPORT HEGINS OUTREACH	250
<b>Total . . . . . ▶</b> <b>3a</b>				305,863

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
STEVE HOKE JRPO BOX 74 SACRAMENTO, PA 17968	NONE	I	TO SUPPORT HEGINS OUTREACH	500
STEVE RANDALL 1861 SOUTH JOHNSON LANE CHINO VALLEY, AZ 86323	NONE	I	TO SUPPORT PV OUTREACH	2,000
TEK FOUNDATION CC INC4 TANDY LANE MILLERSBURG, PA 17061		PC	TO SUPPORT HEGINS OUTREACH	14,150
<b>Total . . . . . ▶</b> <b>3a</b>				305,863



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE VISTA SCHOOL 1021 SPRINGBOARD DRIVE HERSHEY, PA 17033		PC	TO SUPPORT HEGINS OUTREACH	250
THINKBIG335 MARKET ST LEWISBURG, PA 17837		PC	TO SUPPORT GRATZ OUTREACH	100
TIM TINA SCHELL 65 CALLOWHILL STREET ELIZABETHVILLE, PA 17023	NONE	I	TO SUPPORT OPS OUTREACH	900
<b>Total . . . . . ▶</b> <b>3a</b>				305,863

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TODD SNYDER1677 URBAN ROAD HERNDON, PA 17830	NONE	I	TO SUPPORT GRATZ OUTREACH	1,496
TOLEDO NW OHIO FOOD BANK 24 E WOODRUFF AVE TOLEDO, OH 43604		PC	GENERAL DONATION	750
TOWN OF PRESCOTT VALLEY 7501 E CIVIC CIRCLE PRESCOTT VALLEY, AZ 86314		GOV	TO SUPPORT PV OUTREACH	2,500
<b>Total . . . . . ▶</b> <b>3a</b>				305,863

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UPPER DAUPHIN HUMAN SVCS CENTER PO BOX 157 ELIZABETHVILLE, PA 17023		PC	TO SUPPORT OPS OUTREACH	1,350
WAYNE KLINGER1 SOUTH WALNUT ST MOUNT CARMEL, PA 17851	NONE	I	TO SUPPORT HEGINS OUTREACH	500
WEEKEND SNACK PACK PROGRAM OF UPPER DAUPHIN PO BOX 270 BERRYSBURG, PA 17005		PC	TO SUPPORT OPS OUTREACH	1,000
<b>Total . . . . . ▶</b> <b>3a</b>				305,863

**TY 2017 Accounting Fees Schedule****Name:** MI CHARITABLE FOUNDATION**EIN:** 47-2381136**Accounting Fees Schedule**

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	5,250	0	0	5,250

**TY 2017 Investments Corporate Stock Schedule****Name:** MI CHARITABLE FOUNDATION**EIN:** 47-2381136

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
DOUBLELINE CORE FIXED INCM	21,369	21,369
PIMCO FOREIGN BD USD	13,312	13,312
THOMPSON BOND FUND	13,356	13,356
AMERICAN FD EUROPACIFIC	13,486	13,486
AMERICAN FD NEW WORLD	6,834	6,834
COHEN & STEERS REALTY	6,721	6,721
JOHN HANCOCK ALTERNATIVE ASSET ALLOC	6,689	6,689
JOHN HANCOCK DISCIPLINED VALUE MIDCAP	6,814	6,814
SCHWAB S&P 500 INDEX FD	27,377	27,377
SCHWAB SMALL CAP INDED FUND	6,765	6,765
SWAN DEFINED RISK FD	10,850	10,850

**TY 2017 Legal Fees Schedule****Name:** MI CHARITABLE FOUNDATION**EIN:** 47-2381136

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	4,689	0	0	4,689

**TY 2017 Other Expenses Schedule****Name:** MI CHARITABLE FOUNDATION**EIN:** 47-2381136**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADVERTISING EXPENSES	641	0	0	641
BANK FEES	55	55	0	0
LICENSES	125	0	0	125
SPECIAL EVENT EXPENSES	166,158	0	0	0
OUTREACH COMMITTEE EXPENSES	34,653	0	0	0

## TY 2017 Other Income Schedule

**Name:** MI CHARITABLE FOUNDATION

**EIN:** 47-2381136

### Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	33,430		33,430



**TY 2017 Other Increases Schedule**

**Name:** MI CHARITABLE FOUNDATION  
**EIN:** 47-2381136

Description	Amount
UNREALIZED GAIN	1,573

**TY 2017 Taxes Schedule****Name:** MI CHARITABLE FOUNDATION**EIN:** 47-2381136

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
STATE AND LOCAL TAXES	640	0	0	15
FEDERAL TAXES	1,847	0	0	0

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	<b>Schedule of Contributors</b>  ▶ <b>Attach to Form 990, 990-EZ, or 990-PF</b> ▶ <b>Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a></b>	OMB No 1545-0047  <b>2017</b>
	<b>Name of the organization</b> MI CHARITABLE FOUNDATION	<b>Employer identification number</b> 47-2381136

**Organization type** (check one)

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

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

**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

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



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

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

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

Additional Data

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	AURORA PLASTICS	\$ 19,800	Person <input checked="" type="checkbox"/>
	9280 JEFFERSON ST		Payroll <input type="checkbox"/>
	STREETSBORO, OH 44241		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>2</u>	BIGNOLI ENTERPRISES	\$ 7,100	Person <input checked="" type="checkbox"/>
	10 JEFFREY WAY		Payroll <input type="checkbox"/>
	NORWALK, OH 448579559		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>3</u>	BULLDOG POLYMERS	\$ 7,100	Person <input checked="" type="checkbox"/>
	10 JEFFREY WAY		Payroll <input type="checkbox"/>
	NORWALK, OH 44857		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>4</u>	CAFFES STEEL	\$ 5,000	Person <input checked="" type="checkbox"/>
	6623 MID CITIES AVE		Payroll <input type="checkbox"/>
	BELTSVILLE, MD 20705		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>5</u>	CALDWELL MANUFACTURING	\$ 23,200	Person <input checked="" type="checkbox"/>
	PO BOX 92891		Payroll <input type="checkbox"/>
	ROCHESTER, NY 146928991		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>6</u>	CARDINAL GLASS	\$ 43,700	Person <input checked="" type="checkbox"/>
	775 PRAIRIE CENTER DR SUITE 200		Payroll <input type="checkbox"/>
	EDEN PRAIRIE, MN 55344		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	CHESCO SALES	\$ 39,400	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
	103 FOX BRIAR LANE		
	CARY, NC27518		
<u>8</u>	CHRISTIAN GREEN	\$ 8,300	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
	203 BARBARA DR		
	WESTMINSTER, MD21157		
<u>9</u>	CONRAD G LABOSSIERE JR	\$ 6,800	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
	8904 BOULDEVARD OF THE GENERALS		
	SPOTSYLVANIA, VA22553		
<u>10</u>	FLYOVER ENTERPRISES	\$ 10,189	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
	1068 CHIPMUNK LANE		
	PENDLETON, IN46064		
<u>11</u>	GAMMCO SALES	\$ 11,200	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
	917 RIVERCHASE PKWY WEST		
	BIRMINGHAM, AL35244		
<u>12</u>	GRATZ OPS OUTREACH	\$ 9,623	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
	650 WEST MARKET STREET		
	GRATZ, PA17030		



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>	GRATZ OUTREACH	\$ 11,818	<b>Person</b> <input checked="" type="checkbox"/>
	760 WEST MARKET STREET		<b>Payroll</b> <input type="checkbox"/>
	GRATZ, PA17030		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>14</u>	GUARDIAN	\$ 33,400	<b>Person</b> <input checked="" type="checkbox"/>
	2300 HARMON ROAD		<b>Payroll</b> <input type="checkbox"/>
	AUBURN HILLS, MI48326		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>15</u>	HEGINS OUTREACH	\$ 24,615	<b>Person</b> <input checked="" type="checkbox"/>
	79 PARK LANE		<b>Payroll</b> <input type="checkbox"/>
	HEGINS, PA17938		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>16</u>	HUNTER COLLINS	\$ 17,000	<b>Person</b> <input checked="" type="checkbox"/>
	833 NWALTON LAKESHORE DR		<b>Payroll</b> <input type="checkbox"/>
	PANAMA CITY BEACH, FL32413		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>17</u>	MI PROFILES OUTREACH	\$ 5,351	<b>Person</b> <input checked="" type="checkbox"/>
	PO BOX 148A 1519 ROUTE 209		<b>Payroll</b> <input type="checkbox"/>
	MILLERSBURG, PA17061		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>18</u>	MIKE DESOTO	\$ 11,800	<b>Person</b> <input checked="" type="checkbox"/>
	4910 W IRON SPRINGS RD		<b>Payroll</b> <input type="checkbox"/>
	PRESCOTT VALLEY, AZ863055194		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>	MIWD		<b>Person</b> <input checked="" type="checkbox"/>
	650 WEST MARKET ST	\$ 277,382	<b>Payroll</b> <input type="checkbox"/>
	GRATZ, PA17030		<b>Noncash</b> <input type="checkbox"/>
			(Complete Part II for noncash contribution )
<u>20</u>	OPS OUTREACH		<b>Person</b> <input checked="" type="checkbox"/>
	650 WEST MARKET ST	\$ 5,010	<b>Payroll</b> <input type="checkbox"/>
	GRATZ, PA17030		<b>Noncash</b> <input type="checkbox"/>
			(Complete Part II for noncash contribution )
<u>21</u>	PATTON LOGISTICS		<b>Person</b> <input checked="" type="checkbox"/>
	60 BELFORD BLVD	\$ 17,350	<b>Payroll</b> <input type="checkbox"/>
	MILTON, PA17847		<b>Noncash</b> <input type="checkbox"/>
			(Complete Part II for noncash contribution )
<u>22</u>	PETER DESOTO		<b>Person</b> <input checked="" type="checkbox"/>
	1180 GULF BLVD APT 401	\$ 31,000	<b>Payroll</b> <input type="checkbox"/>
	CLEARWATER BEACH, FL33767		<b>Noncash</b> <input type="checkbox"/>
			(Complete Part II for noncash contribution )
<u>23</u>	PV OUTREACH		<b>Person</b> <input checked="" type="checkbox"/>
	7555 EAST STATE RT 69	\$ 10,339	<b>Payroll</b> <input type="checkbox"/>
	PRESCOTT VALLEY, AZ86314		<b>Noncash</b> <input type="checkbox"/>
			(Complete Part II for noncash contribution )
<u>24</u>	ROSCOM INC		<b>Person</b> <input checked="" type="checkbox"/>
	2925 STATE ROAD	\$ 12,600	<b>Payroll</b> <input type="checkbox"/>
	CROYDON, PA19021		<b>Noncash</b> <input type="checkbox"/>
			(Complete Part II for noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>25</u>	SALEM NATIONALEASE CORP	\$ 8,600	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
	PO BOX 24788		
	WINSTONSALEM, NC271144788		
<u>26</u>	SPECIALITY SCREEN AND WINDOW COMPANY	\$ 40,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
	10429 REISTERSTOWN ROAD		
	OWING MILLS, MD21117		
<u>27</u>	STEPHEN REHMAN	\$ 75,011	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
	9221 HARVEST RUSH ROAD		
	OWING MILLS, MD21117		
<u>28</u>	TEXAS OUTREACH	\$ 19,771	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
	1900 LAKESIDE PARKWAY		
	FLOWER MOUND, TX75028		
<u>29</u>	THE GARY LAW GROUP	\$ 9,200	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
	3 CENTERPOINTE DRIVE		
	LAKE OSWEGO, OR97035		
<u>30</u>	TWENTY-FOUR SEVEN	\$ 19,200	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
	9221 HARVEST RUSH ROAD		
	OWING MILLS, MD21117		

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>31</u>	WATSONTOWN TRUCKING		<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
	60 BELFORD BLVD		
	MILTON, PA 17847	\$ 12,950	
<u>32</u>	WINDOW WORLD INC		<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
	118 SHAVER ST		
	NORTH WILKESBORO, NC 28659	\$ 5,000	