DLN: 93491115000029

2017

OMB No 1545-0052

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

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.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	caler	ndar year 2017, or tax year beginning 07-01	2017	, and	ending 06-30-	2018	
		indation AYLOR FOUNDATION INC			A Employer ide	entification numbe	r
MC	,JLJ 12	ALLON FOUNDATION INC			23-2281586		
		d street (or P O box number if mail is not delivered to street addr	ess) Room/suite		B Telephone nur	mber (see instruction	ns)
1.	25 IN WA	ASHINGTON AVE SUITE 205			(717) 340-2830		
		n, state or province, country, and ZIP or foreign postal code PA 18503			C If exemption a	application is pending	g, check here
c c			£ - £		— B.1 Farrage and		· · ·
G Cr	еск аг	l that apply □ Initial return □ Initial return c □ Final return □ Amended reti	f a former public cha	irity		janizations, check he ganizations meeting	▶ ⊔
		☐ Address change ☐ Name change				here and attach co	
H Ch	eck tv	rpe of organization				ndation status was t	
			able private foundat	on	under section	n 507(b)(1)(A), chec	k nere
		ket value of all assets at end J Accounting method		ccrual	F If the founda	tion is in a 60-month	termination
		from Part II, col (c), \$ 85,994,408			under section	1 507(b)(1)(B), chec	k here
11110	10)	(Part I, column (d) m	ust be on cash basis)			
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue an	d			(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses po		Net investment (c	(c) Adjusted net income	for charitable purposes
			DOOKS	_			(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)					
d)	2	Check ▶ ☑ If the foundation is not required to attach					
	_	Sch B			202.000		
	3	Interest on savings and temporary cash investments Dividends and interest from securities		9,028	893,080 999,028		
	4 5a	Gross rents	. 99	9,026	999,028		
	b	Net rental income or (loss)		+			
υ	6a	Net gain or (loss) from sale of assets not on line 10	1,61	0,475			
Revenue	ь	Gross sales price for all assets on line 6a					
		28,514,	334				
~	7	Capital gain net income (from Part IV, line 2)	•		1,610,475		
	8	Net short-term capital gain	•	_			
	9	Income modifications	•				
	10a b	Gross sales less returns and allowances Less Cost of goods sold					
	c	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	2,43	5,422	0		
	12	Total. Add lines 1 through 11		9,005	3,502,583		
	13	Compensation of officers, directors, trustees, etc		1,230	13,750		337,480
	14	Other employee salaries and wages	. 13	5,389	0		136,389
Ş	15	Pension plans, employee benefits	. 7	7,972	0		77,972
1156	16a	Legal fees (attach schedule)	. 🕦	3,001	0		0
Expenses	ь	Accounting fees (attach schedule)	-				
	С	Other professional fees (attach schedule)	. % 3	3,537	0		0
and Administrative	17	Interest					
Stra	18	Taxes (attach schedule) (see instructions)	. 🕦 5	9,012	59,012		0
Ξ	19	Depreciation (attach schedule) and depletion	•				
₹ d n	20	Occupancy		7,815	0		37,815
/ pı	21	Travel, conferences, and meetings	. 2	5,226	0		25,226
	22	Printing and publications	00.1 50	7.550	240 474		224.000
Operatıng	23	Other expenses (attach schedule)	. 🤧 56	7,550	240,471		224,890
eral	24	Total operating and administrative expenses.	1 30	722	212 222		839,772
ă O	25	Add lines 13 through 23		L,732 L,968	313,233		3,291,968
	26	Total expenses and disbursements. Add lines 24 ar		-,- 55			3,251,500
		25		3,700	313,233		4,131,740
	27	Subtract line 26 from line 12					
	а	Excess of revenue over expenses and disbursements	1,35	5,305			
	b	Net investment income (if negative, enter -0-)			3,189,350		
	С	Adjusted net income(If negative, enter -0-)					
For	Paper	work Reduction Act Notice, see instructions.	<u>I</u>	I	Cat No 11289X	For	m 990-PF (2017)

45,487

67,418,926

10,585,820

78,590,629

129,169

4,751,365

4,880,534

73,710,095

73,710,095

78,590,629

(چە

ارجه

51,219

69.799,952

78,315,925

51,821

3,113,942

3,165,763

75,150,162

75,150,162

78,315,925

2

3

4

5

6

73,710,095

1,355,305

75,150,162

75,150,162 Form 990-PF (2017)

84,762

7,054,415

51,219

77.471.413

7,061,437

85,994,408

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18

19 20

21

22

23

24

25

28 29

31 Part III

Liabilities

Balances

Fund 26

ō

Assets 27

Net 30

2

3

Pledges receivable

Less allowance for doubtful accounts ▶

Grants receivable

Less allowance for doubtful accounts

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe ▶_

Temporarily restricted

Permanently restricted . .

Unrestricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Receivables due from officers, directors, trustees, and other

Other notes and loans receivable (attach schedule)

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

disqualified persons (attach schedule) (see instructions)

Investments—U S and state government obligations (attach schedule)

Page **3**

Capital Gains a	ild Losses for Tax off Tilvest	inent income				
	(a) ne kınd(s) of property sold (e g , re nouse, or common stock, 200 shs		(b) How acquire P—Purchase D—Donatio	e l Da	(c) ite acquired o , day, yr)	(d) Date sold (mo , day, yr)
1 a SALE ON INVESTMENTS			Р			
b			-			
c						
d						
e						
	(f)		(a)			h)
(e)	Depreciation allowed		(g) other basıs			r (loss)
Gross sales price	(or allowable)		ense of sale) minus (g)
a 28,514	,334		26,903,	.859		1,610,475
b						
d						
e						
	-h	mad by the formulation	12/21/60			
Complete only for assets s	showing gain in column (h) and ow			_		l) h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col (ı) (¡), ıf any	cc	l (k), but not	less than -0-) or om col (h))
a			,			1,610,475
b						
С						
d						
e						
		If gain, also enter in P	art I line 7	1		
2 Capital gain net income of3 Net short-term capital ga	or (net capital loss)	If (loss), enter -0- in F		} 2		1,610,475
· -	I, line 8, column (c) (see instructi		-	} 3		
Part V Qualification U	ndor Soction 4040(a) for Bo	duced Tay on Not	Investment	Tncome		
	nder Section 4940(e) for Re				.	
(For optional use by domestic pri	vate foundations subject to the sec	ction 4940(a) tax on ne	t investment in	icome)		
If section 4940(d)(2) applies, lea	ive this part blank					
	•	hl				es 🗸 No
	section 4942 tax on the distributal qualify under section 4940(e) Do		in the base pe	riou r		es 🖭 No
	ount in each column for each year,	<u> </u>	making any er	ntries		
(a)	•		Thaking any cr	11.1103	(d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab		(col	Distribution rat (b) divided by c	ol (c))
2016	3,248,987		70,367,468			0 046172
2015	3,659,986		69,767,130			0 052460
2014						
2013						
2012						
2 Total of line 1, column (d))		L	2		0 098632
number of years the found	for the 5-year base period—divide lation has been in existence if less	than 5 years 🔒	or by the	3		0 049316
	charitable-use assets for 2017 fron	•	\cdot \cdot \cdot \vdash	4		74,863,417
			\cdot \cdot \cdot \vdash	5		3,691,964
	nt income (1% of Part I, line 27b)		L	6		31,894
7 Add lines 5 and 6			L	7		3,723,858
	ns from Part XII, line 4 ,			8		4,131,740
If line 8 is equal to or grea	iter than line 7, check the box in Pa	art VI, line 1b, and com	plete that part	using a 1º	% tax rate Se	e the Part VI

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

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

1 List all officers, directors, trustee	es, foundation managers ar	nd 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			Componibution.	
2 Compensation of five highest-pai	d employees (other than t	hose included on line :	L—see instructions). If nor Contributions to	ie, enter "NONE."
(a) Name and address of each employee pa more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE			(a) compensation	
				
Total number of other employees paid ove				
3 Five highest-paid independent co				0 E".
(a) Name and address of each person		1	e of service	(c) Compensation
NONE				
		-		
		_		
		-		
Total number of others receiving over \$50	,000 for professional services			0
Part IX-A Summary of Direct C				
List the foundation's four largest direct charitable organizations and other beneficiaries served, con			nation such as the number of	Expenses
1				
2				
3				
4				
-				
Part IX-B Summary of Program	m-Related Investments	(see instructions)		
Describe the two largest program-related inve	stments made by the foundation d	uring the tax year on lines 1	and 2	Amount
1				
				
2				
All II	<u> </u>			
All other program-related investments 3	See instructions			
Total. Add lines 1 through 3 .		· · · · · · · ·		000 PE (2017)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1a

1b

2

3a 3h

4

5

4,131,740

4.131.740

4.099.846

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31.894

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

1

2

3

4

5

3,711,277

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(d)

2017

Page 9

PF	(20)1.	7)	
411				

b Total for prior years

a From 2012. **b** From 2013. . . . c From 2014. . . d From 2015. e From 2016.

-PF (2	017)
41111	Hadi

101111 330-F1 (2	01/)
Part XIII	Un

Part XIII		Undistributed Income (see instructions)			
1	Distributabl	e amount for 2017 from Part XI, line 7			
2	Undistribute	ed income, if any, as of the end of 2017			

a Enter amount for 2016 only.

3 Excess distributions carryover, if any, to 2017

f Total of lines 3a through e. 4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 4,131,740 a Applied to 2016, but not more than line 2a

b Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. . c Excess from 2015. . . . d Excess from 2016. . . e Excess from 2017. . .

Subtract lines 7 and 8 from line 6a

indicated below:

d Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

(a)

Corpus

399.958

399,958

399,958

399.958

(b)

Years prior to 2016

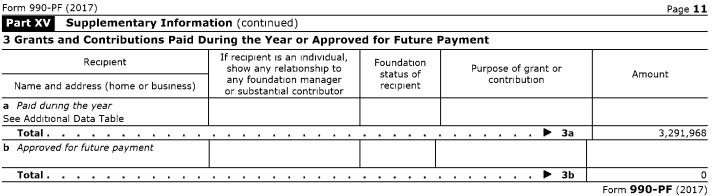
(c)

2016

20,505

20,505

orr	m 990-PF (2017)					Page 1 0
ŀ	Part XIV Private Operating Found	ations (see instri	uctions and Part \	VII-A, question 9)		
1a	If the foundation has received a ruling or de			erating		
L	foundation, and the ruling is effective for 20	· ·	-		1 4042(-)(2) F	7 4043(-)(5)
	Check box to indicate whether the organization		ating foundation de: T		J 4942(j)(3) or L	ل (5)(ر) 4942 ا
Zd	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	(1-) 2016	Prior 3 years	(4) 2014	(e) Total
	investment return from Part X for each	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
	year listed					
	85% of line 2a					
C	line 4 for each year listed					
d	Amounts included in line 2c not used					
	directly for active conduct of exempt					
_	activities			+		
е	for active conduct of exempt activities					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
-	alternative test relied upon "Assets" alternative test—enter					
a	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3					
	of minimum investment return shown in Part X, line 6 for each year listed.					
c	"Support" alternative test—enter					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt organizations as provided in					
	section $4942(j)(3)(B)(iii)$.					
	(3) Largest amount of support					
	from an exempt organization					
	(4) Gross investment income	(C			 	_ • • • •
Pa	rt XV Supplementary Information assets at any time during th			organization nad	a \$5,000 or mor	e in
1	Information Regarding Foundation Man		i decions.			
а	List any managers of the foundation who have					on
h	before the close of any tax year (but only if List any managers of the foundation who ow					
,	ownership of a partnership or other entity)				arge portion of the	
2	Information Regarding Contribution, Gr	ant, Gift, Loan, Scl	holarship, etc., Pr	ograms:		
	Check here ▶ ☐ If the foundation only mak		• • • • •	_	d	
	unsolicited requests for funds. If the foundation					nder
	other conditions, complete items 2a, b, c, a		arres, etc. (see mistre	actions) to marvidual	o or organizations a	ilaci
_	The name, address, and telephone number of	ar a mail addrace of	the nerson to when	n annications should	ho addressed	
а	JEFF SMITH	or e-mail address or	the person to whon	n applications should	be addressed	
	125 N WASHINGTON AVE SUITE 205					
	SCRANTON, PA 18503					
	(570) 207-3731 JSMITH@MOSESTAYLORFOUNDATION ORG					
	The form in which applications should be sul	hmitted and informa	tion and materials t	boy should include		
U	APPLICANTS MUST SUBMIT A COMPLETE PR			•	NO MUST BE INCLUE	SED IN THE
	PROPOSAL (1) ORGANIZATIONAL PROFILE					
	TARGETED EXECUTIVE SUMMARY OF PROPO	SED PROJECT (300	WORD MAXIMUM)	(2) PROPOSAL NARR	ATIVE (8 PAGE MAX	IMUM) DEŚCRIBE
	YOUR ORGANIZATION-ITS HISTORY, PRIMA OF THE PROJECT AND THE NEED OR PROBL					
	PROJECT AND THE NEED ON PROBE					
	ANTICIPATED GOALS AND OUTCOMES AND	HOW THEY WILL BE	MEASURED (3) BU	JDGET NARRATIVE U	SING THE GENERAL	FORMAT PROVIDED
	OUTLINE ALL COSTS RELATED TO THE GRAI	NI REQUEST ADJUS	I LINE ITEMS AS N	IEEDED TO REFLECT	ACTUAL PROJECT B	UDGET
С	Any submission deadlines					
	1ST MONDAY IN JANUARY, APRIL, JULY, AN	,		· · · · · · · · · · · · · · · · · · ·		
d	Any restrictions or limitations on awards, su	ch as by geographic	al areas, charitable	fields, kinds of instit	utions, or other	
	factors	D BACED LIBOR THE	FOLLOWING COTTO	-DIA 4 FIT 14/7T/	IE EOUNDATIONS	uccion vicion
	ALL GRANT PROPOSALS WILL BE EVALUATE VALUES AND INVESTMENT AREAS 2 ORGAN					
	SERVICE TO THE COMMUNITY STRONG LEA	DERSHIP AND MAN	AGEMENT ENGAGE	D BOARD OF DIRECT	ORS COMMITMENT	TO
	COLLABORATION AND LEARNING SOUND F					
	PROJECT REFLECTS KNOWLEDGE OF THE FI SUFFICIENT STAFFING AND PARTNERSHIPS					
	MEASURABLE GOALS AND OUTCOMES CLEA					, :=== : = = ,



Part XVI	I-A Analysis of Income-Producing	Activities				
			siness income	Excluded by section	n 512. 513. or 514	(e)
_	amounts unless otherwise indicated	(a)	(b)	(c)	(d)	Related or exempt function income
_	n service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
f						
g Fees	and contracts from government agencies					
3 Intere	rship dues and assessments				202.000	
	ments			14 14	893,080 999,028	
	ntal income or (loss) from real estate			17	333,020	
	financed property					
b Not d	ebt-financed property					
6 Net re	ental income or (loss) from personal property					
7 Other	nvestment income					
	or (loss) from sales of assets other than			40	4 640 475	
	ory			18	1,610,475	
	profit or (loss) from sales of inventory					
L 1 Other r						
a OTHER	RINCOME	900099		01	1,103,335	
_	PARTY SETTLEMENTS	900099		01	1,333,087	
b THIRD						
c						
c						
c d e			0		5 020 005	
c d e L2 Subtota	al Add columns (b), (d), and (e).		C		5,939,005 3	
c d e 12 Subtota 13 Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul	ations)		1	5,939,005 3	
c d e L2 Subtota .3 Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul -B Relationship of Activities to th	ations) e Accomplishi	· · · · · · · · · · · · · · · · · · ·	pt Purposes	3	
cd	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul FB Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reporte	nent of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
c d e 2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul Relationship of Activities to th Explain below how each activity for which	ations) e Accomplishi income is reporte	nent of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
cde 2 Subtota(See wo Part XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul FB Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reporte	nent of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
cde 2 Subtota(See wo Part XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul FB Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reporte	nent of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
c d e 2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul FB Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reporte	nent of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
c d e 2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul FB Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reporte	nent of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
c d e 2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul FB Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reporte	nent of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
c d e 2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul FB Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reporte	nent of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
c d e 2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul FB Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reporte	nent of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
c d e 2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul FB Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reporte	nent of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
c d e 2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul FB Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reporte	nent of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
c d e 2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul FB Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reporte	nent of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
c d e 2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul FB Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reporte	nent of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
c d e 2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul FB Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reporte	nent of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
cde 2 Subtota(See wo Part XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul FB Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reporte	nent of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
cde 2 Subtota(See wo Part XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul FB Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reporte	nent of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
c d e 2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul FB Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reporte	nent of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
c d e 2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul FB Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reporte	nent of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
c d e 2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul FB Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reporte	nent of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
c d e 2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul FB Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reporte	nent of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
c d e 1.2 Subtota .3 Total. (See wo Part XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul FB Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reporte	nent of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	
cde 2 Subtota(See wo Part XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul FB Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplishi income is reporte	nent of Exem	pt Purposes f Part XVI-A contribu	3uted importantly to	

Form 990-PF	(2017)				Pa	ge 13
Part XVI	Information Re Exempt Organi		ions and Relationships With Nonchari	table		
		directly engage in any of the following with a $n = 501(c)(3)$ organizations) or in section 527,	any other organization described in section 501, relating to political organizations?		Yes	No
a Transfers	from the reporting foun	dation to a noncharitable exempt organization	on of			
(1) Casi	h			1a(1)		No
(2) Oth	er assets			1a(2)		No
b Other tra	nsactions					
(1) Sale	s of assets to a nonchari	itable exempt organization		1b(1)		No
(2) Purc	chases of assets from a n	noncharitable exempt organization		1b(2)		No
(3) Ren	tal of facilities, equipmer	nt, or other assets		1b(3)		No
(4) Rein	nbursement arrangemen	its		1b(4)		No
	=			1b(5)		No
		embership or fundraising solicitations		1b(6)		No
_		nailing lists, other assets, or paid employees		1c		No
(a) Line No	(b) Amount involved	ngement, show in column (d) the value of the column (c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sha	rıng arraı	ngemen	its
+						
3- I- H f		and the second countries are related to the second reserve				

	-	facilities, equipment, r	-	-				1c No
of th	ne good	ver to any of the above ds, other assets, or ser	vices given b	y the reporting	foundation If the	foundation receive	ed less than fair ma	rket value
ın ar	ny tran	saction or sharing arra	ngement, sh	ow in column (d	l) the value of the	e goods, other asse	ets, or services rece	eived
(a) Line	No	(b) Amount involved	(c) Name of	noncharitable exe	mpt organization	(d) Description of	transfers, transaction	s, and sharing arrangements
-								
desc	ribed i	idation directly or indire in section 501(c) of the omplete the following s (a) Name of organization	Code (other chedule	than section 50	*	tion 527?		☐ Yes ☑ No
		(a) Hame of organization	<u> </u>	(-	y type of organizat	011	(c) Bescripere	an or relationship
	of m		, it is true, co					statements, and to the best pased on all information of
Sign Here		*****			2019-04-24	*****		May the IRS discuss this return with the preparer shown
	9	Signature of officer or t	rustee		Date			below (see instr)?
		Print/Type preparer's	name	Preparer's Sigr	nature	Date	Check if self-	PTIN P01254262
Paid		KELLY A BROCIOU	S CPA			2019-04-24	employed ▶ □	P01254262

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If Expense account, (d) hours per week not paid, enter Contributions to (e) other allowances -0-) employee benefit plans (b) devoted to position and deferred compensation LATIDA SMITH CEO 190,550 23.842 40 00 125 N WASHINGTON AVE SUITE 205 SCRANTON, PA 18503 THOMAS KELLY CFO 160,680 6.488 40 00 125 N WASHINGTON AVE SUITE 205 SCRANTON, PA 18503 DOUGLAS G ALLEN CHAIRMAN 0 1.00 125 N WASHINGTON AVE SUITE 205 SCRANTON, PA 18503 PETER F MOYLAN **TREASURER** 0 0 1 00 125 N WASHINGTON AVE SUITE 205 SCRANTON, PA 18503 ROBERT A MAZZONI ESQ O O VICE CHAIRMAN 1 00 125 N WASHINGTON AVE SUITE 205 SCRANTON, PA 18503 0 MARY F SEWATSKY MD **SECRETARY** 0 1 00 125 N WASHINGTON AVE SUITE 205 SCRANTON, PA 18503 FRANK KOLUCKI JR MD DIRECTOR 0 0 0 1 00 125 N WASHINGTON AVE SUITE 205 SCRANTON, PA 18503 MARIA MARSILI ESO ٥ DIRECTOR 0 1 00 125 N WASHINGTON AVE SUITE 205 SCRANTON, PA 18503 WILLIAM R LAZOR DIRECTOR 0 0 1 00 125 N WASHINGTON AVE SUITE 205 SCRANTON, PA 18503 KIMBERLY A SANTARSIERO ٥ ٥ DIRECTOR 1 00 125 N WASHINGTON AVE SUITE 205 SCRANTON, PA 18503 EDWARD J DZIELAK DO 0 DIRECTOR 1 00 125 N WASHINGTON AVE SUITE 205 SCRANTON, PA 18503

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

103 WEST GROVE ST CLARKS SUMMIT, PA 18411		AND PREVENTION TRAINING	·
ADVOCACY ALLIANCE 846 JEFFERSON AVE	NONPROFIT	CRISIS INTERVENTION TEAM AND MENTAL HEALTH FIRST AID	44,875

NONPROFIT

OPIOID ABUSE RECOGNITION

10,000

ADVOCACY ALLIANCE 146 JEFFERSON AVE 5CRANTON, PA 18510	NONPROFIT	AND MENTAL HEALTH FIRST AID TRAINING	
ALLIED SERVICES FOUNDATION	NONPROFIT	PALLIATIVE CARE CAPACITY	

3RD DISTRICT DENTAL SOCIETY

3a

ALLIED SERVICES FOUNDATION PO BOX 1309 SCRANTON, PA 18501	NONPROFIT	PALLIATIVE CARE CAPACITY BUILDING	58,805

Total			3 291 968
PO BOX 1309 SCRANTON, PA 18501		BUILDING	
ALLIED SERVICES FOUNDATION	INCHPROFIL	PALLIATIVE CARE CAPACITY	30,00

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year AMERICAN HEART ASSOCIATION INC NONPROFIT HEALTHY WAY TO GROW 37.811 730 PITTSTON AVE NORTHEASTERN PENNSYLVANIA SCRANTON PA 18505

SCRANTON, FA 10303			
CASA OF LUZERNE COUNTY 667 N RIVER ST 200 WILKES BARRE, PA 18705	NONPROFIT	GENERAL OPERATIONS	20,000
CHILDRENS ADVOCACY CENTER OF NORTH EASTERN PENNSYLVANIA 1710 MULBERRY ST	NONPROFIT	MENTAL AND BEHAVIORAL HEALTH SERVICES PROGRAM EXPANSION	43,200

			1
CHILDRENS ADVOCACY CENTER OF NORTH EASTERN PENNSYLVANIA 1710 MULBERRY ST SCRANTON, PA 18510	NONPROFIT	MENTAL AND BEHAVIORAL HEALTH SERVICES PROGRAM EXPANSION	43,200
Total	 		3,291,968

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CHILDREN'S SERVICE CENTER NONPROFIT PROGRAM EXPANSION, 300,000

ELECTRONIC MEDICAL RECORD

21,537

3,291,968

335 S FRANKLIN ST WILKES BARRE, PA 18705		AND TECHNOLOGY EQUIPMENT	
EMPLOYMENT OPPORTUNITY & FRAINING CENTER OF NORTHEASTERN PENNSYLVANIA	NONPROFIT	PROGRAM OUTCOMES EVALUATION TECHNOLOGY	

WYOMING VALLEY

Total.

431 N 7TH AVE SCRANTON, PA 18503			
FAMILY SERVICE ASSOCIATION OF NORTHEASTERN PENNSYLVANIA	NONPROFIT	211 RESOURCE DATABASE ENHANCEMENT	6

FAMILY SERVICE ASSOCIATION OF NORTHEASTERN PENNSYLVANIA 31 WEST MARKET STREET WILKES BARRE. PA 18701	1	 211 RESOURCE DATABASE ENHANCEMENT	67,230
WILKES BARRE, PA 18701			

NORTHEASTERN PENNSYLVANIA		ENHANCEMENT	ı
31 WEST MARKET STREET			I
WILKES BARRE, PA 18701			I
			í e

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount	
Name and address (home or business)					
a Paid during the year					
FRIENDS OF THE POOR 2300 ADAMS AVENUE SCRANTON, PA 18509		NONPROFIT	STRATEGIC PLAN AND ANNUAL THANKSGIVING COMMUNITY PROGRAM	20,000	
FRIENDSHIP HOUSE 1509 MAPLE STREET		NONPROFIT	FEASIBILITY AND IMPLEMENTATION STUDY AND	39,860	

SCRANTON, PA 18505		ELEMENTARY SCHOOL-BASED THERAPIST	
GEISINGER COMMONWEALTH SCHOOL OF MEDICINE 525 PINE ST	NONPROFIT	BEHAVIORAL HEALTH INITIATIVE	400,000

	•		_	
525 PINE ST SCRANTON, PA 18509				
OF MEDICINE		North North	INITIATIVE	
I GEISINGER COMMONWEALTH SCHOOL		I NONPROFIT	I BEHAVIORAL HEALTH	400,000

OF MEDICINE 525 PINE ST SCRANTON, PA 18509		INITIATIVE	
Total	 		3,291,968

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year GOODWILL INDUSTRIES OF NONPROFIT **OUALITY MANAGEMENT PROJECT** 36,500 NORTHEASTERN PA 925 PROSPECT AVE SCRANTON, PA 18505

0 0 1 11 11 11 11 11 11 11 11 11 11 11 1			
GREATER CARBONDALE YMCA 82 N MAIN ST CARBONDALE, PA 18407	NONPROFIT	7TH GRADE INITIATIVE	15,548
KEYSTONE COLLEGE COLLEGE GRN	NONPROFIT	ALLIED HEALTH TRAINING	25,000

CARBONDALE, PA 18407			
KEYSTONE COLLEGE1 COLLEGE GRN LA PLUME, PA 18440	NONPROFIT	ALLIED HEALTH TRAINING PROGRAM	25,000

3,291,968

ı				
ı	KEYSTONE COLLEGE1 COLLEGE GRN LA PLUME, PA 18440	NONPROFIT	ALLIED HEALTH TRAINING PROGRAM	25,00
1				

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year THE NORTHEASTERN PA CHAPTER OF NONPROFIT 2ND ANNUAL SYMPOSIUM ON 1,229

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

THE SUSAN G KOMEN BREAST CANCER

3a

FOUNDATION 300 MULBERRY ST 305 SCRANTON, PA 18503			
LACKAWANNA COLLEGE504 VINE ST SCRANTON, PA 18509	NONPROFIT	EQUIPMENT FOR ALLIED MEDICAL PROGRAMS	120,000

SCRANTON, PA 18509		MEDICAL PROGRAMS	
MEALS ON WHEELS OF NORTHEASTERN PA 541 WYOMING AVE SCRANTON, PA 18509	NONPROFIT	HOME DELIVERED MEALS PROGRAMMING AND SUPPORTIVE SERVICES	30,000

METASTATIC BREAST CANCER

Total			3,291,968
PA 541 WYOMING AVE		PROGRAMMING AND SUPPORTIVE SERVICES	

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
MISERICORDIA UNIVERSITY 301 LAKE ST DALLAS, PA 18612		NONPROFIT	SIMULATION EQUIPMENT FOR PHYSICIAN ASSISTANT, MEDICAL IMAGING AND SONOGRAPHY PROGRAMS	100,000
NEPA COMMUNITY HEALTH CARE		NONPROFIT	SERVICE EXPANSION AT THE	180,000

NEPA COMMUNITY HEALTH CARE 191 ERIE BLVD SUSQUEHANNA, PA 18847		SERVICE EXPANSION AT THE ANDREW C MAZZA MEMORIAL HEALTH CENTER	180,000
NORTH CENTRAL SIGHT SERVICES	NONPROFIT	SOCIAL SERVICES	20,000

NORTH CENTRAL SIGHT SERVICES 2121 REACH RD WILLIAMSPORT, PA 17701	NONPROFIT	SOCIAL SERVICES	20,000

Form 990PF Part XV Line 3 - Gran	ts and Contributions Paid	During the	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
NORTHAMPTON COUNTY AREA COMMUNITY COLLEGE 3835 GREEN POND RD BETHLEHEM, PA 18020		NONPROFIT	MONROE COUNTY HEALTHCARE WORKFORCE EXPANSION PROJECT	136,043
NORTHERN TIER INDUSTRY & EDUCATION CONSORTIUM PO BOX 200 DIMOCK PA 18816		NONPROFIT	HEALTHCARE CAREERS FOR AT- RISK YOUTH	19,680

PO BOX 200 DIMOCK, PA 18816		KISK 100111	
ROCKEFELLER PHILANTHROPY ADVISORS 6 W 48TH ST NEW YORK, NY 10036	NONPROFIT	FUND FOR SHARED INSIGHT'S LISTEN4GOOD INITIATIVE	75,000

За

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
RURAL HEALTH CORPORATION OF NORTHEASTERN PENNSYLVANIA 1084 ROUTE 315 WILKES BARRE, PA 18702		NONPROFIT	VACCINE REFRIGERATORS	14,840
SAFE INC 275 MUNDY STREET SUITE 201		NONPROFIT	SAFE SWIMS	20,000

275 MUNDY STREET SUITE 201 WILKESBARRE, PA 18702			
SCRANTON AREA COMMUNITY FOUNDATION 615 JEFFERSON AVE STE 102 SCRANTON, PA 18510	NONPROFIT	CAPACITY-BUILDING WORKSHOPS AND MATCH DAY SUPPORT AND EQUITABLE TRANSPORTATION COORDINATOR	110,000

За

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

349.360

19,500

20,000

a Paid during the year			
SCRANTON SCHOOL DISTRICT 425 N WASHINGTON AVE	NONPROFIT	IDENTIFYING, ASSISTING AND REDUCING BARRIERS TO	

or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

SCRANTON, PA 18503		ACADEMIC SUCCESS	
SERVANTS TO ALL4 S CENTRE ST POTTSVILLE, PA 17901	NONPROFIT	SHOWERING ROOM	

SERVANTS TO ALL4 S CENTRE ST POTTSVILLE, PA 17901	NONPROFIT	SHOWERING ROOM	
SERVING SENIORS	NONPROFIT	GUARDIANSHIP OF PERSON	

*			
SERVING SENIORS	NONPROFIT	GUARDIANSHIP OF PERSON	
538 SPRUCE ST STE 408		SERVICES	
SCRANTON DA 18503	l		

ERVING SENIORS	NONPROFIT	GUARDIANSHIP OF PERSON	
38 SPRUCE ST STE 408		SERVICES	
CRANTON, PA 18503			

SCRANTON, PA 18503			
338 SPRUCE ST STE 408		SERVICES	
ZERVING SERIORS	110111110111	CONTROL OF TERSON	

Total			-
CRANTON, PA 18503			
30 31 ROCE 31 31E +00		SERVICES	l

RANTON, PA 18503		
otal	 	

,		
Total	 	3,291,968

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year TELESPOND SENIOR SERVICES INC NONPROFIT ADULT DAY SERVICES IN WAYNE 46,877 1200 SAGINAW ST COUNTY SCRANTON, PA 18505

·			
THE COOPERAGE PROJECT 1030 MAIN ST HONESDALE, PA 18431	NONPROFIT	AED PURCHASE	1,500
THE INSTITUTE FOR PUBLIC POLICY & ECONOMIC DEVELOPMENT	NONPROFIT	INITIATIVES TO SUPPORT THE PHILANTHROPIC AND	50,000

HONESDALE, PA 18431			
THE INSTITUTE FOR PUBLIC POLICY & ECONOMIC DEVELOPMENT 85 SOUTH MAIN STREET WILKES BARRE, PA 18701	NONPROFIT	INITIATIVES TO SUPPORT THE PHILANTHROPIC AND NONPROFIT COMMUNITY	50,00

ECONOMIC DEVELOPMENT 85 SOUTH MAIN STREET WILKES BARRE, PA 18701 PHILANTHROPIC AND NONPROFIT COMMUNITY	
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3,291,968 За

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

		1	
TREATMENT COURT ADVOCACY CENTER OF LACKAWANNA COUNTY 212 FRONT ST CLARKS SUMMIT, PA 18411	NONPROFIT	LACKAWANNA COUNTY MENTAL HEALTH COURT	20,000
UCO HELPING HANDS FOOD PANTRY	NONPROFIT	OUTDOOR	52,000

JCO HELPING HANDS FOOD PANTRY NC 3364 SCRANTON-CARBONDALE HIGHWAY BLAKELY, PA 18447	NONPROFIT	OUTDOOR REFRIGERATOR/FREEZER COMBINATION	

a Paid during the year

HIGHWAY BLAKELY, PA 18447		COMBINATION	
UNITED CERBRAL PALSY OF NORTHEASTERN PA 425 WYOMING AVE	NONPROFIT	LEKOTEK / COMPUPLAY	20,

UNITED CERBRAL PALSY OF NORTHEASTERN PA 425 WYOMING AVE	NONPROFIT	LEKOTEK / COMPUPLAY	20,000
SCRANTON, PA 18503			

Total	 	 3,291,968
425 WYOMING AVE SCRANTON, PA 18503		
NORTHEASTERN FA	1	

Foundation Recipient If recipient is an individual, Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year UNITED NEIGHBORHOOD CENTERS NONPROFIT COMMUNITY HEALTH PATIENT 150,000 410 OLIVE ST NAVIGATION SCRANTON, PA 18509 UNITED WAY OF LACKAWANNA AND NONPROFIT HURRICANES HARVEY AND IRMA 50,000

WAYNE COUNTIES 615 JEFFERSON AVE SCRANTON, PA 18510		RECOVERY FUND	
UNITED WAY OF MONROE COUNTY 135 WARNER RD TANNERSVILLE PA 18372	NONPROFIT	SUMMER LUNCH PROGRAM EXPANSION	60,950

За

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

UNITED WAY OF WYOMING VALLEY 100 N PENNSYLVANIA AVE FL 2 WILKES BARRE, PA 18701	NONPROFIT	CHILD MALTREATMENT PREVENTION COLLABORATION	122,741
VALLEY YOUTH HOUSE 3400 HIGH POINT BLVD	NONPROFIT	MENTAL HEALTH THERAPY SUPPORT FOR HOMELESS	54,400

400 HIGH POINT BLVD ETHLEHEM, PA 18017	NOW KOTT	SUPPORT FOR HOMELESS LUZERNE COUNTY YOUTH	
OLUNTEERS IN MEDICINE	NONPROFIT	INCREASING ACCESS TO	

BETHLEHEM, PA 18017		LUZERNE COUNTY YOUTH	
VOLUNTEERS IN MEDICINE 190 N PENNSYLVANIA AVE	NONPROFIT	INCREASING ACCESS TO DENTAL CARE	

VOLUNTEERS IN MEDICINE	NONPROFIT	INCREASING ACCESS TO	100,0
190 N PENNSYLVANIA AVE		DENTAL CARE	
WILKES BARRE, PA 18702			

VOLUNTEERS IN MEDICINE 190 N PENNSYLVANIA AVE WILKES BARRE, PA 18702	NONPROFIT	INCREASING ACCESS TO DENTAL CARE	100,000

WILKES BARRE, PA 18702		
Total	 	3,291,968

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

WAYNE MEMORIAL COMMUNITY HEALTH

За

CENTER 601 PARK ST HONESDALE, PA 18431	No. William	CENTER	100,000
WILKES-BARRE FAMILY YMCA 40 W NORTHAMPTON ST		SCHOLARSHIP FUNDING AND COMMUNITY OUTREACH,	67,756

NONPROFIT

FOREST CITY FAMILY HEALTH

100.000

WILKES BARRE, PA 18701		AND MANAGEMENT AT THE YMCA	
WRIGHT CENTER MEDICAL GROUP PC 501 MADISON AVENUE SCRANTON PA 18510	NONPROFIT	PREVENTATIVE DENTAL CARE AT CHILDREN'S SERVICE CENTER,	36,075

WRIGHT CENTER MEDICAL GROUP PC 501 MADISON AVENUE SCRANTON, PA 18510	NONPROFIT	PREVENTATIVE DENTAL CARE AT CHILDREN'S SERVICE CENTER, NALOXONE ADMINISTRATION TRAINING	36,075
		RAINING	

Total			3 201 068
SCRANTON, PA 18510		NALOXONE ADMINISTRATION TRAINING	

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

За

a Paid during the year			
WYOMING COUNTY SPECIAL NEEDS ASSOCIATION 636 SR 29 N	NONPROFIT	CRISIS PREVENTION TRAINING	3,651

TUNKHANNOCK, PA 1865/

Total. 3,291,968

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491115000029
TY 2017 Investments - Other	Schedule	
Name:	MOSES TAYLOR FOUNDATION	ON INC
EIN:	23-2281586	

EIN: 23-2281586)				
investments Other Schedule 2					
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value		

69,139,448

76,553,228

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
CASH AND CASH EQUIVALENTS	FMV	660,504	918,18

FM∨

OTHER INVESTMENTS

efile GRAPHIC print - DO NOT PROCE	ESS As Filed Data	-	DLI	N: 93491115000029
TY 2017 Legal Fees Sched	ule	_		
Na	me: MOSES TAYI	OR FOUNDATION	INC	
E	EIN: 23-2281586	•		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	3,001	0		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491115000029		
		_		
TY 2017 Other Assets Schedule				

Name: MOSES TAYLOR FOUNDATION INC EIN: 23-2281586

Other Assets Schedule					
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value		
WORKERS COMPENSATION	2,916	2,916	2,916		
SELF-INSURED TRUST FUND	10,496,637	7,044,199	7,051,221		
CASH SURRENDER VALUE OF LIFE INSURANCE	85,383	7,300	7,300		
INTEREST RECIEVABLE	884				

s Filed Data -	DLN: 93491115000029					
TY 2017 Itemized Other Assets Schedule						

Name: MOSES TAYLOR FOUNDATION INC.

EIN: 23-2281586

Ι	Itemized Other Assets Schedule						
	Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount		
ı	ARTEX RISK SOLUTIONS (CAYMAN) LIMITED	23-2281586	RETROSPECTIVE PREMIUM ASSESSMENT	461,361	-46,425		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLI	N: 93491115000029
TY 2017 Other Expenses Sche	dule			
Name:	MOSES TAYLOR	R FOUNDATION IN	IC	
EIN:	23-2281586			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

240,471

13,399

4,848

5,913

16,405

49,648

102,189

1,571

16,265

116,841

240,471

0

0

0

0

0

0

0

0

0

0 13,399

4,848

5,913

16,405

49,648

1,571

16,265

116,841

0

BANK FEES

IT SUPPORT

MISCELLANEOUS

PARKING EXPENSE

OFFICE EXPENSES

COMMUNICATIONS

PENSION EXPENSE

EQUIPMENT AND MAINTENANCE

DUES & SUBSCRIPTIONS

PROGRAM DEVELOPMENT

Name: MOSES TAYLOR FOUNDATION INC.

As Filed Data -

THIRD PARTY SETTLEMENTS

OTHER INCOME

	EIN:	23-2281586
Income Schedule		

1,103,335

1,333,087

Net Investment

Adjusted Net Income

DLN: 93491115000029

Description

efile GRAPHIC print - DO NOT PROCESS

Revenue And **Expenses Per Books**

Income

1,103,335

1,333,087

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491115000029				
TY 2017 Other Increases Schedule							
Nama	MOSES TAVIO	R FOUNDATION INC					
Name:	MOSES TATLO	IR FOUNDATION INC					
EIN:	23-2281586						
De	escription		Amount				
ACCRUAL TO CASH ADJUSTMENT			84,762				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DI	LN: 93491115000029		
TY 2017 Other Liabilities Schedule						
Name:	MOSES TAYLO	R FOUNDAT!	ION INC			
EIN:	23-2281586					
Description	n		Beginning of Year - Book Value	End of Year - Book Value		
ACCRUED PENSION LIABILITY		,	18,408	15,842		
ESTIMATED MEDICAL MALPRACTICE	-		4,732,957	3,098,100		

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DL	N: 93491115000029	
TY 2017 Other Professional Fees Schedule					
Name: MOSES TAYLOR FOUNDATION INC EIN: 23-2281586					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
ACCOUNTING FEES	33,448	0		0	

89

OTHER FEES

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DL	N: 93491115000029	
TY 2017 Taxes Schedule					
Nan	ne: MOSES TAYI	OR FOUNDATION	INC		
E	IN: 23-2281586				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable	
TAY ON INVESTMENTS	F0.012	F0.012		Purposes	
TAX ON INVESTMENTS	59,012	59,012		0	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491115000029
TY 2017 Earnings and Profits O Adjustments Statement	ther	
Name: N	MOSES TAYLOR E	FOUNDATION INC

DECDEA OF INI DECEDIVE FOR LOCCEO		
Description		
EIN	: 23-2281586	
Hame	• MOSES TATEOR TOUNDATION INC	

RETROSPECTIVE PREMIUM ASSESSMENT

TRAVEL FEES

Description	Amour
CREASE IN RESERVE FOR LOSSES	
AIMS PAID	
NA OFINE T FEED	

DECREASE IN RESERVE FOR LOSSES	516,770
CLAIMS PAID	40,000
MANA GEMENT FEES	-27,544
GOVERNMENT FEES	-13,721
MISCELLANEOUS	-1,081

-507,786 -8,339

V 2017 Itemize	d Other Current	Liabilities Schedule	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Name: MOSES TAYLOR FOUNDATION INC

	22 2204 506
EIN:	23-2281586

Itemized Other Current Liab	ilities Schedule	9		
Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
ARTEX RISK SOLUTIONS	23-2281586	RESERVE FOR LOSSES AND	639,230	122,460

DLN: 93491115000029

Corporation Corporation Description Beginning Amount Amount

Name	ETM		Amount	Amount
ARTEX RISK SOLUTIONS	23-2281586	LOSSES PAYABLE	0	-40,000
(CAYMAN)				

Itemized Other Current Liabilities Schedule

LIMITED

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491115000029
TY 2017 Itemized Other Curren	nt Assets Sche	dule

Name: MOSES TAYLOR FOUNDATION INC

EIN: 23-2281586

Itemized Other Current Assets Schedule				
Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
ARTEX RISK SOLUTIONS (CAYMAN) LIMITED	23-2281586	INTEREST RECEIVABLE	884	

Corporation Name Corporation Other Current Assets Description Beginning Amount EIN

4.680

4,679

ARTEX RISK
SOLUTIONS (CAYMAN
LIMITED

Itemized Other Current Assets Schedule

23-2281586 PREPAID EXPENSES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491115000029
TY 2017 Other Deductions Scho	edule	
Name:	MOSES TAYLOR FOUNDATION	INC

Maille:	MOSES TATLOR FOUNDATION INC
EIN:	23-2281586

Ttomized Other Deduction Sch?

Itemized Other Deduction Scn2				
Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount		
MANAGEMENT FEES		27,544		
GOVERNMENT FEES		13,721		
MISCELLANEOUS		1,081		
RETROSPECTIVE PREMIUM ASSESSMENT		507,786		
TRAVEL FEES		8,339		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		D	LN: 93491115000029	
TY 2017 Other Income Statement					
Name: MOSES TAYLOR FOUNDATION INC					
EIN:	23-2281586				
Description	1		Foreign Amount	Amount	
DECREASE IN RESERVE FOR LOSSES				516,770	
CLAIMS PAID				40,000	