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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 <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

For ca	alen	ndar year 2017, or tax year	beginning 07-01-20	)17 , aı	nd er	nding 06-30-	·2018			
		ndation	A Employer identification number							
BUIZ	. FOU	NDATION				23-2940646				
	r and 3OX 5	street (or P O box number if mail is not 509	<b>B</b> Telephone number (see instructions)							
							1			
		, state or province, country, and ZIP or f I, PA 18105	oreign postal code			<b>C</b> If exemption	application is pending	g, check here		
<b>G</b> Chec	ck all	l that apply	☐ Initial return of a	former public charity		<b>D 1.</b> Foreign or	ganizations, check he	ere . $\square$		
		☐ Final return	Amended return				rganizations meeting			
		Address chang	<del>_</del>			· ·	k here and attach con	· -		
	,		01(c)(3) exempt private				undation status was t in 507(b)(1)(A), chec			
		4947(a)(1) nonexempt charitable		e private foundation		_				
of yea	ar <i>(fi</i>	rom Part II, col (c), \$ 156.673	J Accounting method ☐ Other (specify) (Part I, column (d) must	☐ Cash ☑ Accru	ıal		ation is in a 60-month in 507(b)(1)(B), chec			
Part	1	Analysis of Revenue and E	xpenses (The total	(a) Revenue and		•		(d) Disbursements		
		of amounts in columns (b), (c), and (d equal the amounts in column (a) (see		expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)		
- :	1	Contributions, gifts, grants, etc , r schedule)	received (attach	674,575						
:	2	Check ► ✓ If the foundation is <b>n</b> . Sch B	ot required to attach							
3	3	Interest on savings and temporary	y cash investments	291		291	291			
4	4	Dividends and interest from secur	ities							
!	5a	Gross rents								
ر. ا	b	Net rental income or (loss)								
풀   6	6a	Net gain or (loss) from sale of ass	-227							
Revenue	ь -	Gross sales price for all assets on								
_	7 8	Capital gain net income (from Par Net short-term capital gain								
	9	Income modifications								
10	0a	Gross sales less returns and allow	ances							
	b	Less Cost of goods sold								
	C	Gross profit or (loss) (attach sche	dule)							
:	11	Other income (attach schedule)								
:	12	<b>Total.</b> Add lines 1 through 11 .		674,639		291	291			
	3	Compensation of officers, director								
١.	.4	Other employee salaries and wage Pension plans, employee benefits								
ses	.5 .6a	Legal fees (attach schedule)								
<u> </u>		Accounting fees (attach schedule)		2,150				2,150		
Operating and Administrative Expenses	С	Other professional fees (attach sci		2,130				2,130		
e   €	.7	Interest								
t la	.8	Taxes (attach schedule) (see Instr	ructions)	<b>9</b> 15		15				
<b>≨</b>   1	9	Depreciation (attach schedule) an	•							
돌   2	20	Occupancy								
전   2	1	Travel, conferences, and meetings	5							
हि   2	22	Printing and publications								
5 2	23	Other expenses (attach schedule)								
ta 2	4	Total operating and administra	•	_						
~ [	-	Add lines 13 through 23		2,165	-	15		2,150		
_	!5 !6	Contributions, gifts, grants paid	onto Addinos 34 1	614,728				614,728		
$\perp$	26	Total expenses and disbursem 25	ents. Add lines 24 and	616,893		15		616,878		
2	27	Subtract line 26 from line 12		F7 7.0						
	a	Excess of revenue over expens disbursements		57,746						
	b	Net investment income (if negative	•			276				
For Po	C	Adjusted net income(If negative work Reduction Act Notice, see	<u> </u>		<u> </u>	Cat No 11289	291 Y For	m <b>990-PF</b> (2017)		

	_		· '	*	,
	2	Savings and temporary cash investments			
	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 ▶			
S	8	Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	98,927	156,673	156,673
	17	Accounts payable and accrued expenses			
	18	Grants payable			
les	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ıat	21	Mortgages and other notes payable (attach schedule)			
_					

		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	98,927	156,673	
	17	Accounts payable and accrued expenses			
	18	Grants payable			
G	19	Deferred revenue			
Ĕ	20	Loans from officers, directors, trustees, and other disqualified persons			
=	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe )			
	23	Total liabilities(add lines 17 through 22)		0	

Foundations that follow SFAS 117, check here ▶ and complete lines 24 through 26 and lines 30 and 31. Unrestricted Temporarily restricted Permanently restricted . Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.

24 25 26 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 98,927 156,673 98,927 156,673 30 Total net assets or fund balances (see instructions) . 98,927 156,673 31 Total liabilities and net assets/fund balances (see instructions) .

Net Assets or Fund Balances Part III Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with endof-year figure reported on prior year's return) 98,927 2 Enter amount from Part I, line 27a 2 57,746 Other increases not included in line 2 (itemize) 3

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

Add lines 1, 2, and 3 . . . . .

Decreases not included in line 2 (itemize) ▶

4

5

6

156,673

156,673 Form **990-PF** (2017)

instructions

Page **3** 

		(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )	
1a			B Bornacion			
-						
-						
-						
	(e)	(f)		(g)		(h)
	Gross sales price	Depreciation allowed (or allowable)	<b>I</b>	other basıs ense of sale		or (loss) f) minus (g)
a		(or allowable)	pius exp	erise or sale	(e) plus (	i) illilius (g)
a b						
c						-
d						
e						
	Complete only for assets	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69		(1)
	·	(i)	i	(k)		(I) (h) gain minus
	(i) FMV as of 12/31/69	Adjusted basis	Excess	of col (ı)	col (k), but not	less than -0-) <b>or</b>
	1 19 V as OI 12/31/09	as of 12/31/69	over col	(j), if any	Losses (fr	om col (h))
a						
b						
c						
d						
e						
2	Capital gain net income	e or (net capital loss)	If gain, also enter in P If (loss), enter -0- in F		2	
3	Net short-term capital o	gain or (loss) as defined in sections	1222(5) and (6)			
		rt I, line 8, column (c) (see instructi	ons) If (loss), enter -0	- 1		
	ın Part I, line 8				3	
Part	AV Qualification I	Jnder Section 4940(e) for Re	duced Tay on Not	Investment I	ncomo	
(For op	otional use by domestic p	orivate foundations subject to the se	ction 4940(a) tax on ne	t investment inco	ome )	
If secti	on 4940(d)(2) applies, le	eave this part blank				
Was th	ne foundation liable for th	e section 4942 tax on the distributa	ble amount of any year	in the base perio	ıd? 🔲 Y	es 🗹 No
If "Yes	," the foundation does no	ot qualify under section 4940(e) Do	not complete this part	<u>'</u>		
1	Enter the appropriate an	nount in each column for each year,	see instructions before	making any entr	ies	
Bac	(a) se period years Calendar	(b)	(c)		<b>(d)</b> Distribution rai	tio
	(or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitab	le-use assets	(col (b) divided by	
	2016	736,227		276,489		2 662771
	2015	371,840		324,328		1 146494
	2014	470,597		441,885		1 064976
	2013	485,571		341,205		1 423106
	2012	344,181		573,604		0 600032
	Total of line 1, column (	·				6 897379
		o for the 5-year base period—divide ndation has been in existence if less		, or by the 3		1 379476
		ncharitable-use assets for 2017 from		4		225,875
	Multiply line 4 by line 3		•	5		311,589
6	Enter 1% of net investm	ent income (1% of Part I, line 27b)		6		3
7 /	Add lines 5 and 6			7		311,592
8	Enter qualifying distribut	ions from Part XII, line 4 ,				616,878
	If line 8 is equal to or gre	eater than line 7, check the box in Pa	art VI, line 1b, and com	plete that part us	sing a 1% tax rate Se	ee the Part VI

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

7b

					Form 990-PF (2017)
Employees,	nagers, Highly Paid E	ees, Foundation Ma	ers, Directors, Trust	ormation About Offic I Contractors	
	(see instructions).	d their compensation	oundation managers an	rs, directors, trustees, f	1 List all officers, di
	(d) Contributions to employee benefit plans and deferred compensation	(c) Compensation (If not paid, enter -0-)	Title, and average hours per week <b>b)</b> devoted to position		(a) Name and a
				Table	See Additional Data Table
ione, enter "NONE."	.—see instructions). If no	nose included on line 1	mployees (other than th	n of five highest-paid e	2 Compensation of
Expense account, (e) other allowances	Contributions to employee benefit plans and deferred (d) compensation	(c) Compensation	Title, and average hours per week (b) devoted to position	(a) s of each employee paid han \$50,000	Name and address of e
					NONE
			-	er employees paid over \$5	
(c) Compensation	e of service	<b>(b)</b> Typ	d more than \$50,000	address of each person pai	
					NONE
		· · · · · · · ·	<u>`</u>	<del>-</del>	
Expenses	nation such as the number of		rities during the tax year Inclu	r largest direct charitable active beneficiaries served, conferen	List the foundation's four larg
Expense account (e) other allowance  DNE".  (c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	(c) Compensation  services (see instruction (b) Type (b) Type (b) Type (c)	Title, and average hours per week  (b) devoted to position  50,000	er employees paid over \$5  paid independent contra address of each person paid ers receiving over \$50,000  mmary of Direct Chair	Name and address of e more than s  NONE  Total number of other en  3 Five highest-paid (a) Name and addre  NONE  Total number of others re  Part IX-A Summa

		_			
Total number	of other employees hald ever	\$50,000		· · · · •	
		tractors for professional sei			ıe"
	and address of each person p		(b) Type		(c) Compensation
NONE	and address of each person p	ald more than \$50,000	(b) Type	or service	(c) Compensation
NONE					
		00 for professional services.			
Part IX-A	Summary of Direct Ch				
		tivities during the tax year Include ences convened, research papers pi		on such as the number of	Expenses
1	,		•		
-					
2					_
-					
3					
4					
Part IX-B	Summary of Program-	Related Investments (Se	ee instructions)		
	<del>-</del>	ments made by the foundation during	·	d 2	Amount
<b>1</b> N/A		,			
2					

All other program-related investments See instructions

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

Amounts set aside for specific charitable projects that satisfy the

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

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

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. . . . . . . . . .

3

4

5

2

3a 3h

4

5

616.878

616.875

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Page 9

11,291

11,291

Form 990-PF (2017)

**b** Total for prior years

Form 990-PF (20	017)
Part XIII	Und

1

0-PF (2	017)
XIII	Undi

art XIII	rt XIII Undistributed Income (see instruct								
Distributabl	e amount for 2017 from Part XI, line 7								

- 2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only. . . . . . Excess distributions carryover, if any, to 2017
  - 315.545

(a)

Corpus

2.312.316

605,587

2,917,903

315.545

2,602,358

468.797

449,233

356.066

722.675

605.587

(b)

Years prior to 2016

(c)

2016

- 468,797 449 233
- From 2012. . . . . 356.066
- **b** From 2013. . . . c From 2014. . d From 2015. . . . 722,675 e From 2016. . . . .
- f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2017 from Part
  - XII, line 4 🕨 \$
- a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years
  - (Election required—see instructions). . . . .

same amount must be shown in column (a) )

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

**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

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . .

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . .

c Excess from 2015. . . .

d Excess from 2016. . .

e Excess from 2017. . .

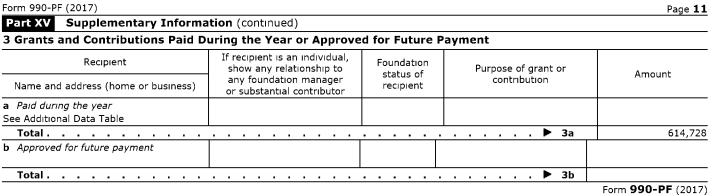
**b** Excess from 2014. .

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

indicated below:

- c Treated as distributions out of corpus (Election



1 Program service revenue a		Unrelated bu	isiness income	Excluded by section	(e) Related or exempt	
		(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )
е						
_	and contracts from government agencies					
Intere	st on savings and temporary cash ments			14	291	
Dividen	ds and interest from securities					
	tal income or (loss) from real estate					
	financed property ebt-financed property					
	ntal income or (loss) from personal property					
	nvestment income					
Gain o	r (loss) from sales of assets other than					
	ory			18	-227	
	ome or (loss) from special events profit or (loss) from sales of inventory					
	evenue a					
b						
	1 6 1 1 1 (1 ) (1 ) 1 ( )				64	
Total.	Add line 12, columns (b), (d), and (e)			13	<u> </u>	64
(See wo	orksheet in line 13 instructions to verify calcules  • Relationship of Activities to th	lations )				
ne No. ▼	Explain below how each activity for which the accomplishment of the foundation's ex instructions )		ed in column (e) o	of Part XVI-A contribut		
	the accomplishment of the foundation's ex		ed in column (e) o	of Part XVI-A contribut		
	the accomplishment of the foundation's ex		ed in column (e) o	of Part XVI-A contribut		
	the accomplishment of the foundation's ex		ed in column (e) o	of Part XVI-A contribut		
	the accomplishment of the foundation's ex		ed in column (e) o	of Part XVI-A contribut		
	the accomplishment of the foundation's ex		ed in column (e) o	of Part XVI-A contribut		
	the accomplishment of the foundation's ex		ed in column (e) o	of Part XVI-A contribut		
	the accomplishment of the foundation's ex		ed in column (e) o	of Part XVI-A contribut		
	the accomplishment of the foundation's ex		ed in column (e) o	of Part XVI-A contribut		
	the accomplishment of the foundation's ex		ed in column (e) o	of Part XVI-A contribut		
	the accomplishment of the foundation's ex		ed in column (e) o	of Part XVI-A contribut		
	the accomplishment of the foundation's ex		ed in column (e) o	of Part XVI-A contribut		
	the accomplishment of the foundation's ex		ed in column (e) o	of Part XVI-A contribut		
	the accomplishment of the foundation's ex		ed in column (e) o	of Part XVI-A contribut		
	the accomplishment of the foundation's ex		ed in column (e) o	of Part XVI-A contribut		
	the accomplishment of the foundation's ex		ed in column (e) o	of Part XVI-A contribut		
	the accomplishment of the foundation's ex		ed in column (e) o	of Part XVI-A contribut		
	the accomplishment of the foundation's ex		ed in column (e) o	of Part XVI-A contribut		
	the accomplishment of the foundation's ex		ed in column (e) o	of Part XVI-A contribut		
	the accomplishment of the foundation's ex		ed in column (e) o	of Part XVI-A contribut		
v V	the accomplishment of the foundation's ex		ed in column (e) o	of Part XVI-A contribut		

orm 9	90-PF (											Pa	ge <b>13</b>
	XVII	Exempt Organi:	zations						nships With Nor		able		
		janization directly or in- Code (other than sectio								on 501		Yes	No
a Tra	nsfers f	rom the reporting foun	dation to a no	nchari	table exe	mpt organizati	on of			Ī			
(1	) Cash.									. [	1a(1)		No
(2	<b>)</b> Other	assets								.	1a(2)		No
	ner trans												
•	•	of assets to a nonchari	•	-						F	1b(1)		No
-		ases of assets from a n			-					- F	1b(2)		No
•	•	l of facilities, equipmen	•							F	1b(3)		No
-		oursement arrangemen								F	1b(4)		No
•	•	or loan guarantees. mance of services or m								F	1b(5) 1b(6)		No No
•	•	facilities, equipment, n	•		_					•	1c		No
d If t	the answ the good any tran	ver to any of the above ds, other assets, or services saction or sharing arra	is "Yes," com vices given by ngement, sho	plete t the re w in co	he follow porting f plumn (d	ing schedule ( oundation If t	Column <b>(b</b> ne foundat the goods,	) should al tion receive other asse	ways show the fair red less than fair mar	rket value ved	•	ngemen	ts
(4)	e No	(b) Amount involved	(c) Name of h	Officiali	tuble exem	npt organization	(0)	escription of	cransiers, transactions	, and shan	ing arrai	igernen	
<b>2a</b> Is	the foun	dation directly or indire	ectly affiliated	with, d	or related	to, one or mo	re tax-exe	mpt organ	ızatıons				
de	scribed i	n section 501(c) of the	Code (other t	han se	ection 50	1(c)(3)) or in s	ection 527	"		[	Yes	✓	No
<b>b</b> If '	Yes," co	emplete the following so	chedule										
		(a) Name of organization	n		(b	) Type of organiz	ation		(c) Description	of relation	nship		
C:	of m	er penalties of perjury, y knowledge and belief h preparer has any kno	, it is true, cor							ased on a	all infor	matior	n of
Sign Here		****				2018-07-13		*****		return	e IRS dı: e prepar		
	9	Signature of officer or to	rustee			Date		Title		below (see in:	str )? 🖸	Yes	□ No
		Print/Type preparer's	name	Prepar	er's Sıgn	ature	Date		Check if self-	PTIN			
Paid		MATTHEW B SEARI	LES				201	.8-08-01	employed ▶ □	I	P00371	853	
	arer Only	Firm's name ► MILL	ERSEARLES L	LC			•			Fırm's EI	N <b>▶</b> 27-	05908	399
		Firm's address ► 84	0 W HAMILTO	N ST S	SUITE 32	0							
			LENTOWN DA	1810	112438					Phone no (610) 437-1000			

ALLENTOWN, PA 181012438

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 (d) Expense account, not paid, enter Contributions to (e) other allowances hours per week (b) devoted to position -0-) employee benefit plans and deferred compensation GREG L BUTZ PRESIDENT 000 00 PO BOX 509

DOLORES A BUTZ				
PO BOX 509 ALLENTOWN, PA 18105	000 00			
LEE A BUTZ	VICE PRESIDE	0	0	0
ALLENTOWN, PA 18105				

PO BOX 509 ALLENTOWN, PA 18105	000 00			
DOLORES A BUTZ	SECRETARY	0	0	0
PO BOX 509 ALLENTOWN, PA 18105	000 00			

PO BOX 509 ALLENTOWN, PA 18105	000 00	U	0	
SHARI L BUTZ	VICE PRESIDE	0	0	0
PO BOX 509	000 00			

ALLENTOWN, PA 18105				
SHARI L BUTZ	VICE PRESIDE	0	0	0
PO BOX 509 ALLENTOWN, PA 18105	000 00			

SHARI L BUIZ	VICE PRESIDE	0	0	
PO BOX 509 ALLENTOWN, PA 18105	1 000 00			
		l		

PO BOX 509 ALLENTOWN, PA 18105	000 00			
ERIC R BUTZ	VICE PRESIDE	0	0	

000 00 PO BOX 509

Form 990PF Part XV Line 3 - Grant	ts and Contributions Paid	During the	Year or Approved for Future P	'ayment
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				
ALLENTOWN ART MUSEUM ALLENTOWN ART MUSEUM 31 NORTH FIFTH STREET 31 NORTH FIFTH STREET ALLENTOWN, PA 18101	NONE		UNRESTRICTED USE BY DONEE	35,000
ALLENTOWN RESCUE MISSION ALLENTOWN RESCUE MISSION 355 HAMILTON STREET 355 HAMILTON STREET ALLENTOWN, PA 18105	NONE		UNRESTRICTED USE BY DONEE	3,000
ALLENTOWN ROTARY FOUNDATION ALLENTOWN ROTARY FOUNDATION 229 NORTH 27TH STREET 229 NORTH 27TH STREET ALLENTOWN, PA 18104	NONE		UNRESTRICTED USE BY DONEE	5,000
ALLENTOWN SCHOOL DISTRICT FOUNDATIO ALLENTOWN SCHOOL DISTRICT FOUNDATION 31 S PENN ST PO BOX 328 31 S PENN ST PO BOX 328 ALLENTOWN, PA 18105	NONE		UNRESTRICTED USE BY DONEE	5,000
ALLENTOWN SYMPHONY ASSOCIATION ALLENTOWN SYMPHONY ASSOCIATION 23 NORTH SIXTH STREET 23 NORTH SIXTH STREET ALLENTOWN, PA 18101	NONE		UNRESTRICTED USE BY DONEE	14,800
Total				614,728

Form 990PF Part XV Line 3 - Grant	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	!			
AMERICAN HEART ASSOCIATION AMERICAN HEART ASSOCIATION PO BOX 50065 PO BOX 50065 PRESCOTT, AZ 86304	NONE		UNRESTRICTED USE BY DONEE	1,000
ANGEL 34 FOUNDATION ANGEL 34 FOUNDATIONPO BOX 494 PO BOX 494 NAZARETH, PA 18064	NONE		UNRESTRICTED USE BY DONEE	1,000
AUTISM SPEAKS LEHIGH VALLEY AUTISM SPEAKS LEHIGH VALLEY 216 HADDEN AVENUE 216 HADDEN AVENUE WESTMONT, NJ 08108	NONE		UNRESTRICTED USE BY DONEE	1,000
BAUM SCHOOL OF ART BAUM SCHOOL OF ART 510 LINDEN STREET 510 LINDEN STREET ALLENTOWN, PA 18101	NONE		UNRESTRICTED USE BY DONEE	1,000
BURN PREVENTION NETWORK BURN PREVENTION NETWORK 236 NORTH 17TH STREET 236 NORTH 17TH STREET ALLENTOWN, PA 18104	NONE		UNRESTRICTED USE BY DONEE	1,000
Total				614,728

Form 990PF Part XV Line 3 - Grant	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				
CACLV CACLV1337 EAST FIFTH STREET 1337 EAST FIFTH STREET BETHLEHEM, PA 18015	NONE		UNRESTRICTED USE BY DONEE	2,500
CEDAR CREST COLLEGE CEDAR CREST COLLEGE 100 COLLEGE DRIVE 100 COLLEGE DRIVE ALLENTOWN, PA 18104	NONE		UNRESTRICTED USE BY DONEE	4,000
CIVIC THEATER OF ALLENTOWN CIVIC THEATER OF ALLENTOWN 527 NORTH 19TH STREET 527 NORTH 19TH STREET ALLENTOWN, PA 18104	NONE		UNRESTRICTED USE BY DONEE	33,333
COMMUNITY BIKE WORKS COMMUNITY BIKE WORKS 235 N MADISON STREET 235 N MADISON STREET ALLENTOWN, PA 18102	NONE		UNRESTRICTED USE BY DONEE	1,000
DACDI DACDI TWO CITY CENTER 645 WEST HAMILTON STREET 645 WEST HAMILTON STREET ALLENTOWN, PA 18101	NONE		UNRESTRICTED USE BY DONEE	10,000
Total				614,728

Form 990PF Part XV Line 3 - Grant	ts and Contributions Paid	I 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		1
a Paid during the year				
DAVINCI SCIENCE CENTER DAVINCI SCIENCE CENTER 3145 HAMILTON BLVD BYPASS 3145 HAMILTON BLVD BYPASS ALLENTOWN, PA 18103	NONE		UNRESTRICTED USE BY DONEE	12,500
DESALES UNIVERSITY DESALES UNIVERSITY 2755 STATION AVENUE 2755 STATION AVENUE CENTER VALLEY, PA 18034	NONE		UNRESTRICTED USE BY DONEE	57,500
DIAKON DIAKONONE SOUTH HOME AVENUE ONE SOUTH HOME AVENUE TOPTON, PA 19562	NONE		UNRESTRICTED USE BY DONEE	15,000
FUND TO BENEFIT CHILDREN AND YOUTH FUND TO BENEFIT CHILDREN AND YOUTH 903 EAST ELM STREET 903 EAST ELM STREET ALLENTOWN, PA 18109	NONE		UNRESTRICTED USE BY DONEE	5,000
GEISINGER HEALTH SYSTEM FOUNDATION GEISINGER HEALTH SYSTEM FOUNDATION 100 NORTH ACADEMY AVE 100 NORTH ACADEMY AVENUE DANVILLE, PA 17822	NONE		UNRESTRICTED USE BY DONEE	102,920
Total				614,728

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	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					
GOOD SHEPHERD REHAB NETWORK GOOD SHEPHERD REHAB NETWORK 850 SOUTH 5TH STREET 850 SOUTH 5TH STREET ALLENTOWN, PA 18103	NONE		UNRESTRICTED USE BY DONEE	11,750	
GREATER LV CHAMBER OF COMMERCE FD GREATER LV CHAMBER OF COMMERCE FOUNDATION 158A NORTHAMPTON STREET 158A NORTHAMPTON STREET EASTON, PA 18042	NONE		UNRESTRICTED USE BY DONEE	20,300	
LEHIGH UNIVERSITY LEHIGH UNIVERSITY 27 MEMORIAL DRIVE WEST 27 MEMORIAL DRIVE WEST BETHLEHEM, PA 18015	NONE		UNRESTRICTED USE BY DONEE	34,000	
LEHIGH VALLEY HEALTH NETWORK LEHIGH VALLEY HEALTH NETWORK 2100 MACK BOULEVARD 2100 MACK BOULEVARD ALLENTOWN, PA 18105	NONE		UNRESTRICTED USE BY DONEE	5,000	
LIFEPATH FOUNDATION LIFEPATH DEVELOPMENT DEPARTMENT 3500 HIGH POINT BOULEVARD 3500 HIGH POINT BOULEVARD BETHLEHEM, PA 18017	NONE		UNRESTRICTED USE BY DONEE	1,250	
Total				614,728	

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	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				
LUTHERAN THEOLOGICAL SEMINARY AT PH LUTHERAN THEOLOGICAL SEMINARY AT PHILADELPHIA 7301 GERMANTOWN AVENUE 7301 GERMANTOWN AVENUE PHILADELPHIA, PA 19119	NONE		UNRESTRICTED USE BY DONEE	10,000
LVH - SCHUYLKILL AUXILIARY LVH - SCHUYLKILL AUXILIARY 700 EAST NORWEGIAN STREET 700 EAST NORWEGIAN STREET POTTSVILLE, PA 17901	NONE		UNRESTRICTED USE BY DONEE	1,000
MINSI TRIALS COUNCIL MINSI TRIALS COUNCILPO BOX 20624 PO BOX 20624 ALLENTOWN, PA 18002	NONE		UNRESTRICTED USE BY DONEE	6,000
MIRACLE LEAGUE OF THE LEHIGH VALLEY MIRACLE LEAGUE OF THE LEHIGH VALLEY 4460 PARKVIEW DR APT T8 4460 PARKVIEW DR APT T8 SCHNECKSVILLE, PA 18078	NONE		UNRESTRICTED USE BY DONEE	7,500
MORAVIAN COLLEGE MORAVIAN COLLEGE1200 MAIN STREET 1200 MAIN STREET BETHLEHEM, PA 18018	NONE		UNRESTRICTED USE BY DONEE	25,000
Total				614,728

Form 990PF Part XV Line 3 - Grant	ts and Contributions Paid	I 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				
MORAVIAN VILLAGE MORAVIAN VILLAGE 561 EAST MARKET STREET 561 EAST MARKET STREET BETHLEHEM, PA 18018	NONE		UNRESTRICTED USE BY DONEE	10,000
MUSCULAR DYSTROPHY ASSOCIATION MUSCULAR DYSTROPHY ASSOCIATION 5940 HAMILTON BLVD STE F 5940 HAMILTON BLVD STE F ALLENTOWN, PA 18106	NONE		UNRESTRICTED USE BY DONEE	2,000
NATIONAL MUSEUM OF INDUSTRIAL HIST NATIONAL MUSEUM OF INDUSTRIAL HISTORY 530 EAST THIRD STREET 530 EAST THIRD STREET BETHLEHEM, PA 18015	NONE		UNRESTRICTED USE BY DONEE	2,500
NEW VENTURE FUND NEW VENTURE FUND 1201 CONNECTICUT AVE 1201 CONNECTICUT AVE WASHINGTON, DC 20036	NONE		UNRESTRICTED USE BY DONEE	37,500
PA PARTNERSHIPS FOR CHILDREN PA PARTNERSHIPS FOR CHILDREN 116 PINE STREET SUITE 430 116 PINE STREET SUITE 430 HARRISBURG, PA 17101	NONE		UNRESTRICTED USE BY DONEE	1,875
Total				614,728

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	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							
PA SHAKESPEARE FESTIVAL PA SHAKESPEARE FESTIVAL 2755 STATION AVENUE 2755 STATION AVENUE CENTER VALLEY, PA 18034	NONE		UNRESTRICTED USE BY DONEE	34,000			
PBS39 PBS39839 SESAME STREET 839 SESAME STREET BETHLEHEM, PA 18015	NONE		UNRESTRICTED USE BY DONEE	10,000			
PENN STATE LEHIGH VALLEY PENN STATE LEHIGH VALLEY 2809 SAUCON VALLEY ROAD 2809 SAUCON VALLEY ROAD CENTER VALLEY, PA 18034	NONE		UNRESTRICTED USE BY DONEE	2,000			
PHANTOMS CHARITIES PHANTOMS CHARITIES 701 WEST HAMILTON STREET 701 WEST HAMILTON STREET ALLENTOWN, PA 18101	NONE		UNRESTRICTED USE BY DONEE	1,000			
PSD EDUCATION FOUNDATION PSD EDUCATION FOUNDATION 1210 SPRINGHOUSE ROAD 1210 SPRINGHOUSE ROAD ALLENTOWN, PA 18104	NONE		UNRESTRICTED USE BY DONEE	5,000			
Total				614,728			

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	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	[						
SKILLS USA SKILLS USA555 UNION BOULEVARD 555 UNION BOULEVARD ALLENTOWN, PA 18109	NONE		UNRESTRICTED USE BY DONEE	1,000			
STATE THEATRE CENTER FOR THE ARTS STATE THEATRE CENTER FOR THE ARTS INC 453 NORTHAMPTON STREET 453 NORTHAMPTON STREET EASTON, PA 18042	NONE		UNRESTRICTED USE BY DONEE	12,000			
SWFL CHILDREN'S CHARITIES SWFL CHILDRENS CHARITIES 9736 COMMERCE CENTER CT 9736 COMMERCE CENTER CT FORT MYERS, FL 33908	NONE		UNRESTRICTED USE BY DONEE	3,000			
THE BACH CHOIR OF BETHLEHEM THE BACH CHOIR OF BETHLEHEM 440 HECKEWELDER PLACE 440 HECKEWELDER PLACE BETHLEHEM, PA 18018	NONE		UNRESTRICTED USE BY DONEE	1,250			
THE CHILDRENS HOME OF EASTON THE CHILDRENS HOME OF EASTON 2000 SOUTH 25TH STREET 2000 SOUTH 25TH STREET EASTON, PA 18042	NONE		UNRESTRICTED USE BY DONEE	1,750			
Total	· · · · · · · · · · · · · · · · · · ·			614,728			

orm 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	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				1			
UNITED WAY UNITED WAY2200 AVENUE A SUITE 301 2200 AVENUE A SUITE 301 BETHLEHEM, PA 18017	NONE		UNRESTRICTED USE BY DONEE	40,000			
VALLEY YOUTH HOUSE VALLEY YOUTH HOUSE 3400 HIGH POINT BOULEVARD 3400 HIGH POINT BOULEVARD BETHLEHEM, PA 18017	NONE		UNRESTRICTED USE BY DONEE	7,500			
VICTORY HOUSE OF LEHIGH VALLEY VICTORY HOUSE314 FILMORE STREET 314 FILMORE STREET BETHLEHEM, PA 18015	NONE		UNRESTRICTED USE BY DONEE	3,000			
WILDLANDS CONSERVANCY WILDLANDS COVERVANCY 3701 ORCHID PLACE 3701 ORCHID PLACE EMMAUS, PA 18049	NONE		UNRESTRICTED USE BY DONEE	1,000			
ZION'S LIBERTY BELL MUSEUM ZION'S LIBERTY BELL MUSEUM 622 WEST HAMILTON STREET 622 WEST HAMILTON STREET ALLENTOWN, PA 18101	NONE		UNRESTRICTED USE BY DONEE	5,000			
Total				614,728			

3a

efile GRAPHIC print - DO NOT P	PROCESS As Filed	Data -	D	LN: 93491218001008					
TY 2017 Accounting Fees Schedule									
Name: BUTZ FOUNDATION									
	<b>EIN:</b> 23-2940646								
Accounting Fees Schedule									
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes					

2,150

ACCOUNTING FEES

Note: To capture the full content of this document, please select landscape mode (11" $\times$ 8.5") when printing.	
TY 2017 Gain/Loss from Sale of Other Assets Schedule	

Name: BUTZ FOUNDATION

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

EIN: 23-2940646										
Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
ISHARES EUROPE ETF	2017-12	DONATION	2017-12		93,092	93,135			-43	
ISHARES CORE MSCI ETF	2017-12	DONATION	2017-12		109,403	109,440			-37	
VANGUARD VALUE ETF	2017-07	DONATION	2017-07		74,798	74,817			-19	
VANGUARD VALUE ETE	2017-10	DONATION	2017-10		397.054	397.182		_	-128	

DLN: 93491218001008

efile GRAPHIC print - DO NOT	PROCESS	As Filed Data	-	DL	N: 93491218001008			
TY 2017 Taxes Schedule								
	Name:	BUTZ FOUND	DATION					
<b>EIN:</b> 23-2940646								
Category	An	nount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
TAXES		15	15					