

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

| | | | |
|---|--|--|--|
| Name of foundation CENTIMARK FOUNDATION | | A Employer identification number 20-8911858 | |
| Number and street (or P O box number if mail is not delivered to street address) 12 GRANDVIEW CIRCLE | | Room/suite | |
| City or town, state or province, country, and ZIP or foreign postal code CANONSBURG, PA 15317 | | B Telephone number (see instructions) (724) 743-7747 | |
| G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div> | | D 1. Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach computation | |
| H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | | E If private foundation status was terminated under section 507(b)(1)(A), check here | |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 382,672 | | J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) (Part I, column (d) must be on cash basis) | |
| | | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here | |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|--|------------------------------------|---------------------------|-------------------------|---|
| Revenue | 1 Contributions, gifts, grants, etc , received (attach schedule) | 1,650,000 | | | |
| | 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B | | | | |
| | 3 Interest on savings and temporary cash investments | 789 | 789 | 789 | |
| | 4 Dividends and interest from securities | 15 | 15 | 15 | |
| | 5a Gross rents | | | | |
| | b Net rental income or (loss) | | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10 | | | | |
| | b Gross sales price for all assets on line 6a | | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | | | |
| | 8 Net short-term capital gain | | | | |
| | 9 Income modifications | | | | |
| | 10a Gross sales less returns and allowances | | | | |
| Operating and Administrative Expenses | b Less Cost of goods sold | | | | |
| | c Gross profit or (loss) (attach schedule) | | | | |
| | 11 Other income (attach schedule) | | | | |
| | 12 Total. Add lines 1 through 11 | 1,650,804 | 804 | 804 | |
| | 13 Compensation of officers, directors, trustees, etc | | | | |
| | 14 Other employee salaries and wages | | | | |
| | 15 Pension plans, employee benefits | | | | |
| | 16a Legal fees (attach schedule) | | | | |
| | b Accounting fees (attach schedule) | 3,000 | | | |
| | c Other professional fees (attach schedule) | | | | |
| | 17 Interest | | | | |
| | 18 Taxes (attach schedule) (see instructions) | | | | |
| | 19 Depreciation (attach schedule) and depletion | | | | |
| | 20 Occupancy | | | | |
| | 21 Travel, conferences, and meetings | | | | |
| | 22 Printing and publications | | | | |
| | 23 Other expenses (attach schedule) | 25 | | | |
| | 24 Total operating and administrative expenses. Add lines 13 through 23 | 3,025 | 0 | | 0 |
| | 25 Contributions, gifts, grants paid | 1,532,964 | | | 1,532,964 |
| | 26 Total expenses and disbursements. Add lines 24 and 25 | 1,535,989 | 0 | | 1,532,964 |
| | 27 Subtract line 26 from line 12 | | | | |
| | a Excess of revenue over expenses and disbursements | 114,815 | | | |
| | b Net investment income (if negative, enter -0-) | | 804 | | |
| | c Adjusted net income (if negative, enter -0-) | | | 804 | |

| 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 | 1,847 | 2,383 | 2,383 |
| | 2 | Savings and temporary cash investments | 265,010 | 380,289 | 380,289 |
| | 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) | | | |
| | 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 | Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) | 266,857 | 382,672 | 382,672 | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 1,000 | |
| | 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 | Total liabilities (add lines 17 through 22) | | 1,000 | |
| Net Assets or Fund Balances | Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31. | | | | |
| | 24 | Unrestricted | | | |
| | 25 | Temporarily restricted | | | |
| | 26 | Permanently restricted | | | |
| | Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31. | | | | |
| | 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 | 266,857 | 381,672 | |
| 30 | Total net assets or fund balances (see instructions) | 266,857 | 381,672 | | |
| 31 | Total liabilities and net assets/fund balances (see instructions) . | 266,857 | 382,672 | | |

| 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 | 266,857 |
| 2 | Enter amount from Part I, line 27a | 2 | 114,815 |
| 3 | Other increases not included in line 2 (itemize) ▶ _____ | 3 | |
| 4 | Add lines 1, 2, and 3 | 4 | 381,672 |
| 5 | Decreases not included in line 2 (itemize) ▶ _____ | 5 | |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . | 6 | 381,672 |

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) |
|--|---|---|-------------------------------------|
| 1a | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| (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) |
|--------------------------|---|--|---|
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| 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 | |
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| | | |
|--|----------|--|
| 2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 } | 2 | |
| 3 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 { } | 3 | |

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)) |
|--|--|--|---|
| 2017 | 1,438,924 | 316,671 | 4 543908 |
| 2016 | 1,494,556 | 296,849 | 5 034735 |
| 2015 | 1,615,968 | 207,714 | 7 779774 |
| 2014 | 1,577,009 | 149,650 | 10 537982 |
| 2013 | 1,459,397 | 151,996 | 9 601549 |

| | | |
|--|----------|-----------|
| 2 Total of line 1, column (d) | 2 | 37 497948 |
| 3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years | 3 | 7 499590 |
| 4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 | 4 | 522,480 |
| 5 Multiply line 4 by line 3 | 5 | 3,918,386 |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | 6 | 8 |
| 7 Add lines 5 and 6 | 7 | 3,918,394 |
| 8 Enter qualifying distributions from Part XII, line 4 , | 8 | 1,532,964 |

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)

| | | | |
|-----------|---|-----------|----|
| 1a | 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 | 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 | 1 | 16 |
| c | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b) | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | |
| 3 | Add lines 1 and 2. | 3 | 16 |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 16 |
| 6 | Credits/Payments | | |
| a | 2018 estimated tax payments and 2017 overpayment credited to 2018 | 6a | 70 |
| b | Exempt foreign organizations—tax withheld at source | 6b | |
| c | Tax paid with application for extension of time to file (Form 8868) | 6c | |
| d | Backup withholding erroneously withheld | 6d | |
| 7 | Total credits and payments. Add lines 6a through 6d. | 7 | 70 |
| 8 | Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached | 8 | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ | 9 | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . . . ▶ | 10 | 54 |
| 11 | Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ 54 Refunded ▶ | 11 | |

Part VII-A Statements Regarding Activities

| | Yes | No |
|---|-----------|-----|
| 1a 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? | 1a | No |
| 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 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities | 1b | No |
| c Did the foundation file Form 1120-POL for this year? | 1c | No |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____ | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____ | | |
| 2 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 | 2 | No |
| 3 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 | 3 | No |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | No |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T | 5 | No |
| 6 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? | 6 | Yes |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV | 7 | Yes |
| 8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ PA _____ | | |
| 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 . | 8b | Yes |
| 9 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 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV | 9 | No |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | 10 | No |

Part VII-A Statements Regarding Activities (continued)

| | | | | |
|-----------|--|-----------|------------|-----------|
| 11 | 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. | 11 | | No |
| 12 | 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. | 12 | | No |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ N/A | 13 | Yes | |
| 14 | The books are in care of ▶ EDWARD B DUNLAP JR Telephone no ▶ (724) 743-7747 | | | |

Located at **▶** 12 GRANDVIEW CIRCLE CANONSBURG PA ZIP+4 **▶** 15317

| | | | | |
|-----------|---|-----------|------------|-----------|
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ▶ <input type="checkbox"/> | | | |
| | and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 | | | |
| 16 | At any time during calendar year 2018, 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? | 16 | Yes | No |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶ | | | |

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.

| | | | | |
|-----------|---|-----------|------------|-----------|
| 1a | During the year did the foundation (either directly or indirectly) | | Yes | No |
| | (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? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| b | If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. <input type="checkbox"/> | 1b | | |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018? <input type="checkbox"/> | 1c | | |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | |
| a | At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| | If "Yes," list the years ▶ 20____, 20____, 20____, 20____ | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). | 2b | | |
| c | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____ | | | |
| 3a | 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 | If "Yes," did it have excess business holdings in 2018 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 2018). | 3b | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | No |
| 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 2018? | 4b | | No |

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

| | | Yes | No |
|-----------|---|------------------------------|--|
| 5a | During the year did the foundation pay or incur any amount to | | |
| (1) | Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (2) | 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 |
| (3) | Provide a grant to an individual for travel, study, or other similar purposes? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (4) | 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 |
| (5) | 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 | If any answer is "Yes" to 5a(1)–(5), did any 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. | 5b | |
| | Organizations relying on a current notice regarding disaster assistance check here. | <input type="checkbox"/> | |
| c | 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? If "Yes," attach the statement required by Regulations section 53.4945–5(d) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6a | 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 | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 | 6b | |
| 7a | 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 | If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? | 7b | |
| 8 | Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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 | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, 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 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000. | | | | |

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

| 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. ▶ | | |

| 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 |
| 1 | |
| | |
| | |
| 2 | |
| | |
| | |
| 3 | |
| | |
| | |
| 4 | |
| | |
| | |

| 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 |
| 1 N/A | |
| 2 | |
| | |
| | |
| All other program-related investments. See instructions. | |
| 3 | |
| | |
| | |
| Total. Add lines 1 through 3 ▶ | |

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

| | | | |
|----------|--|-----------|---------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes | | |
| a | Average monthly fair market value of securities. | 1a | 0 |
| b | Average of monthly cash balances. | 1b | 530,437 |
| c | Fair market value of all other assets (see instructions). | 1c | 0 |
| d | Total (add lines 1a, b, and c). | 1d | 530,437 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). | 1e | |
| 2 | Acquisition indebtedness applicable to line 1 assets. | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | 530,437 |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). | 4 | 7,957 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. | 5 | 522,480 |
| 6 | Minimum investment return. Enter 5% of line 5. | 6 | 26,124 |

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.)

| | | | |
|-----------|--|-----------|--------|
| 1 | Minimum investment return from Part X, line 6. | 1 | 26,124 |
| 2a | Tax on investment income for 2018 from Part VI, line 5. | 2a | 16 |
| b | Income tax for 2018 (This does not include the tax from Part VI). | 2b | |
| c | Add lines 2a and 2b. | 2c | 16 |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1. | 3 | 26,108 |
| 4 | Recoveries of amounts treated as qualifying distributions. | 4 | |
| 5 | Add lines 3 and 4. | 5 | 26,108 |
| 6 | Deduction from distributable amount (see instructions). | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. | 7 | 26,108 |

Part XII Qualifying Distributions (see instructions)

| | | | |
|----------|--|-----------|-----------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| a | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. | 1a | 1,532,964 |
| b | Program-related investments—total from Part IX-B. | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| a | Suitability test (prior IRS approval required). | 3a | |
| b | Cash distribution test (attach the required schedule). | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4. | 4 | 1,532,964 |
| 5 | 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. | 5 | |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4. | 6 | 1,532,964 |

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 2017 | (c) 2017 | (d) 2018 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2018 from Part XI, line 7 | | | | 26,108 |
| 2 Undistributed income, if any, as of the end of 2018 | | | | |
| a Enter amount for 2017 only. | | | | |
| b Total for prior years 20____, 20____, 20____ | | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | | |
| a From 2013. | 1,451,803 | | | |
| b From 2014. | 1,569,528 | | | |
| c From 2015. | 1,605,588 | | | |
| d From 2016. | 1,479,722 | | | |
| e From 2017. | 1,423,099 | | | |
| f Total of lines 3a through e. | 7,529,740 | | | |
| 4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 1,532,964 | | | | |
| a Applied to 2017, 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). | | | | |
| d Applied to 2018 distributable amount. | | | | 26,108 |
| e Remaining amount distributed out of corpus | 1,506,856 | | | |
| 5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 9,036,596 | | | |
| 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—see instructions | | | | |
| e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions | | | | |
| f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 | | | | 0 |
| 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 2013 not applied on line 5 or line 7 (see instructions). | 1,451,803 | | | |
| 9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a | 7,584,793 | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2014. | 1,569,528 | | | |
| b Excess from 2015. | 1,605,588 | | | |
| c Excess from 2016. | 1,479,722 | | | |
| d Excess from 2017. | 1,423,099 | | | |
| e Excess from 2018. | 1,506,856 | | | |

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. ▶

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

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

| | Tax year | Prior 3 years | | | (e) Total |
|--|----------|---------------|----------|----------|-----------|
| | (a) 2018 | (b) 2017 | (c) 2016 | (d) 2015 | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, line 4 for each year listed | | | | | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon | | | | | |
| a "Assets" alternative test—enter | | | | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| 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 | | | | | |

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

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) | | | | |
| a <i>Paid during the year</i> See Additional Data Table | | | | |
| Total | | | ▶ 3a | |
| b <i>Approved for future payment</i> | | | | |
| Total | | | ▶ 3b | |

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2018)

Part XVII

| | | Yes | No |
|--|--|-----|----|
|--|--|-----|----|

| | | |
|--|--|--|
| | | |
|--|--|--|

| | |
|--------------|-----------|
| 1a(1) | No |
|--------------|-----------|

| | |
|-------|----|
| 1a(2) | No |
|-------|----|

| | | |
|--|--|--|
| | | |
|--|--|--|

| | |
|--------------|-----------|
| 1b(1) | No |
|--------------|-----------|

| | |
|--------------|-----------|
| 1b(2) | No |
|--------------|-----------|

| | | |
|--------------|--|-----------|
| 1b(3) | | No |
|--------------|--|-----------|

| | | |
|--------------|--|-----------|
| 1b(4) | | No |
|--------------|--|-----------|

| | | |
|--------------|--|-----------|
| 1b(5) | | No |
|--------------|--|-----------|

| | | |
|--------------|--|-----------|
| 1b(6) | | No |
|--------------|--|-----------|

| | | |
|----|--|----|
| 1c | | No |
|----|--|----|

value
ue

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) (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 |
|--------------------------|--------------------------|---------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

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.

***** 2019-05-15 ***** May the IRS discuss this return with the preparer shown below

Signature of officer or trustee _____ Date _____ Title _____

May the IRS discuss this return with the preparer shown below

(see instr)? ☒ Yes ☐ No

| | | | | | |
|-------------------------------|--------------------------------------|--|------------|--|-------------------------|
| Paid Preparer Use Only | WARREN W KIPLING | | 2019-05-10 | | |
| | Firm's name ▶ LEONARD F POLK & CO PC | | | | Firm's EIN ▶ 23-2872380 |

| | | | | | |
|-------------|------------------|--|------------|--|--|
| Paid | WARREN W KIPLING | | 2019-05-10 | | |
|-------------|------------------|--|------------|--|--|

| | | |
|------------------------------|--------------------------------------|-------------------------|
| Preparer Use Only | Firm's name ▶ LEONARD F POLK & CO PC | Firm's EIN ▶ 23-2872380 |
| | | |

| | |
|--|-------------------------|
| Firm's address ▶ 650 WASHINGTON ROAD SUITE 407 PITTSBURGH, PA 15228 | Phone no (412) 563-1141 |
|--|-------------------------|

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

| (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 |
|---|---|--|--|---|
| EDWARD B DUNLAP JR | TRUSTEE/PRES 1 00 | 0 | 0 | 0 |
| 12 GRANDVIEW CIRCLE CANONSBURG, PA 15317 | | | | |
| TIMOTHY M DUNLAP | TRUSTEE/VP 0 50 | 0 | 0 | 0 |
| 12 GRANDVIEW CIRCLE CANONSBURG, PA 15317 | | | | |
| THOR D DICESARE | SECRETARY 0 50 | 0 | 0 | 0 |
| 12 GRANDVIEW CIRCLE CANONSBURG, PA 15317 | | | | |
| JOHN A RUDZIK | TRUSTEE/TRES 10 00 | 0 | 0 | 0 |
| 12 GRANDVIEW CIRCLE CANONSBURG, PA 15317 | | | | |
| JOHN L HEISEY | TRUSTEE 0 50 | 0 | 0 | 0 |
| 12 GRANDVIEW CIRCLE CANONSBURG, PA 15317 | | | | |

| 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 <i>Paid during the year</i> | | | | |
| A CHILD'S PLACE AT MERCY HOSPITAL 1515 LOCUST AVE 302 PITTSBURGH, PA 15219 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| ABUNDANT LIFE540 DELWAR ROAD PITTSBURGH, PA 15236 | N/A | PUBLIC | OPERATING EXPENSES | 10,000 |
| ALLEGHENY COUNTY CASA 564 FORBES AVE 1302 PITTSBURGH, PA 15219 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| Total ▶ 3a | | | | 1,532,964 |

| 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 <i>Paid during the year</i> | | | | |
| ALZHEIMER'S ASSOC - CENTRAL IL 614 WEST GLEN AVENUE PEORIA, IL 61614 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| ALZHEIMER'S ASSOCIATION 225 N MICHIGAN AVE - 17T CHICAGO, IL 60601 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| ALZHEIMER'S ASSOC - GREATER PA 1100 LIBERTY AVE - STE E- PITTSBURGH, PA 15222 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| Total ▶ 3a | | | | 1,532,964 |

| 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 <i>Paid during the year</i> | | | | |
| AMERICAN CANCER SOCIETY - PA 320 BILMAR DRIVE PITTSBURGH, PA 15205 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| ANGEL'S PLACE 2538 WOODSTOCK AVENUE PITTSBURGH, PA 15218 | N/A | PUBLIC | OPERATING EXPENSES | 4,500 |
| AUBERLE HOME1101 HARTMAN STREET MCKEESPORT, PA 15132 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| Total ▶ 3a | | | | 1,532,964 |

| 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 <i>Paid during the year</i> | | | | |
| BEST OF THE BATCH FOUNDATION 2000 WEST STREET MUNHALL, PA 15120 | N/A | PUBLIC | OPERATING EXPENSES | 2,000 |
| BETHANY HOUSE ACADEMY 1500 CHICAGO STREET PITTSBURGH, PA 15214 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| BEVERLY'S BIRTHDAYS 9799 LAUREL AVENUE NORTH HUNTINGTON, PA 15642 | N/A | PUBLIC | OPERATING EXPENSES | 2,000 |
| Total ► 3a | | | | 1,532,964 |

| 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 <i>Paid during the year</i> | | | | |
| BILLY GRAHAM EVANGELISTIC ASSOC 1 BILLY GRAHAM PARKWAY CHARLOTTE, NC 28201 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| BLACKBURN CENTERPO BOX 398 GREENSBURG, PA 15601 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| BOUNTIFUL BLESSINGSPO BOX 299 MECHANICSBURG, PA 17055 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| Total ▶ 3a | | | | 1,532,964 |

| 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 <i>Paid during the year</i> | | | | |
| BREAST CANCER RESEARCH FOUNDATION 60 EAST 56TH ST NEW YORK, NY 10022 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| CARY-GROVE FOOD PANTRY 8901 GARY ALGONQUIN ROAD CARY, IL 60013 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| CATHOLIC HOSPICE 2605 NICKOLSON RD 3240 SEWICKLEY, PA 15143 | N/A | PUBLIC | OPERATING EXPENSES | 10,000 |
| Total ▶ 3a | | | | 1,532,964 |

| 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 <i>Paid during the year</i> | | | | |
| CECIL TOWNSHIP 3599 MILLERS RUN ROAD CECIL TOWNSHIP, PA 15327 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| CENTRE VOLUNTEERS IN MEDICINE 2520 GREEN TECH DR D STATE COLLEGE, PA 16803 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| CHILDREN'S HOME5324 PENN AVENUE PITTSBURGH, PA 15224 | N/A | PUBLIC | OPERATING EXPENSES | 10,000 |
| Total ▶ 3a | | | | 1,532,964 |

| 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 <i>Paid during the year</i> | | | | |
| CHOICES PREGNANCY CENTERS 626 5TH AVENUE CORAOPOLIS, PA 15108 | N/A | PUBLIC | OPERATING EXPENSES | 10,000 |
| CITY RESCUE MISSION OF NEW CASTLE 319 S CROTON AVENUE NEW CASTLE, PA 16103 | N/A | PUBLIC | OPERATING EXPENSES | 15,000 |
| COMMUNITIES IN SCHOOLS OF PGH 6435 FRANKSTOWN AVE PITTSBURGH, PA 15206 | N/A | PUBLIC | OPERATING EXPENSES | 2,500 |
| Total ▶ 3a | | | | 1,532,964 |

| 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 <i>Paid during the year</i> | | | | |
| COMMUNITY HUMAN SERVICES 5001 CENTRE AVENUE PITTSBURGH, PA 15213 | N/A | PUBLIC | OPERATING EXPENSES | 4,500 |
| COURAGE REINS5870 W 10400 N HIGHLAND, UT 84003 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| CYSTIC FIBROSIS FOUNDATION 2004 SPROUL RD 208 BROOMALL, PA 19008 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| Total ▶ 3a | | | | 1,532,964 |

| 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 <i>Paid during the year</i> | | | | |
| DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE BOSTON, MA 02215 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| DHS DONATION FUND ONE SMITHFIELD STREET PITTSBURGH, PA 15222 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| DOMESTIC VIOLENCE SERVICES OF SW PA 308 E MAIDEN STREET WASHINGTON, PA 15301 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| Total ▶ 3a | | | | 1,532,964 |

| 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 <i>Paid during the year</i> | | | | |
| EARLY LEARNING INSTITUTE 2510 BALDWIN ROAD PITTSBURGH, PA 15205 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| EAST END COOPERATIVE MINISTRY 6140 STATION STREET PITTSBURGH, PA 15206 | N/A | PUBLIC | BLESSINGS IN A BACKPACK | 5,000 |
| WASHINGTON HLTH SYS TEEN OUTREACH 410 N MAIN STREET WASHINGTON, PA 15301 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| Total ▶ 3a | | | | 1,532,964 |

| 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 <i>Paid during the year</i> | | | | |
| EIGHTH AVENUE PLACE 811 WEST STREET HOMESTEAD, PA 15120 | N/A | PUBLIC | OPERATING EXPENSES | 2,500 |
| ENDURING HOPE3100 PIONEER AVENUE PITTSBURGH, PA 15226 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| EXTRA MILE EDUCATION FOUNDATION 603 STANWIX STREET 348 PITTSBURGH, PA 15222 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| Total ▶ 3a | | | | 1,532,964 |

| 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 <i>Paid during the year</i> | | | | |
| FAITH IN ACTION69 EAST BEAU STREET WASHINGTON, PA 15301 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| FAMILY GUIDANCE 913 WESTERN AVENUE PITTSBURGH, PA 15233 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| FAMILY HOSPICE AND PALLIATIVE CARE 50 MOFFET STREET PITTSBURGH, PA 15243 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| Total ▶ 3a | | | | 1,532,964 |

| 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 <i>Paid during the year</i> | | | | |
| FAMILY HOUSE - FAMILY ASSISTANCE 5001 BAUM BLVD 545 PITTSBURGH, PA 15213 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| FAMILY PROMISE OF SOUTHWESTERN PA 297 EAST BEAU STREET WASHINGTON, PA 15301 | N/A | PUBLIC | OPERATING EXPENSES | 10,000 |
| FOCUS ON RENEWAL 701 CHARTIERS AVENUE MCKEES ROCKS, PA 15136 | N/A | PUBLIC | OPERATING EXPENSES | 10,000 |
| Total ▶ 3a | | | | 1,532,964 |

| 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 <i>Paid during the year</i> | | | | |
| GENESIS OF PITTSBURGH 550 CALIFORNIA AVENUE PITTSBURGH, PA 15202 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| GIRLS HOPE1005 BEAVER GRADE RD 10 CORAOPOLIS, PA 15108 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| GOOD SHEPHERD REHABILITATION 850 S 5TH STREET ALLENTOWN, PA 18103 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| Total ▶ 3a | | | | 1,532,964 |

| 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 <i>Paid during the year</i> | | | | |
| GREATER PITTSBURGH COMMUNITY FOOD B 1 NORTH LINDEN STREET DUQUESNE, PA 15110 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| GREATER WASHINGTON COUNTY FOOD BANK 909 NATIONAL PIKE WEST BROWNSVILLE, PA 15417 | N/A | PUBLIC | OPERATING EXPENSES | 25,000 |
| HEARTH3724 MOUNT ROYAL BLVD GLENSHAW, PA 15116 | N/A | PUBLIC | OPERATING EXPENSES | 13,000 |
| Total ► 3a | | | | 1,532,964 |

| 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 <i>Paid during the year</i> | | | | |
| HOLY FAMILY - SNAP PROGRAM 19 MAY AVENUE MCKEES ROCKS, PA 15136 | N/A | PUBLIC | OPERATING EXPENSES | 1,500 |
| HOLY FAMILY INSTITUTE 8235 OHIO RIVER BLVD PITTSBURGH, PA 15202 | N/A | PUBLIC | OPERATING EXPENSES | 3,000 |
| HOME IS THE FOUNDATION 111 W SOMERS STREET EATON, OH 45320 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| Total ▶ 3a | | | | 1,532,964 |

| 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 <i>Paid during the year</i> | | | | |
| HOMELESS CHILDREN'S EDUCATION FUND 1901 CENTER AVENUE - STE PITTSBURGH, PA 15219 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| HOPE GROWS183 SHAFER ROAD MOON TOWNSHIP, PA 15108 | N/A | PUBLIC | OPERATING EXPENSES | 10,000 |
| HOUSE OF HOPE INC 812 MERRIMACK ST LOWELL, MA 01854 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| Total ► 3a | | | | 1,532,964 |

| 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 <i>Paid during the year</i> | | | | |
| PREGNANCY RESOURCE CENTER OF SH 101 DRAKE RD A PITTSBURGH, PA 15241 | N/A | PUBLIC | OPERATING EXPENSES | 10,000 |
| HUMANE SOCIETY OF HURON VALLEY 3100 CHERRY HILL ANN ARBOR, MI 48105 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| JEREMIAH'S PLACE 6435 FRANKSTOWN AVENUE PITTSBURGH, PA 15206 | N/A | PUBLIC | OPERATING EXPENSES | 3,500 |
| Total ▶ 3a | | | | 1,532,964 |

| 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 <i>Paid during the year</i> | | | | |
| JDRF215 W PERSHING RD 300 KANSAS CITY, MO 64108 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| JOHN PAUL PLAZA 1005 HERRON AVENUE PITTSBURGH, PA 15219 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| JUBILEE SOUP KITCHEN 2005 WYANDOTTE STREET PITTSBURGH, PA 15219 | N/A | PUBLIC | OPERATING EXPENSES | 15,000 |
| Total ▶ 3a | | | | 1,532,964 |

| 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 <i>Paid during the year</i> | | | | |
| KALAMAZOO LOAVES & FISHES 901 PORTAGE STREET KALAMAZOO, MI 49001 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| KIDS VOICE437 GRANT ST 700 PITTSBURGH, PA 15219 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| LEMOYNE COMMUNITY CENTER 200 FORREST AVE WASHINGTON, PA 15301 | N/A | PUBLIC | OPERATING EXPENSES | 10,000 |
| Total ▶ 3a | | | | 1,532,964 |

| 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 <i>Paid during the year</i> | | | | |
| LEROY-THOMPSON VFW POST 7939 12827 PAINESVILLE-WARREN LEROY, OH 44077 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| LEUKEMIA & LYMPHOMA SOCIETY - DC DONOR SERVICES WASHINGTON, DC 20090 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| LIGHT OF LIFE MISSION 913 WESTERN AVENUE PITTSBURGH, PA 15233 | N/A | PUBLIC | OPERATING EXPENSES | 13,000 |
| Total ▶ 3a | | | | 1,532,964 |

| 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 <i>Paid during the year</i> | | | | |
| LIGHTHOUSE HARVEST FOUNDATION 2710 STATE ROAD ASHTABULA, OH 44004 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| LITTLE SISTERS OF THE POOR 1028 BENTON AVENUE PITTSBURGH, PA 15212 | N/A | PUBLIC | OPERATING EXPENSES | 25,000 |
| MADELINE'S HOUSEPO BOX 466 FARMVILLE, VA 23901 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| Total ▶ 3a | | | | 1,532,964 |

| 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 <i>Paid during the year</i> | | | | |
| MCGUIRE MEMORIAL FOUNDATION 2119 MERCER ROAD NEW BRIGHTON, PA 15066 | N/A | PUBLIC | OPERATING EXPENSES | 2,000 |
| MEALS ON WHEELS - PETERS TWP 3909 WASHINGTON RD STE 20 MCMURRAY, PA 15317 | N/A | PUBLIC | OPERATING EXPENSES | 120,000 |
| MERAKEY ALLEGHENY VALLEY SCHOOL 1996 EWINGS MILL ROAD CORAOPOLIS, PA 15108 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| Total ▶ 3a | | | | 1,532,964 |

| 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 <i>Paid during the year</i> | | | | |
| METRO PITTSBURGH YOUTH FOR CHRIST 6314 LIBRARY ROAD SOUTH PARK, PA 15129 | N/A | PUBLIC | OPERATING EXPENSES | 2,500 |
| METROPOLITAN MINISTRIES 2301 NORTH TAMPA STREET TAMPA, FL 33602 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| MS SOCIETY - UTILITY ASSIST 1501 REEDSDALE ST 105 PITTSBURGH, PA 15233 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| Total ▶ 3a | | | | 1,532,964 |

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|--|---|--------------------------------|----------------------------------|-----------|
| 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 <i>Paid during the year</i> | | | | |
| NAZARETH HOUSING SERVICES 301 NAZARETH WAY PITTSBURGH, PA 15229 | N/A | PUBLIC | OPERATING EXPENSES | 10,000 |
| NETWORK OF HOPE 2326 DUNCAN AVENUE ALLISON PARK, PA 15101 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| NEW BETHANY MINISTRIES 333 WEST 4TH STREET BETHLEHEM, PA 18015 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| Total ► 3a | | | | 1,532,964 |

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|--|---|--------------------------------|----------------------------------|-----------|
| 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 <i>Paid during the year</i> | | | | |
| NEXT STEP MINISTRIES 7709 TURNER ROAD WOODSTOCK, GA 30188 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| NHS HUMAN SERVICES FOUNDATION 1996 EWINGS MILL ROAD CORAOPOLIS, PA 15108 | N/A | PUBLIC | OPERATING EXPENSES | 2,000 |
| NO LONGER BOUND 2725 PINE GROVE ROAD CUMMING, GA 30041 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| Total ▶ 3a | | | | 1,532,964 |

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|--|---|--------------------------------|----------------------------------|-----------|
| 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 <i>Paid during the year</i> | | | | |
| NOAH ANGELICI HOPE FOUNDATION 262 SCOTT LANE VENETIA, PA 15367 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| NORTH HILLS COMMUNITY OUTREACH 1975 FERGUSON ROAD ALLISON PARK, PA 15101 | N/A | PUBLIC | OPERATING EXPENSES | 10,000 |
| NORTH SIDE CHRISTIAN HEALTH CENTER 816 MIDDLE STREET PITTSBURGH, PA 15212 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| Total ► 3a | | | | 1,532,964 |

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|--|---|--------------------------------|----------------------------------|-----------|
| 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 <i>Paid during the year</i> | | | | |
| OLIVER GOSPEL MISSIONPO BOX 7791 COLUMBIA, SC 29202 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| OPERATION BACKPACK 2748 W LIBERTY AVE PITTSBURGH, PA 15216 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| OUR LADY OF THE ANGELS FOOD PANTRY 225 37TH STREET PITTSBURGH, PA 15201 | N/A | PUBLIC | OPERATING EXPENSES | 2,500 |
| Total ▶ 3a | | | | 1,532,964 |

| 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 <i>Paid during the year</i> | | | | |
| OUTDOOR ODYSSEY 450 BOY SCOUT ROAD BOSWELL, PA 15531 | N/A | PUBLIC | OPERATING EXPENSES | 20,000 |
| PA WOMEN WORKSUITE 520 PITTSBURGH, PA 15222 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| PENNIES FROM HEAVEN 4401 PENN AVE-CENTRAL PLA PITTSBURGH, PA 15224 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| Total ▶ 3a | | | | 1,532,964 |

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| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| PINE VALLEY CAMP504 CHAPEL DRIVE ELLWOOD CITY, PA 16117 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| PITTSBURGH HIRES VETERANS 1333 BANKSVILLE ROAD PITTSBURGH, PA 15216 | N/A | PUBLIC | OPERATING EXPENSES | 15,000 |
| PGH MERCY OPERATION SAFETY NET 1200 REEDSDALE STREET PITTSBURGH, PA 15233 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| Total ▶ 3a | | | | 1,532,964 |

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|--|---|--------------------------------|----------------------------------|-----------|
| 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 <i>Paid during the year</i> | | | | |
| PITTSBURGH URBAN CHRISTIAN SCHOOL 809 CENTER STREET PITTSBURGH, PA 15221 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| PREGNANCY RES CNTR - JONESBORO AR 1000 S CARAWAY 112 JONESBORO, AR 72401 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| PROJECT BUNDLE UP-SALVATION ARMY 700 NORTH BELL AVENUE CARNEGIE, PA 15106 | N/A | PUBLIC | OPERATING EXPENSES | 2,500 |
| Total ▶ 3a | | | | 1,532,964 |

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| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| RAINBOW VILLAGE - DULUTH 3427 DULUTH HWY DULUTH, GA 30096 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| REAM RECREATION CENTER 321 MERRIMAC ST PITTSBURGH, PA 15211 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| RED DOOR - ST MARYS PITTSBURGH 202 STANWIX STREET PITTSBURGH, PA 15222 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| Total ▶ 3a | | | | 1,532,964 |

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|--|---|--------------------------------|----------------------------------|-----------|
| 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 <i>Paid during the year</i> | | | | |
| RONALD MCDONALD HOUSE OF PITTSBURGH 451 44TH STREET PITTSBURGH, PA 15201 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| SACRED HEART CONFERENCE 508 WEST PHILADELPHIA ROA JONESBORO, AR 72401 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| SCHOOL SISTERS OF ST FRANCIS 934 FOREST AVENUE PITTSBURGH, PA 15202 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| Total ▶ 3a | | | | 1,532,964 |

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|--|---|--------------------------------|----------------------------------|-----------|
| 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 <i>Paid during the year</i> | | | | |
| SECOND HARVEST FOOD BANK NW NC 3655 REED STREET WINSTONSALEM, NC 27107 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| SETON LASALLE CATHOLIC HIGH SCHOOL 1000 MCNEILLY ROAD MT LEBANON, PA 15226 | N/A | PUBLIC | OPERATING EXPENSES | 100,000 |
| SHEPHERD'S HEART FELLOWSHIP 13 PRIDE STREET PITTSBURGH, PA 15219 | N/A | PUBLIC | OPERATING EXPENSES | 7,500 |
| Total ▶ 3a | | | | 1,532,964 |

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|--|---|--------------------------------|----------------------------------|-----------|
| 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 | | | | |
| SHRINERS HOSPITAL FOR CHILDREN 1645 W 8TH STREET ERIE, PA 16505 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| SIKHRI - SIKH RESEARCH INSTITUTE PO BOX 6317 BRIDGEWATER, NJ 08807 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| SISTER'S PLACE418 MITCHELL AVENUE CLAIRTON, PA 15025 | N/A | PUBLIC | OPERATING EXPENSES | 6,000 |
| Total ▶ 3a | | | | 1,532,964 |

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| 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 <i>Paid during the year</i> | | | | |
| SISTERS OF ST FRANCIS 146 HAWTHORNE ROAD PITTSBURGH, PA 15209 | N/A | PUBLIC | OPERATING EXPENSES | 10,000 |
| SISTERS OF ST JOSEPH 1020 STATE STREET BADEN, PA 15005 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| SOUTH HILLS INTERFAITH MOVEMENT 5301 PARK AVENUE BETHEL PARK, PA 15102 | N/A | PUBLIC | OPERATING EXPENSES | 10,000 |
| Total ▶ 3a | | | | 1,532,964 |

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|--|---|--------------------------------|----------------------------------|-----------|
| 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 <i>Paid during the year</i> | | | | |
| SOUTH HILLS PET RESCUEPO BOX 224 MCDONALD, PA 15061 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| SOUTHWINDS 2101 GREENTREE RD A201 PITTSBURGH, PA 15220 | N/A | PUBLIC | OPERATING EXPENSES | 20,000 |
| SPINA BIFIDA ASSOC OF WESTERN PA 3000 STONEWOOD DR - STE 1 WEXFORD, PA 15090 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| Total ▶ 3a | | | | 1,532,964 |

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|--|---|--------------------------------|----------------------------------|-----------|
| 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 <i>Paid during the year</i> | | | | |
| ST ANTHONY'S SCHOOL 2000 CORPORATE DR 580 WEXFORD, PA 15090 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| ST JUDES CHILDREN'S RESEARCH HOSP 501 ST JUDE PLACE MEMPHIS, TN 38105 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| ST MARY'S CHURCH509 6TH STREET CHARLEROI, PA 15022 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| Total ▶ 3a | | | | 1,532,964 |

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| 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 <i>Paid during the year</i> | | | | |
| ST MICHAEL'S CATHOLIC CHURCH 16311 DULUTH AVE SE PRIOR LAKE, MN 55372 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| ST THOMAS MORE PARISH 126 FORT COUCH ROAD PITTSBURGH, PA 15241 | N/A | PUBLIC | OPERATING EXPENSES | 270,000 |
| ST VINCENT DE PAUL MINISTRIES 324 HUNTINGTON AVENUE JONESBORO, AR 72401 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| Total ▶ 3a | | | | 1,532,964 |

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|--|---|--------------------------------|----------------------------------|-----------|
| 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 <i>Paid during the year</i> | | | | |
| ST VINCENT DE PAUL SOCIETY 219 WEST LINCOLN AVENUE MCDONALD, PA 15057 | N/A | PUBLIC | OPERATING EXPENSES | 233,000 |
| ST VINCENT DE PAUL-MOOR 126 FORT COUCH ROAD PITTSBURGH, PA 15241 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| ST VINCENT DE PAUL SOCIETY 219 WEST LINCOLN AVENUE MCDONALD, PA 15057 | N/A | PUBLIC | OPERATING EXPENSES | 8,662 |
| Total ▶ 3a | | | | 1,532,964 |

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| 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 <i>Paid during the year</i> | | | | |
| THE 412 YOUTH ZONE-AUBERLE 304 WOOD ST 6TH FLOOR PITTSBURGH, PA 15222 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| THE BRADLEY CENTER 5180 CAMPBELLS RUN ROAD PITTSBURGH, PA 15205 | N/A | PUBLIC | OPERATING EXPENSES | 2,500 |
| THE CHILDREN'S INSTITUTE 1405 SHADY AVENUE PITTSBURGH, PA 15217 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| Total ▶ 3a | | | | 1,532,964 |

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|--|---|--------------------------------|----------------------------------|-----------|
| 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 <i>Paid during the year</i> | | | | |
| THE DOORWAYS612 E MARSHALL ST RICHMOND, VA 23219 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| THE DRAGONFLY HOMEPO BOX 94613 OKLAHOMA CITY, OK 73143 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| THE EDUCATIONAL PARTNERSHIP 281 CORLISS DRIVE PITTSBURGH, PA 15220 | N/A | PUBLIC | OPERATING EXPENSES | 87,802 |
| Total ▶ 3a | | | | 1,532,964 |

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| 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 <i>Paid during the year</i> | | | | |
| THE INTERSECTION115 7TH STREET MCKEESPORT, PA 15132 | N/A | PUBLIC | OPERATING EXPENSES | 10,500 |
| THE SALVATION ARMY 661 MAIN STREET MANCHESTER, CT 06040 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| THE UNIV OF CHICAGO CELIAC DISEASE 5841 S MARYLAND AVE CHICAGO, IL 60637 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| Total ▶ 3a | | | | 1,532,964 |

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|--|---|--------------------------------|----------------------------------|-----------|
| 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 <i>Paid during the year</i> | | | | |
| THE VETERANS BREAKFAST CLUB 200 MAGNOLIA PLACE PITTSBURGH, PA 15228 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| THE WATCHFUL SHEPHERD 1061 WATERDAM PLAZA DR MCMURRAY, PA 15317 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| THON227D HETZEL UNION BUILDIN UNIVERSITY PARK, PA 16802 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| Total ▶ 3a | | | | 1,532,964 |

| 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 <i>Paid during the year</i> | | | | |
| TRAVELERS AID - MOBILE MOMS PROGRAM 343 BOULEVARD OF THE ALLI PITTSBURGH, PA 15222 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| TRAVELERS AID OF PITTSBURGH 343 BOULEVARD OF THE ALLI PITTSBURGH, PA 15222 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| VETS LEADERSHIP PROGRAM OF W PA 2934 SMALLMAN STREET PITTSBURGH, PA 15201 | N/A | PUBLIC | OPERATING EXPENSES | 10,000 |
| Total ▶ 3a | | | | 1,532,964 |

| 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 <i>Paid during the year</i> | | | | |
| VILLA ST JOSEPH BADEN 1030 W STATE STREET BADEN, PA 15005 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| VOLUNTEERS OF AMERICA OF PA INC PO BOX 7884 PITTSBURGH, PA 15215 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| WARD HOME 2275 SWALLOW HILL RD BLDG PITTSBURGH, PA 15220 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| Total ▶ 3a | | | | 1,532,964 |

| 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 <i>Paid during the year</i> | | | | |
| WASHINGTON AREA HUMANE SOCIETY PO BOX 66 EIGHTYFOUR, PA 15330 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| WASHINGTON CHRISTIAN OUTREACH 119 HIGHLAND AVENUE WASHINGTON, PA 15301 | N/A | PUBLIC | OPERATING EXPENSES | 25,000 |
| WASHINGTON CITY MISSION 382 WEST CHESTNUT ST 10 WASHINGTON, PA 15301 | N/A | PUBLIC | OPERATING EXPENSES | 25,000 |
| Total ▶ 3a | | | | 1,532,964 |

| 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 <i>Paid during the year</i> | | | | |
| WASHINGTON COUNTY CASA 30 EAST BEAU STREET WASHINGTON, PA 15301 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| WASHINGTON COUNTY HABITAT HUMANITY 1001 EAST MAIDEN STREET WASHINGTON, PA 15301 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| WASHINGTON COUNTY LITERACY COUNCIL 351 MONTGOMERY AVE 1584 WASHINGTON, PA 15301 | N/A | PUBLIC | OPERATING EXPENSES | 2,500 |
| Total ▶ 3a | | | | 1,532,964 |

| 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 <i>Paid during the year</i> | | | | |
| WATSON INSTITUTE 301 CAMP MEETING ROAD SEWICKLEY, PA 15143 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| WESLEY FAMILY SERVICES 104 BETA DRIVE PITTSBURGH, PA 15238 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| WOMEN'S CHOICE NETWORK PO BOX 15034 PITTSBURGH, PA 15237 | N/A | PUBLIC | OPERATING EXPENSES | 10,000 |
| Total ▶ 3a | | | | 1,532,964 |

| 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 <i>Paid during the year</i> | | | | |
| WOMENS CENTER & SHELTER OF PGH PO BOX 9024 PITTSBURGH, PA 15224 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| WOUNDED WARRIOR PROJECT 4899 BELFORT RD 300 JACKSONVILLE, FL 32256 | N/A | PUBLIC | OPERATING EXPENSES | 1,000 |
| YWCA305 WOOD STREET PITTSBURGH, PA 15222 | N/A | PUBLIC | OPERATING EXPENSES | 5,000 |
| Total ▶ 3a | | | | 1,532,964 |

TY 2018 Accounting Fees Schedule**Name:** CENTIMARK FOUNDATION**EIN:** 20-8911858

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---------------------|---------------|----------------------------------|--------------------------------|--|
| TAX PREPARATION FEE | 3,000 | | | |

TY 2018 Other Expenses Schedule**Name:** CENTIMARK FOUNDATION**EIN:** 20-8911858**Other Expenses Schedule**

| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|----------------------|--------------------------------------|--------------------------|------------------------|---|
| EXPENSES | | | | |
| BANK SERVICE CHARGES | 25 | | | |

| | | | | | | | | | | | |
|--|--|---|--|---|---|---|--|--|--|--|--|
| efile GRAPHIC print - DO NOT PROCESS | | As Filed Data - | | DLN: 93491130016089 | | | | | | | |
| <div>Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small></div> | | <div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF</div> <div>▶ Go to www.irs.gov/Form990 for the latest information</div> | | | <div>OMB No 1545-0047</div> <div>2018</div> | | | | | | |
| <div>Name of the organization</div> <div>CENTIMARK FOUNDATION</div> | | | | <div>Employer identification number</div> <div>20-8911858</div> | | | | | | | |
| <div>Organization type (check one)</div> | | | | | | | | | | | |
| <div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div> | | | | | | <div>Section:</div> <div><div><input type="checkbox"/> 501(c)() (enter number) organization</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div><div><input type="checkbox"/> 527 political organization</div><div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div><div><input type="checkbox"/> 501(c)(3) taxable private foundation</div></div> | | | | | |
| <div>Check if your organization is covered by the General Rule or a Special Rule.</div> <div>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</div> | | | | | | | | | | | |
| <div>General Rule</div> <div><input checked="" type="checkbox"/> 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.</div> | | | | | | | | | | | |
| <div>Special Rules</div> <div><div><input type="checkbox"/> For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹ 3% 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.</div><div><input type="checkbox"/> 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 <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.</div><div><input type="checkbox"/> 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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$</div></div> | | | | | | | | | | | |
| <div>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).</div> | | | | | | | | | | | |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF | | Cat No 30613X | | Schedule B (Form 990, 990-EZ, or 990-PF) (2018) | | | | | | | |

| | |
|---|---|
| Name of organization CENTIMARK FOUNDATION | Employer identification number 20-8911858 |
|---|---|

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 |
|------------|--|----------------------------|---|
| 1 | CENTIMARK CORPORATION 12 GRANDVIEW CIRCLE CANONSBURG, PA 15317 | \$ 1,650,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |

Employer identification number

20-8911858

| Part II | Noncash Property |
|---------|------------------|
|---------|------------------|

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

| | |
|---|---|
| Name of organization CENTIMARK FOUNDATION | Employer identification number 20-8911858 |
|---|---|

| | |
|-----------------|--|
| Part III | Exclusively 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 exclusively religious, charitable, etc., contributions of \$1,000 or less 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> | |