

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

|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                      |                                                                                                                                                                                 |                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Name of foundation<br>THE FORST FOUNDATION                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                      | A Employer identification number<br>23-7685957                                                                                                                                  |                                                                                                                    |
| Number and street (or P O box number if mail is not delivered to street address)<br>601 OFFICE CENTER DRIVE NO 300                                                                                                                                                                                             |                                                                                                                                                                                                      | Room/suite                                                                                                                                                                      | B Telephone number (see instructions)<br>(215) 881-4639                                                            |
| City or town, state or province, country, and ZIP or foreign postal code<br>FORT WASHINGTON, PA 19034                                                                                                                                                                                                          |                                                                                                                                                                                                      | C If exemption application is pending, check here ▶ <input type="checkbox"/>                                                                                                    |                                                                                                                    |
| G Check all that apply<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Name change |                                                                                                                                                                                                      | D 1. Foreign organizations, check here ▶ <input type="checkbox"/><br>2 Foreign organizations meeting the 85% test, check here and attach computation ▶ <input type="checkbox"/> |                                                                                                                    |
| H Check type of organization<br><input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust<br><input type="checkbox"/> Other taxable private foundation                                                         |                                                                                                                                                                                                      | E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ <input type="checkbox"/>                                                                 |                                                                                                                    |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 6,426,999                                                                                                                                                                                                               | J Accounting method<br><input checked="" type="checkbox"/> Cash<br><input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(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 ▶ <input type="checkbox"/> |

| 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)                                      | 575,000                            |                           |                         |                                                             |
|                                                                                                                                                                     | 2 Check ▶ <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . . |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 3 Interest on savings and temporary cash investments                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 4 Dividends and interest from securities . . .                                                        | 186,524                            | 174,942                   |                         |                                                             |
|                                                                                                                                                                     | 5a Gross rents . . . . .                                                                              |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | b Net rental income or (loss) _____                                                                   |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 6a Net gain or (loss) from sale of assets not on line 10                                              | 170,242                            |                           |                         |                                                             |
|                                                                                                                                                                     | b Gross sales price for all assets on line 6a<br>272,777                                              |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 7 Capital gain net income (from Part IV, line 2) . . .                                                |                                    | 170,242                   |                         |                                                             |
|                                                                                                                                                                     | 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) . . . . .                                                           | 10,507                             | 10,507                    |                         |                                                             |
|                                                                                                                                                                     | 12 Total. Add lines 1 through 11 . . . . .                                                            | 942,273                            | 355,691                   |                         |                                                             |
|                                                                                                                                                                     | 13 Compensation of officers, directors, trustees, etc                                                 | 0                                  | 0                         |                         | 0                                                           |
|                                                                                                                                                                     | 14 Other employee salaries and wages . . . . .                                                        |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 15 Pension plans, employee benefits . . . . .                                                         |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 16a Legal fees (attach schedule) . . . . .                                                            |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | b Accounting fees (attach schedule) . . . . .                                                         | 3,400                              | 400                       |                         | 3,000                                                       |
|                                                                                                                                                                     | c Other professional fees (attach schedule) . . . . .                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 17 Interest . . . . .                                                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 18 Taxes (attach schedule) (see instructions) . . .                                                   | 7,661                              | 2,235                     |                         | 0                                                           |
|                                                                                                                                                                     | 19 Depreciation (attach schedule) and depletion . . .                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 20 Occupancy . . . . .                                                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 21 Travel, conferences, and meetings . . . . .                                                        |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 22 Printing and publications . . . . .                                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 23 Other expenses (attach schedule) . . . . .                                                         | 41                                 | 41                        |                         | 0                                                           |
|                                                                                                                                                                     | 24 Total operating and administrative expenses.<br>Add lines 13 through 23 . . . . .                  | 11,102                             | 2,676                     |                         | 3,000                                                       |
|                                                                                                                                                                     | 25 Contributions, gifts, grants paid . . . . .                                                        | 325,552                            |                           |                         | 325,552                                                     |
|                                                                                                                                                                     | 26 Total expenses and disbursements. Add lines 24 and 25                                              | 336,654                            | 2,676                     |                         | 328,552                                                     |
|                                                                                                                                                                     | 27 Subtract line 26 from line 12                                                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | a Excess of revenue over expenses and disbursements                                                   | 605,619                            |                           |                         |                                                             |
|                                                                                                                                                                     | b Net investment income (if negative, enter -0-)                                                      |                                    | 353,015                   |                         |                                                             |
| c Adjusted net income (if negative, enter -0-) . . .                                                                                                                |                                                                                                       |                                    |                           |                         |                                                             |

| 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 | End of year |  |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------|-------------------|-------------|--|
|                             |                                                                                                                                              | (a) Book Value                                                                                                                    | (b) Book Value | (c) Fair Market Value |                   |             |  |
| Assets                      | 1                                                                                                                                            | Cash—non-interest-bearing . . . . .                                                                                               | 428,108        |                       |                   |             |  |
|                             | 2                                                                                                                                            | Savings and temporary cash investments . . . . .                                                                                  | 385,053        | 769,712               | 769,712           |             |  |
|                             | 3                                                                                                                                            | Accounts receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                                       |                |                       |                   |             |  |
|                             | 4                                                                                                                                            | Pledges receivable ▶ _____<br>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) ▶ _____<br>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) . . . . .                                                                           | 4,966,694      | 5,615,762             | 5,657,287         |             |  |
|                             | c                                                                                                                                            | Investments—corporate bonds (attach schedule) . . . . .                                                                           |                |                       |                   |             |  |
|                             | 11                                                                                                                                           | Investments—land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____               |                |                       |                   |             |  |
|                             | 12                                                                                                                                           | Investments—mortgage loans . . . . .                                                                                              |                |                       |                   |             |  |
|                             | 13                                                                                                                                           | Investments—other (attach schedule) . . . . .                                                                                     |                |                       |                   |             |  |
|                             | 14                                                                                                                                           | Land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____                           |                |                       |                   |             |  |
| 15                          | Other assets (describe ▶ _____)                                                                                                              |                                                                                                                                   |                |                       |                   |             |  |
| 16                          | <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)                                            | 5,779,855                                                                                                                         | 6,385,474      | 6,426,999             |                   |             |  |
| Liabilities                 | 17                                                                                                                                           | Accounts payable and accrued expenses . . . . .                                                                                   |                |                       |                   |             |  |
|                             | 18                                                                                                                                           | Grants payable . . . . .                                                                                                          |                |                       |                   |             |  |
|                             | 19                                                                                                                                           | Deferred revenue . . . . .                                                                                                        |                |                       |                   |             |  |
|                             | 20                                                                                                                                           | Loans from officers, directors, trustees, and other disqualified persons                                                          |                |                       |                   |             |  |
|                             | 21                                                                                                                                           | Mortgages and other notes payable (attach schedule) . . . . .                                                                     |                |                       |                   |             |  |
|                             | 22                                                                                                                                           | Other liabilities (describe ▶ _____)                                                                                              |                |                       |                   |             |  |
|                             | 23                                                                                                                                           | <b>Total liabilities</b> (add lines 17 through 22) . . . . .                                                                      | 0              | 0                     |                   |             |  |
| Net Assets or Fund Balances | <b>Foundations that follow SFAS 117, check here</b> <input type="checkbox"/><br><b>and complete lines 24 through 26 and lines 30 and 31.</b> |                                                                                                                                   |                |                       |                   |             |  |
|                             | 24                                                                                                                                           | Unrestricted . . . . .                                                                                                            |                |                       |                   |             |  |
|                             | 25                                                                                                                                           | Temporarily restricted . . . . .                                                                                                  |                |                       |                   |             |  |
|                             | 26                                                                                                                                           | Permanently restricted . . . . .                                                                                                  |                |                       |                   |             |  |
|                             | <b>Foundations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/><br><b>and complete lines 27 through 31.</b>   |                                                                                                                                   |                |                       |                   |             |  |
|                             | 27                                                                                                                                           | Capital stock, trust principal, or current funds . . . . .                                                                        | 927,930        | 927,930               |                   |             |  |
|                             | 28                                                                                                                                           | Paid-in or capital surplus, or land, bldg, and equipment fund                                                                     | 0              | 0                     |                   |             |  |
|                             | 29                                                                                                                                           | Retained earnings, accumulated income, endowment, or other funds                                                                  | 4,851,925      | 5,457,544             |                   |             |  |
| 30                          | <b>Total net assets or fund balances</b> (see instructions) . . . . .                                                                        | 5,779,855                                                                                                                         | 6,385,474      |                       |                   |             |  |
| 31                          | <b>Total liabilities and net assets/fund balances</b> (see instructions) .                                                                   | 5,779,855                                                                                                                         | 6,385,474      |                       |                   |             |  |

| 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 | 5,779,855 |
| 2                                                           | Enter amount from Part I, line 27a . . . . .                                                                                                                       | 2 | 605,619   |
| 3                                                           | Other increases not included in line 2 (itemize) ▶ _____                                                                                                           | 3 | 0         |
| 4                                                           | Add lines 1, 2, and 3 . . . . .                                                                                                                                    | 4 | 6,385,474 |
| 5                                                           | Decreases not included in line 2 (itemize) ▶ _____                                                                                                                 | 5 | 0         |
| 6                                                           | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .                                                              | 6 | 6,385,474 |

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

|                                                                                                                                          |                                                        |                                                |                                            |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------|--------------------------------------------|
| <b>(a)</b> 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>(b)</b><br>How acquired<br>P—Purchase<br>D—Donation | <b>(c)</b><br>Date acquired<br>(mo , day, yr ) | <b>(d)</b><br>Date sold<br>(mo , day, yr ) |
| <b>1 a</b> PUBLICLY TRADED SECURITIES                                                                                                    |                                                        |                                                |                                            |
| <b>b</b> CAPITAL GAINS DIVIDENDS                                                                                                         | P                                                      |                                                |                                            |
| <b>c</b>                                                                                                                                 |                                                        |                                                |                                            |
| <b>d</b>                                                                                                                                 |                                                        |                                                |                                            |
| <b>e</b>                                                                                                                                 |                                                        |                                                |                                            |

| (e)<br>Gross sales price | (f)<br>Depreciation allowed<br>(or allowable) | (g)<br>Cost or other basis<br>plus expense of sale | (h)<br>Gain or (loss)<br>(e) plus (f) minus (g) |
|--------------------------|-----------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <b>a</b> 168,665         |                                               | 102,535                                            | 66,130                                          |
| <b>b</b> 104,112         |                                               |                                                    | 104,112                                         |
| <b>c</b>                 |                                               |                                                    |                                                 |
| <b>d</b>                 |                                               |                                                    |                                                 |
| <b>e</b>                 |                                               |                                                    |                                                 |

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

| (i)<br>F M V as of 12/31/69 | (j)<br>Adjusted basis<br>as of 12/31/69 | (k)<br>Excess of col (i)<br>over col (j), if any | (l)<br>Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |
|-----------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <b>a</b>                    |                                         |                                                  | 66,130                                                                                          |
| <b>b</b>                    |                                         |                                                  | 104,112                                                                                         |
| <b>c</b>                    |                                         |                                                  |                                                                                                 |
| <b>d</b>                    |                                         |                                                  |                                                                                                 |
| <b>e</b>                    |                                         |                                                  |                                                                                                 |

|                                                                                                                                                                                                         |          |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------|
| <b>2</b> Capital gain net income or (net capital loss)                                                                                                                                                  | <b>2</b> | 170,242 |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)<br>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-<br>in Part I, line 8 | <b>3</b> |         |

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes
 ☒ No

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

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

| (a)<br>Base period years Calendar<br>year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col (b) divided by col (c)) |
|----------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-----------------------------------------------------------|
| 2017                                                                 | 312,637                                  | 5,944,150                                    | 0 052596                                                  |
| 2016                                                                 | 268,280                                  | 5,118,173                                    | 0 052417                                                  |
| 2015                                                                 | 106,117                                  | 3,266,213                                    | 0 032489                                                  |
| 2014                                                                 | 126,762                                  | 2,826,050                                    | 0 044855                                                  |
| 2013                                                                 | 92,798                                   | 2,284,781                                    | 0 040616                                                  |

|                                                                                                                                                                                       |          |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|
| <b>2</b> Total of line 1, column (d)                                                                                                                                                  | <b>2</b> | 0 222973  |
| <b>3</b> 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 | <b>3</b> | 0 044595  |
| <b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5                                                                                                 | <b>4</b> | 6,450,311 |
| <b>5</b> Multiply line 4 by line 3                                                                                                                                                    | <b>5</b> | 287,652   |
| <b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                   | <b>6</b> | 3,530     |
| <b>7</b> Add lines 5 and 6                                                                                                                                                            | <b>7</b> | 291,182   |
| <b>8</b> Enter qualifying distributions from Part XII, line 4                                                                                                                         | <b>8</b> | 328,552   |

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

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

|           |                                                                                                                                                                                                                                   |           |       |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>1a</b> | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1<br>Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions) |           |       |
| <b>b</b>  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .                                                              | <b>1</b>  | 3,530 |
| <b>c</b>  | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)                                                                                                            |           |       |
| <b>2</b>  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                         | <b>2</b>  | 0     |
| <b>3</b>  | Add lines 1 and 2. . . . .                                                                                                                                                                                                        | <b>3</b>  | 3,530 |
| <b>4</b>  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                       | <b>4</b>  | 0     |
| <b>5</b>  | <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .                                                                                                                          | <b>5</b>  | 3,530 |
| <b>6</b>  | Credits/Payments                                                                                                                                                                                                                  |           |       |
| <b>a</b>  | 2018 estimated tax payments and 2017 overpayment credited to 2018                                                                                                                                                                 | <b>6a</b> | 2,668 |
| <b>b</b>  | Exempt foreign organizations—tax withheld at source . . . . .                                                                                                                                                                     | <b>6b</b> |       |
| <b>c</b>  | Tax paid with application for extension of time to file (Form 8868) . . . . .                                                                                                                                                     | <b>6c</b> | 1,000 |
| <b>d</b>  | Backup withholding erroneously withheld . . . . .                                                                                                                                                                                 | <b>6d</b> | 0     |
| <b>7</b>  | Total credits and payments. Add lines 6a through 6d. . . . .                                                                                                                                                                      | <b>7</b>  | 3,668 |
| <b>8</b>  | Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached                                                                                                          | <b>8</b>  | 6     |
| <b>9</b>  | <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .                                                                                                                             | <b>9</b>  |       |
| <b>10</b> | <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .                                                                                                                 | <b>10</b> | 132   |
| <b>11</b> | Enter the amount of line 10 to be <b>Credited to 2019 estimated tax</b> ▶ 132 <b>Refunded</b> ▶                                                                                                                                   | <b>11</b> | 0     |

**Part VII-A Statements Regarding Activities**

|           |                                                                                                                                                                                                                                                                                                                                                        |           |     |    |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|
| <b>1a</b> | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .                                                                                                                                                                         | <b>1a</b> | Yes | No |
| <b>b</b>  | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . .<br><i>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</i> | <b>1b</b> |     | No |
| <b>c</b>  | Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                  | <b>1c</b> |     | No |
| <b>d</b>  | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year<br>(1) On the foundation ▶ \$ 0 (2) On foundation managers ▶ \$ 0                                                                                                                                                                                    |           |     |    |
| <b>e</b>  | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ 0                                                                                                                                                                                                            |           |     |    |
| <b>2</b>  | Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .<br><i>If "Yes," attach a detailed description of the activities</i>                                                                                                                                                                          | <b>2</b>  |     | No |
| <b>3</b>  | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .                                                                                                            | <b>3</b>  |     | No |
| <b>4a</b> | Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                                                                                                                                  | <b>4a</b> |     | No |
| <b>b</b>  | If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .                                                                                                                                                                                                                                                                      | <b>4b</b> |     |    |
| <b>5</b>  | Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .<br><i>If "Yes," attach the statement required by General Instruction T</i>                                                                                                                                                                    | <b>5</b>  |     | No |
| <b>6</b>  | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either<br>• By language in the governing instrument, or<br>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .            | <b>6</b>  | Yes |    |
| <b>7</b>  | Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .                                                                                                                                                                                                      | <b>7</b>  | Yes |    |
| <b>8a</b> | Enter the states to which the foundation reports or with which it is registered (see instructions)<br>▶ PA                                                                                                                                                                                                                                             |           |     |    |
| <b>b</b>  | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .                                                                                                                                   | <b>8b</b> | Yes |    |
| <b>9</b>  | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i> . . . . .                                                                               | <b>9</b>  |     | No |
| <b>10</b> | Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .                                                                                                                                                                                                    | <b>10</b> |     | No |

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

|           |                                                                                                                                                                                                  |           |            |           |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>11</b> | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. . . . .  | <b>11</b> |            | <b>No</b> |
| <b>12</b> | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions. . . . . | <b>12</b> |            | <b>No</b> |
| <b>13</b> | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>▶</b> N/A                                                 | <b>13</b> | <b>Yes</b> |           |
| <b>14</b> | The books are in care of <b>▶</b> KAREN O'NEILL Telephone no <b>▶</b> (215) 881-4639                                                                                                             |           |            |           |

Located at **▶** 601 OFFICE CENTER DRIVE NO 300 FORT WASHINGTON PA ZIP+4 **▶** 19034

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

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

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

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |            |           |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>1a</b> | During the year did the foundation (either directly or indirectly)                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | <b>Yes</b> | <b>No</b> |
|           | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                              |           |            |           |
|           | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                      |           |            |           |
|           | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                          |           |            |           |
|           | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                |           |            |           |
|           | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                       |           |            |           |
|           | (6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                             |           |            |           |
| <b>b</b>  | If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. . . . . <input type="checkbox"/>                                                                                                                                                                                                                                             | <b>1b</b> |            |           |
| <b>c</b>  | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018? . . . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                              | <b>1c</b> |            | <b>No</b> |
| <b>2</b>  | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))                                                                                                                                                                                                                                                                                                                           |           |            |           |
| <b>a</b>  | At the end of tax year 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 <b>▶</b> 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |            |           |
| <b>b</b>  | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions). . . . .                                                                                                                                                                           | <b>2b</b> |            |           |
| <b>c</b>  | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>▶</b> 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                          |           |            |           |
| <b>3a</b> | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                |           |            |           |
| <b>b</b>  | If "Yes," did it have excess business holdings in 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). . . . . | <b>3b</b> |            |           |
| <b>4a</b> | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                         | <b>4a</b> |            | <b>No</b> |
| <b>b</b>  | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?                                                                                                                                                                                                                                                                       | <b>4b</b> |            | <b>No</b> |

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

|                                                                                                                                                                                                                                        |                                                                     |            |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------|-----------|
| <b>5a</b> During the year did the foundation pay or incur any amount to                                                                                                                                                                |                                                                     | <b>Yes</b> | <b>No</b> |
| (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>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions. |                                                                     | <b>5b</b>  |           |
| Organizations relying on a current notice regarding disaster assistance check here. <span style="float: right;">▶ <input type="checkbox"/></span>                                                                                      |                                                                     |            |           |
| <b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No            |            |           |
| If "Yes," attach the statement required by Regulations section 53.4945–5(d)                                                                                                                                                            |                                                                     |            |           |
| <b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>6b</b>  | <b>No</b> |
| <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| If "Yes" to 6b, file Form 8870                                                                                                                                                                                                         |                                                                     |            |           |
| <b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?                                                                                                                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>7b</b>  |           |
| <b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?                                                                                                                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| <b>8</b> 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 |
|---------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| KAREN O'NEILL<br>601 OFFICE CENTER DRIVE SUITE 300<br>FORT WASHINGTON, PA 19034 | TRUSTEE<br>1 00                                           | 0                                         | 0                                                                     | 0                                     |
| THOMAS FORST<br>601 OFFICE CENTER DRIVE SUITE 300<br>FORT WASHINGTON, PA 19034  | TRUSTEE<br>1 00                                           | 0                                         | 0                                                                     | 0                                     |

**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. <span style="float: right;">▶</span> | 0 |
|------------------------------------------------------------------------------------------|---|

**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                                                                                       |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
| <b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ► |                     | 0                |

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

|          | Expenses |
|----------|----------|
| <b>1</b> |          |
| <b>2</b> |          |
| <b>3</b> |          |
| <b>4</b> |          |

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

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

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

|          |                                                                                                              |           |           |
|----------|--------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes   |           |           |
| <b>a</b> | Average monthly fair market value of securities.                                                             | <b>1a</b> | 5,999,197 |
| <b>b</b> | Average of monthly cash balances.                                                                            | <b>1b</b> | 549,342   |
| <b>c</b> | Fair market value of all other assets (see instructions).                                                    | <b>1c</b> | 0         |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c).                                                                       | <b>1d</b> | 6,548,539 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).   | <b>1e</b> | 0         |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets.                                                        | <b>2</b>  | 0         |
| <b>3</b> | Subtract line 2 from line 1d.                                                                                | <b>3</b>  | 6,548,539 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).   | <b>4</b>  | 98,228    |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4. | <b>5</b>  | 6,450,311 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5.                                                        | <b>6</b>  | 322,516   |

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

|           |                                                                                                            |           |         |
|-----------|------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b>  | Minimum investment return from Part X, line 6.                                                             | <b>1</b>  | 322,516 |
| <b>2a</b> | Tax on investment income for 2018 from Part VI, line 5.                                                    | <b>2a</b> | 3,530   |
| <b>b</b>  | Income tax for 2018 (This does not include the tax from Part VI).                                          | <b>2b</b> |         |
| <b>c</b>  | Add lines 2a and 2b.                                                                                       | <b>2c</b> | 3,530   |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1.                                     | <b>3</b>  | 318,986 |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions.                                                 | <b>4</b>  | 0       |
| <b>5</b>  | Add lines 3 and 4.                                                                                         | <b>5</b>  | 318,986 |
| <b>6</b>  | Deduction from distributable amount (see instructions).                                                    | <b>6</b>  | 0       |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. | <b>7</b>  | 318,986 |

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

|          |                                                                                                                                                      |           |         |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes                                                            |           |         |
| <b>a</b> | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.                                                                         | <b>1a</b> | 328,552 |
| <b>b</b> | Program-related investments—total from Part IX-B.                                                                                                    | <b>1b</b> | 0       |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.                                           | <b>2</b>  |         |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the                                                                                  |           |         |
| <b>a</b> | Suitability test (prior IRS approval required).                                                                                                      | <b>3a</b> |         |
| <b>b</b> | Cash distribution test (attach the required schedule).                                                                                               | <b>3b</b> |         |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.                                   | <b>4</b>  | 328,552 |
| <b>5</b> | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. | <b>5</b>  | 3,530   |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.                                                                               | <b>6</b>  | 325,022 |

**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)<br>Corpus | (b)<br>Years prior to 2017 | (c)<br>2017 | (d)<br>2018 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2018 from Part XI, line 7                                                                                                                                |               |                            |             | 318,986     |
| <b>2</b> Undistributed income, if any, as of the end of 2018                                                                                                                               |               |                            |             |             |
| <b>a</b> Enter amount for 2017 only. . . . .                                                                                                                                               |               |                            | 0           |             |
| <b>b</b> Total for prior years 20____, 20____, 20____                                                                                                                                      |               | 0                          |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2018                                                                                                                                   |               |                            |             |             |
| <b>a</b> From 2013. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>b</b> From 2014. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>c</b> From 2015. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>d</b> From 2016. . . . .                                                                                                                                                                |               |                            |             | 12,135      |
| <b>e</b> From 2017. . . . .                                                                                                                                                                |               |                            |             | 20,781      |
| <b>f</b> <b>Total</b> of lines 3a through e. . . . .                                                                                                                                       | 32,916        |                            |             |             |
| <b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>328,552</u>                                                                                                       |               |                            |             |             |
| <b>a</b> Applied to 2017, but not more than line 2a                                                                                                                                        |               |                            | 0           |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .                                                                                      |               | 0                          |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .                                                                                              | 0             |                            |             |             |
| <b>d</b> Applied to 2018 distributable amount. . . . .                                                                                                                                     |               |                            |             | 318,986     |
| <b>e</b> Remaining amount distributed out of corpus                                                                                                                                        | 9,566         |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2018<br>(If an amount appears in column (d), the same amount must be shown in column (a) )                                              | 0             |                            |             | 0           |
| <b>6</b> <b>Enter the net total of each column as indicated below:</b>                                                                                                                     |               |                            |             |             |
| <b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                                   | 42,482        |                            |             |             |
| <b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .                                                                                                         |               | 0                          |             |             |
| <b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . |               | 0                          |             |             |
| <b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .                                                                                                           |               | 0                          |             |             |
| <b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .                                                                             |               |                            | 0           |             |
| <b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .                                                               |               |                            |             | 0           |
| <b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .       | 0             |                            |             |             |
| <b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .                                                                              | 0             |                            |             |             |
| <b>9</b> <b>Excess distributions carryover to 2019.</b><br>Subtract lines 7 and 8 from line 6a . . . . .                                                                                   | 42,482        |                            |             |             |
| <b>10</b> Analysis of line 9                                                                                                                                                               |               |                            |             |             |
| <b>a</b> Excess from 2014. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>b</b> Excess from 2015. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>c</b> Excess from 2016. . . . .                                                                                                                                                         |               |                            |             | 12,135      |
| <b>d</b> Excess from 2017. . . . .                                                                                                                                                         |               |                            |             | 20,781      |
| <b>e</b> Excess from 2018. . . . .                                                                                                                                                         |               |                            |             | 9,566       |

**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>b</b> 85% of line 2a . . . . .                                                                                                                                  |          |               |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .                                                                             |          |               |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .                                                           |          |               |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .                                   |          |               |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon                                                                                                 |          |               |          |          |           |
| <b>a</b> "Assets" alternative test—enter                                                                                                                           |          |               |          |          |           |
| <b>(1)</b> Value of all assets . . . . .                                                                                                                           |          |               |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)                                                                                               |          |               |          |          |           |
| <b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .                                |          |               |          |          |           |
| <b>c</b> "Support" alternative test—enter                                                                                                                          |          |               |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . . |          |               |          |          |           |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .                                       |          |               |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization                                                                                                   |          |               |          |          |           |
| <b>(4)</b> 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,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| Name and address (home or business)                               |                                                                                                                    |                                      |                                     |        |
| <b>a</b> <i>Paid during the year</i><br>See Additional Data Table |                                                                                                                    |                                      |                                     |        |
| <b>Total . . . . .</b>                                            |                                                                                                                    |                                      | <b>▶ 3a</b>                         |        |
| <b>b</b> <i>Approved for future payment</i>                       |                                                                                                                    |                                      |                                     |        |
| <b>Total . . . . .</b>                                            |                                                                                                                    |                                      | <b>▶ 3b</b>                         |        |

Enter gross amounts unless otherwise indicated

|                                                                 |           |         |
|-----------------------------------------------------------------|-----------|---------|
| <b>13 Total.</b> Add line 12, columns (b), (d), and (e).        | <b>13</b> | 367,273 |
| (See worksheet in line 13 instructions to verify calculations ) |           |         |

[illegible]

## Part XVII

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

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|  |  |  |
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|              |           |
|--------------|-----------|
| <b>1a(1)</b> | <b>No</b> |
|--------------|-----------|

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

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

|              |           |
|--------------|-----------|
| <b>1b(1)</b> | <b>No</b> |
|--------------|-----------|

|              |  |           |
|--------------|--|-----------|
| <b>1b(2)</b> |  | <b>No</b> |
|--------------|--|-----------|

|              |  |           |
|--------------|--|-----------|
| <b>1b(3)</b> |  | <b>No</b> |
|--------------|--|-----------|

|              |  |           |
|--------------|--|-----------|
| <b>1b(4)</b> |  | <b>No</b> |
|--------------|--|-----------|

|              |  |           |
|--------------|--|-----------|
| <b>1b(5)</b> |  | <b>No</b> |
|--------------|--|-----------|

|              |  |           |
|--------------|--|-----------|
| <b>1b(6)</b> |  | <b>No</b> |
|--------------|--|-----------|

|           |  |           |
|-----------|--|-----------|
| <b>1c</b> |  | <b>No</b> |
|-----------|--|-----------|

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

(see instr )? ☒ Yes ☐ No

|                                                                                  |                      |      |                                                 |                         |
|----------------------------------------------------------------------------------|----------------------|------|-------------------------------------------------|-------------------------|
| Print/Type preparer's name<br><br>EMILY GUNTHERCPA                               | Preparer's Signature | Date | Check if self-employed <input type="checkbox"/> | PTIN<br><br>P00644197   |
| Firm's name ▶ CLIFTONLARSONALLEN LLP                                             |                      |      |                                                 | Firm's EIN ▶ 41-0746749 |
| Firm's address ▶ 610 W GERMANTOWN PIKE STE 400<br><br>PLYMOUTH MEETING, PA 19462 |                      |      |                                                 | Phone no (215) 643-3900 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                                                                                                                                                              |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                                                                                                                                             | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                                                                                                                                                              |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                                                                                                              |         |
| ADAPTIVE SPORTS FOUNDATION-WINDHAM<br>PO BOX 266 100 SILVERMAN WAY<br>WINDHAM, NY 12496                  |                                                                                                           | PC                             | TO PROVIDE PROFOUND AND LIFE CHANGING EXPERIENCES FOR CHILDREN AND ADULTS WITH PHYSICAL AND COGNITIVE DISABILITIES AND CHRONIC ILLNESSES THROUGH OUTDOOR PHYSICAL ACTIVITY, EDUCATION, SUPPORT AND COMMUNITY | 500     |
| ALS ASSOCIATION<br>9929 HILBERT STREET SUITE A<br>SAN DIEGO, CA 92131                                    |                                                                                                           | PC                             | SUPPORTS PEOPLE LIVING WITH ALS AND THEIR LOVED ONES THROUGH SERVICES AND EDUCATION                                                                                                                          | 500     |
| ALTERNATIVE FOR CHILDREN<br>14 RESEARCH WAY<br>E SETAUKET, NY 11733                                      |                                                                                                           | PC                             | TO PROVIDE QUALITY EARLY INTERVENTION, DAY CARE AND THERAPEUTIC PRESCHOOL PROGRAMS TO A BROAD SPECTRUM OF CHILDREN ACROSS LONG ISLAND                                                                        | 1,800   |
| <b>Total . . . . . ► 3a</b>                                                                              |                                                                                                           |                                |                                                                                                                                                                                                              | 325,552 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                                           |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                          | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                                           |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                           |         |
| AMERICAN CANCER SOCIETY<br>250 WILLIAMS STREET<br>ATLANTA, GA 30303                                      |                                                                                                           | PC                             | RAISE AWARENESS AND MONEY TO FUND RESEACH, SUPPORT SERVICES AND EARLY DETECTION OF CANCER | 2,000   |
| AMERICAN DIABETES ASSOCIATION<br>PO BOX 7023<br>MERRIFIELD, VA 221167023                                 |                                                                                                           | PC                             | TO PREVENT AND CURE DIABETES AND TO IMPROVE THE LIVES OF ALL PEOPLE AFFECTED BY DIABETES  | 1,000   |
| AMERICAN LEGIONPO BOX 314<br>MANCHACA, TX 78652                                                          |                                                                                                           | PC                             | VETERAN SERVICE ORGANIZATION TO UPHOLD MILITARY TIME HONORED VALUES                       | 750     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                                           | 325,552 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                                                                                                           |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                                                                                          | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                                                                                                           |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                                                           |         |
| ANDREW MCDONOUGH B FOUNDATION<br>015L PERKINS STUDENT CENTER<br>NEWARK, DE 19711                         |                                                                                                           | PC                             | RASING FUNDS TO FIGHT CHILDHOOD CANCERS                                                                                                                   | 200     |
| ANGELS IN MOTION<br>9883 COWDEN STREET<br>PHILADELPHIA, PA 19115                                         |                                                                                                           | PC                             | ANGELS IN MOTION STARTED WITH ONE WOMAN'S EFFORTS TO RESCUE HER CHILD FROM THE DISEASE OF ADDICTION                                                       | 1,000   |
| ASU FOUNDATIONPO BOX 32176<br>BOONE, NC 28608                                                            |                                                                                                           | PC                             | THE APPALACHIAN STATE UNIVERSITY FOUNDATION EXISTS SOLELY TO HELP CREATE THE BEST POSSIBLE LEARNING ENVIRONMENT FOR APPALACHIAN STATE UNIVERSITY STUDENTS | 1,000   |
| <b>Total . . . . . ► 3a</b>                                                                              |                                                                                                           |                                |                                                                                                                                                           | 325,552 |



| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                                                                                                                                                                                                                             |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                                                                                                                                                                                                            | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                                                                                                                                                                                                                             |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                                                                                                                                                                             |         |
| AUGUSTINIAN FUND<br>214 ASHWOOD ROAD<br>VILLANOVA, PA 19085                                              |                                                                                                           | PC                             | ASSISTS CANDIDATES AND YOUNG FRIARS PREPARING FOR THE AUGUSTINIAN WAY OF LIFE AS WELL AS MINISTRIES IN JAPAN AND PERU, THE WORK OF THE AUGUSTINIAN VOLUNTEERS, AND THE PROVINCE'S JUSTICE AND PEACE MINISTRIES                                                              | 2,500   |
| BACK ON YOUR FEET-BALTIMORE<br>1017 E BALTIMORE STREET B<br>BALTIMORE, MD 21202                          |                                                                                                           | PC                             | TO REVOLUTIONIZE THE WAY OUR SOCIETY APPROACHES HOMELESSNESS OUR UNIQUE RUNNING-BASED MODEL DEMONSTRATES THAT IF YOU FIRST RESTORE CONFIDENCE, STRENGTH AND SELF-ESTEEM, INDIVIDUALS ARE BETTER EQUIPPED TO TACKLE THE ROAD AHEAD AND MOVE TOWARD JOBS, HOMES AND NEW LIVES | 2,300   |
| BANKBRIDGE DEVELOPMENT CENTER<br>550 SALINA ROAD<br>SEWELL, NJ 08080                                     |                                                                                                           | PC                             | WITH AN EMPHASIS ON DEVELOPING SKILLS IN THE AREAS OF COMMUNICATION, SOCIALIZATION, AND INDEPENDENCE, THE BDC ALWAYS STRIVES TOWARDS HELPING OUR STUDENTS BECOME PARTICIPATING AND CONTRIBUTING MEMBERS OF THEIR COMMUNITY                                                  | 5,000   |
| <b>Total . . . . .</b>                                                                                   |                                                                                                           |                                | <b>▶ 3a</b>                                                                                                                                                                                                                                                                 | 325,552 |

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

| Recipient                                                                                    | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                                                                                                                  | Amount  |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Name and address (home or business)                                                          |                                                                                                           |                                |                                                                                                                                                                                   |         |
| <b>a</b> <i>Paid during the year</i>                                                         |                                                                                                           |                                |                                                                                                                                                                                   |         |
| BE THE MATCH- NATIONAL MARROW DONOR PROGRAM<br>500 N 5TH STREET<br>MINNEAPOLIS, MN 554011206 |                                                                                                           | PC                             | THE CURE FOR BLOOD CANCER IS IN THE HANDS OF ORDINARY PEOPLE ONE SIMPLE ACTION CAN BE THE DIFFERENCE THAT GIVES A PATIENT HOPE FOR THE FUTURE                                     | 500     |
| BIRMINGHAM YMCA<br>400 E LINCOLN STREET<br>BIRMINGHAM, MI 48009                              |                                                                                                           | PC                             | EVERY DAY, THE Y IS FOCUSED ON STRENGTHENING COMMUNITIES FOR KIDS, ADULTS, SENIORS AND FAMILIES WITH PROGRAMS THAT PROTECT, TEACH, CONNECT, HEAL, NOURISH AND ENCOURAGE           | 500     |
| BIRTHDAY WISHESPO BOX 590645<br>NEWTOWN CENTRE, MA 02459                                     |                                                                                                           | PC                             | THE MISSION OF BIRTHDAY WISHES IS TO IMPROVE AND EMPOWER THE LIVES OF HOMELESS CHILDREN AND THEIR FAMILIES BY PROVIDING JOY, PLAY, AND HOPE THROUGH THE MAGIC OF A BIRTHDAY PARTY | 1,060   |
| <b>Total . . . . . ▶ 3a</b>                                                                  |                                                                                                           |                                |                                                                                                                                                                                   | 325,552 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                                                                             |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                                                            | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                                                                             |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                             |         |
| BISHOP MCDEVITT HIGH SCHOOL<br>125 ROYAL AVENUE<br>WYNCOTE, PA 19095                                     |                                                                                                           | PC                             | EDUCATION FACILITY TO TO HELP DEVELOP STUDENTS WITH COGNITVE IMPAIRMENT                                                     | 5,000   |
| BOYS TOWN OF NORTH FLORIDA<br>3555 COMMONWEALTH BOULEVARD<br>TALLAHASSEE, FL 32303                       |                                                                                                           | PC                             | TO SERVE CHILDREN AND FAMILIES                                                                                              | 1,000   |
| BRIAR BUSH NATURE CENTER<br>1212 EDGE HILL ROAD<br>ABINGTON, PA 19001                                    |                                                                                                           | PC                             | TO INSPIRE PEOPLE OF ALL AGES AND BACKGROUNDS TO EXPLORE AND PROTECT NATURE BY ENCOURAGING CURIOSITY AND SCIENTIFIC INQUIRY | 1,500   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                                                                             | 325,552 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                             |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                            | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                             |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                             |         |
| BUILD A MIRACLE<br>11207 LADY FERN COURT<br>SAN DIEGO, CA 92131                                          |                                                                                                           | PC                             | TO BUILD HOMES FOR NEEDY FAMILIES IN MEXICO, AS WELL AS SPONSORING STUDENTS | 150     |
| CAROLINA TITANS108 TIDEWATER WAY<br>ELIZABETH CITY, NC 27909                                             |                                                                                                           | PC                             | PROVIDE YOUTH SPORTS TO THE COMMUNITY                                       | 2,500   |
| CARON FOUNDATION<br>5 HUTTON CENTRE DRIVE SUITE 130<br>SANTA ANA, CA 927076735                           |                                                                                                           | PC                             | TO RESTORE LIVES THROUGH PROVEN ADDICTION REHAB PROGRAMS FOR 60 YEARS       | 5,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                             | 325,552 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                                                             |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                                            | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                                                             |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                             |         |
| CATSKILLS MOUNTAINKEEPERS<br>PO BOX 1000<br>LIVINGSTON MANOR, NY 12758                                   |                                                                                                           | PC                             | TO PROVIDE CLEAN AIR, CLEAN WATER, ACCESS TO THE OUTDOORS, AND HEALTHY FOOD                                 | 250     |
| CHILDREN'S HOSPITAL CORPORATION<br>300 LONGWOOD AVENUE<br>BOSTON, MA 02115                               |                                                                                                           | PC                             | THE ADVANCEMENT OF PATIENT CARE, RESEARCH, MEDICAL TRAINING AND COMMUNITY HEALTH INITIATIVES                | 950     |
| CLEAN SLATE LIVINGPO BOX 421<br>BOHEMIA, NY 11716                                                        |                                                                                                           | PC                             | TO TEACH AND EMPOWER CHILDREN, TEENAGERS AND YOUNG ADULTS TO LIVE HEALTHY LIFESTYLES AND "REWRITE TOMORROW" | 1,541   |
| <b>Total . . . . . ► 3a</b>                                                                              |                                                                                                           |                                |                                                                                                             | 325,552 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                                                                      |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                                                     | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                                                                      |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                      |         |
| CLEAN WATER FUND<br>100 FIFTH AVENUE SUITE 1108<br>PITTSBURGH, PA 15222                                  |                                                                                                           | PC                             | TO HELP CLEAN WATER FUND FIGHT FOR CLEANER AND SAFER WATER, STRENGTHEN PUBLIC HEALTH & INCREASE ECOSYSTEM PROTECTION | 500     |
| COMPATHOS6080 VALLEY VIEW COURT<br>PLACERVILLE, CA 95667                                                 |                                                                                                           | PC                             | INSPIRE ACTION TO BRING POSITIVE AND COMPASSIONATE CHANGE TO THE WORLD                                               | 900     |
| COMUNIDAD SIERVOS DE CRISTO VIVO INC<br>3100 NW 77TH COURT<br>MIAMI, FL 33122                            |                                                                                                           | PC                             | CATHOLIC CHURCH                                                                                                      | 500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                                                                      | 325,552 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                                               |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                              | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                                               |         |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                                                                               |         |
| CORA SERVICES8540 VERREE ROAD<br>PHILADELPHIA, PA 19111                                                  |                                                                                                           | PC                             | WORK TO HELP CHANGE THE LIVES OF CHILDREN, YOUTH AND FAMILIES EXPERIENCING CHALLENGES         | 10,000  |
| DDC CLINIC FOR SPECIAL NEEDS<br>CHIDLREN<br>14567 MADISON ROAD<br>MIDDLEFIELD, OH 44062                  |                                                                                                           | PC                             | TO ENHANCE THE QUALITY OF LIFE FOR PEOPLE WITH SPECIAL NEEDS CAUSED BY RARE GENETIC DISORDERS | 250     |
| DEERLAKE MIDDLE SCHOOL PTO<br>9902 DEERLAKE WEST<br>TALLAHASSEE, FL 32312                                |                                                                                                           | PC                             | TO SUPPORT THE STUDENTS OF DEERLAKE MIDDLE SCHOOL                                             | 250     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                                               | 325,552 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                                          |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                         | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                                          |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                          |         |
| EAGLES AUTISM CHALLENGE INC<br>ONE NOVACARE WAY<br>PHILADELPHIA, PA 19145                                |                                                                                                           | PC                             | TO RAISE FUNDS FOR INNOVATIVE RESEARCH AND PROGRAMS TO HELP UNLOCK THE MYSTERY OF AUTISM | 4,000   |
| ENGAGE EMPOWER EQUIP<br>115 WATTENSAW<br>LONOAKE, AR 72086                                               |                                                                                                           | PC                             | TO PROVIDE A QUALITY ACADEMIC PROGRAM WITHIN A CONTEXT OF A BIBLICAL WORLDVIEW           | 150     |
| EVERYDAY BLESSINGSPO BOX 1264<br>THONOTOSASSA, FL 33592                                                  |                                                                                                           | PC                             | TO PROVDE CARE FOR CHILDREN WHILE THEY AWAIT PERMANENT PLACEMENT                         | 250     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                                          | 325,552 |



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

| Recipient                                                                     | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                                                                                                                                                                                                                                                                                                                | Amount  |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Name and address (home or business)                                           |                                                                                                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                    |         |
| <b>a</b> <i>Paid during the year</i>                                          |                                                                                                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                    |         |
| FACE TO FACE109 E PRICE STREET<br>PHILADELPHIA, PA 19144                      |                                                                                                                    | PC                                   | PROVIDE SERVICES TO THE<br>HOMELESS                                                                                                                                                                                                                                                                                                                                | 14,000  |
| FAMLIY SERVICES OF BUCKS COUNTY<br>4 CORNERSTONE DRIVE<br>LANGHORNE, PA 19047 |                                                                                                                    | PC                                   | TO PROVIDE A VARIETY OF<br>PROGRAMS AND SERVICES<br>FOCUSED ON INCREASING<br>OPPORTUNITIES FOR ADULTS,<br>PROTECTING SENIORS,<br>REDUCING SUBSTANCE ABUSE,<br>IMPROVING THE LIVES OF<br>THOSE WITH MENTAL ILLNESS,<br>PREPARING CHILDREN AND<br>ADOLESCENTS FOR THE<br>FUTURE, IMPROVING THE<br>QUALITY OF LIFE FOR THOSE<br>LIVING WITH HIV/AIDS AND<br>MUCH MORE | 5,000   |
| FEAST OF JUSTICE3101 TYSON AVENUE<br>PHILADELPHIA, PA 19149                   |                                                                                                                    | PC                                   | TO PROVIDE A COMMUNITY<br>DINNER WHERE GUESTS ENJOY<br>A HOT SERVED MEAL AND<br>COMMUNITY FELLOWSHIP                                                                                                                                                                                                                                                               | 10,000  |
| <b>Total . . . . . ▶ 3a</b>                                                   |                                                                                                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                    | 325,552 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                                         |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                        | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                                         |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                         |         |
| FEED MY STARVING CHILDREN<br>401 93RD STREET<br>COON RAPIDS, MN 55433                                    |                                                                                                           | PC                             | PROVIDE MEALS TO SCHOOLS, ORPHANGES AND OTHER FEEDING PROGRAMS AROUND THE WORLD         | 3,500   |
| FEEDING AMERICA<br>35 E WACHER DRIVE 2000<br>CHICAGO, IL 60601                                           |                                                                                                           | PC                             | THE FEEDING AMERICA NETWORK IS THE NATION'S LARGEST DOMESTIC HUNGER-RELIEF ORGANIZATION | 500     |
| FIRST PRESBYTERIAN CHURCH OF HADDONFIELD<br>200 KINGS HIGHWAY<br>HADDONFIELD, NJ 08033                   |                                                                                                           | PC                             | HONOR AND CARE FOR ALL PEOPLE ACTING AS FAMILY IN CHRIST                                | 500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                                         | 325,552 |

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

| Recipient                                                                          | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                                                                                                     | Amount  |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Name and address (home or business)                                                |                                                                                                                    |                                      |                                                                                                                                                         |         |
| <b>a</b> <i>Paid during the year</i>                                               |                                                                                                                    |                                      |                                                                                                                                                         |         |
| FISHER HOUSE FOUNDATION INC<br>111 ROCKVILLE PIKE SUITE 420<br>ROCKVILLE, MD 20850 |                                                                                                                    | PC                                   | TO BUILD COMFORT HOMES<br>WHERE MILITARY & VETERANS<br>FAMILIES CAN STAY FREE OF<br>CHARGE, WHILE A LOVED ONE<br>IS IN THE HOSPITAL                     | 500     |
| FLORIDA SCHOOL OF HOLISTIC LIVING<br>1109 E CONCORD STREET<br>ORLANDO, FL 32803    |                                                                                                                    | PC                                   | TO CULTIVATE SUSTAINABLE<br>COMMUNITY BY EMPOWERING<br>INDIVIDUALS THROUGH<br>PHILOSOPHY-IN-PRACTICE<br>EDUCATION THAT PROMOTES<br>HOLISTIC LIVING      | 500     |
| FOUR DIAMONDS FUND<br>1249 COCOA AVENUE SUITE 115<br>HERSHEY, PA 170330852         |                                                                                                                    | PC                                   | TO CONQUER CHILDHOOD<br>CANCER BY ASSISTING<br>CHILDREN AND THEIR FAMILIES<br>THROUGH SUPERIOR CARE,<br>COMPREHENSIVE SUPPORTAND<br>INNOVATIVE RESEARCH | 250     |
| <b>Total . . . . . ► 3a</b>                                                        |                                                                                                                    |                                      |                                                                                                                                                         | 325,552 |

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

| <div>Recipient</div>                                                            | <div>If recipient is an individual, show any relationship to any foundation manager or substantial contributor</div> | <div>Foundation status of recipient</div> | <div>Purpose of grant or contribution</div>                                                                                                                                                                                                                 | <div>Amount</div> |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <div>Name and address (home or business)</div>                                  |                                                                                                                      |                                           |                                                                                                                                                                                                                                                             |                   |
| <b>a</b> <i>Paid during the year</i>                                            |                                                                                                                      |                                           |                                                                                                                                                                                                                                                             |                   |
| FRIENDS OF BRIAR BUSH<br>1212 EDGE HILL ROAD<br>ABINGTON, PA 19001              |                                                                                                                      | PC                                        | TO INSPIRE PEOPLE OF ALL AGES AND BACKGROUNDS TO EXPLORE AND PROTECT NATURE BY ENCOURAGING CURIOSITY AND SCIENTIFIC INQUIRY                                                                                                                                 | 1,500             |
| FRIENDS OF ST MALACHY<br>1012 WEST THOMPSON STREET<br>PHILADELPHIA, PA 19122    |                                                                                                                      | PC                                        | TO PROVIDE A QUALITY EDUCATION FOR INNER-CITY STUDENTS OF ALL FAITHS THAT PROMOTES ACADEMIC, SOCIAL AND EMOTIONAL GROWTH THAT CAN TAKE THEM FROM THE CLASSROOM TO THE REAL WORLD YOUR SUPPORT WILL HELP ENSURE THEIR SUCCESS TODAY AND WELL INTO THE FUTURE | 1,000             |
| FSP AGAINST BULLYING<br>1601 MARKET STREET 19TH FLOOR<br>PHILADELPHIA, PA 19103 |                                                                                                                      | PC                                        | TO SUPPORT BULLYING PREVENTION CAMPAIGNS THROUGH EDUCATION/AWARENESS BY WORKING ALONGSIDE INDIVIDUALS AND OTHER ORGANIZATIONS TO INCREASE AWARENESS ABOUT BULLYING PREVENTION IN SCHOOLS, HOMES & THE WORKPLACE                                             | 750               |
| <b>Total . . . . . ► 3a</b>                                                     |                                                                                                                      |                                           |                                                                                                                                                                                                                                                             | 325,552           |

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

| Recipient                                                                              | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                                                                                  | Amount  |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------|
| Name and address (home or business)                                                    |                                                                                                                    |                                      |                                                                                                                                      |         |
| <b>a</b> <i>Paid during the year</i>                                                   |                                                                                                                    |                                      |                                                                                                                                      |         |
| GERMANNA COMMUNICTY COLLEGE<br>EDUCATION<br>PO BOX 1430<br>LOCUST GROVE, VA 225081430  |                                                                                                                    | PC                                   | SCHOLARSHIP TO HELP FOOD<br>SERVICE WORKERS TO<br>COMPLETE THEIR EDUCATION                                                           | 1,000   |
| GIRLS ON THE RUN OF THE BIG BEND<br>INC<br>2796 PALA FOX LANE<br>TALLAHASSEE, FL 32312 |                                                                                                                    | PC                                   | TO CREATE A WORLD WHERE<br>EVERY GIRL KNOWS AND<br>ACTIVATES HER LIMITLESS<br>POTENTIAL AND IS FREE TO<br>BOLDLY PURSUE HER DREAMS   | 250     |
| GOOD SHEPHERD CATHOLIC CHURCH<br>4665 THOMASVILLE ROAD<br>TALLAHASSEE, FL 32308        |                                                                                                                    | PC                                   | THE LARGEST PARISH IN THE<br>CATHOLIC DIOCESE OF<br>PENSACOLA-TALLAHASSEE<br>THROUGH A MISSION<br>CENTERED ON PRAYER AND<br>MINISTRY | 250     |
| <b>Total . . . . . ▶ 3a</b>                                                            |                                                                                                                    |                                      |                                                                                                                                      | 325,552 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                                                                 |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                                                | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                                                                 |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                 |         |
| HANDMAID OF THE SACRED HEART OF JESUS<br>616 COOPERTOWN ROAD<br>HAVERFORD, PA 19041                      |                                                                                                           | PC                             | ASSIST PEOPLE AROUND THE WORLD WHO ARE POOR, UNEDUCATED AND SEARCHING FOR GOD                                   | 5,000   |
| HEALING THROUGH THE ARTS<br>2158 S CEDAR CREST BOULEVARD<br>ALLENTOWN, PA 18103                          |                                                                                                           | PC                             | TO HELP THOSE WHO ARE HEALING FIND STRENGTH, HOPE AND INSPIRATION THROUGH ARTS                                  | 500     |
| HINGHAM COMMUNITY CENTER<br>70 SOUTH STREET<br>HINGHAM, MA 02043                                         |                                                                                                           | PC                             | TO PROVIDES AN ARRAY OF PROGRAMS, CLASSES, ACTIVITIES, AND COMMUNITY EVENTS TO THE ENTIRE SOUTH SHORE COMMUNITY | 500     |
| <b>Total . . . . . ► 3a</b>                                                                              |                                                                                                           |                                |                                                                                                                 | 325,552 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                                                                        |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                                                       | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                                                                        |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                        |         |
| HINGMAN YOUTH FOOTBALL<br>PO BOX 297<br>HINGMAN, MA 02043                                                |                                                                                                           | PC                             | SUPPORTS ALL ASPECTS OF THE ATHLETIC EXPERIENCE OF THE COMMUNITY CHILDREN                                              | 1,000   |
| HISTORIC OLD ST JOHN'S CHURCH<br>240 BLEEKER STREET<br>UTICA, NY 13501                                   |                                                                                                           | PC                             | OPEN THREE DAYS A WEEK FOR 1-2 HOURS EACH DAY, ST JOHN'S SERVES 180 HOUSEHOLDS OR AN AVERAGE OF 508 PEOPLE EVERY MONTH | 500     |
| HOLY GHOST PREPARATORY SCHOOL<br>2429 BRISTOL PIKE<br>BENSALEM, PA 19020                                 |                                                                                                           | PC                             | PROVIDE CATHOLIC EDUCATION TO YOUTH IN THE REGION                                                                      | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                                                                        | 325,552 |

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

| Recipient                                                             | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                                                                                                                                                                                       | Amount  |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Name and address (home or business)                                   |                                                                                                           |                                |                                                                                                                                                                                                                                                        |         |
| <b>a</b> <i>Paid during the year</i>                                  |                                                                                                           |                                |                                                                                                                                                                                                                                                        |         |
| HOLY TRINITY SCHOOL<br>99 OSBORNE AVENUE<br>MORRISVILLE, PA 19067     |                                                                                                           | PC                             | TO PROVIDE A HAVEN FOR ALL THOSE IN NEED, WHETHER PHYSICAL, SPIRITUAL, OR EMOTIONAL, WHETHER INSIDE OR OUTSIDE THE PARISH COMMUNITY                                                                                                                    | 500     |
| HUMANE SOCIETY OF ROME<br>6247 LAMPHEAR ROAD<br>ROME, NY 13440        |                                                                                                           | PC                             | TO MAKE A DIFFERENCE IN THE LIVES OF PETS IN NEED IN THE COMMUNITY TO HELP FEED AND CARE FOR THE ANIMALS, EDUCATE THE PUBLIC ON THE IMPORTANCE OF PROPER ANIMAL CARE, AND INVESTIGATE ANIMAL CRUELTY                                                   | 500     |
| INTERBORO ALUMNI ASSOCIATION<br>PO BOX 248<br>PROSPECT PARK, PA 19076 |                                                                                                           | PC                             | TO CONNECT WITH GRADUATES OF INTERBORO HIGH SCHOOL TO PROMOTE FELLOWSHIP ALONG WITH MAKING POST-SECONDARY EDUCATION POSSIBLE BY AWARDING SCHOLARSHIPS TO CURRENT SENIORS AT INTERBORO HIGH SCHOOL, AS WELL AS HELP THE INTERBORO SCHOOLS AND COMMUNITY | 10,000  |
| <b>Total . . . . . ► 3a</b>                                           |                                                                                                           |                                |                                                                                                                                                                                                                                                        | 325,552 |



| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                                                                                                                                                                            |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                                                                                                                                                           | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                                                                                                                                                                            |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                                                                                                                            |         |
| INTERIM HOUSE333 W UPSAL STREET<br>PHILADELPHIA, PA 19119                                                |                                                                                                           | PC                             | PROVIDE WOMEN WITH<br>SUBSTANCE ABUSE SUPPORT<br>AND SERVICES                                                                                                                                                              | 20,000  |
| INTERNATIONAL RESCUE COMMITTEE<br>122 EAST 42ND STREET<br>NEW YORK, NY 10168                             |                                                                                                           | PC                             | TO SUPPORT CHILDREN AND<br>REFUGEE FAMILIES IN THE U S<br>AND AROUND THE WORLD                                                                                                                                             | 9,250   |
| JACKSONVILLE HUMANE SOCIETY<br>8464 BEACH BOULEVARD<br>JACKSONVILLE, FL 32216                            |                                                                                                           | PC                             | TO PROVIDE CARE, COMFORT<br>AND COMPASSION TO ANIMALS<br>IN NEED WHILE ENGAGING THE<br>HEARTS, HANDS AND MINDS OF<br>OUR COMMUNITY TO BRING<br>ABOUT AN END TO THE KILLING<br>OF ABANDONED AND ORPHANED<br>SHELTER ANIMALS | 500     |
| <b>Total . . . . . ► 3a</b>                                                                              |                                                                                                           |                                |                                                                                                                                                                                                                            | 325,552 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                                                                                                      |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                                                                                     | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                                                                                                      |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                                                      |         |
| JEREMY CARES INC109 TOMAHAWK AVON LAKE, OH 44012                                                         |                                                                                                           | PC                             | SUPPORT FAMILIES WITH CHILDREN FACING SERIOUS ILLNESS                                                                                                | 4,050   |
| JOSEPH A MORAN SCHOLARSHIP FUND<br>34 S RIVER STREET<br>WIKESBARRE, PA 18720                             |                                                                                                           | PC                             | A SCHOLARSHIP WILL BE AWARDED ANNUALLY TO A DESERVING SCHOLAR-ATHLETE WHO DEMONSTRATES LEADERSHIP AND CIVIC RESPONSIBILITY THROUGH SERVICE TO OTHERS | 500     |
| JOSH MARTINO TRACK SCHOLARSHIP<br>807 S MAIN STREET<br>DUBOIS, PA 15801                                  |                                                                                                           | PC                             | SCHOLARSHIP AND FINANCIAL AID PROGRAM TO STUDENTS IN DUBOIS, PA                                                                                      | 500     |
| <b>Total . . . . . ► 3a</b>                                                                              |                                                                                                           |                                |                                                                                                                                                      | 325,552 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                                                                                                                                 |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                                                                                                                | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                                                                                                                                 |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                                                                                 |         |
| JOSLIN DIABETES CLINIC<br>1 JOSLIN PLACE<br>BOSTON, MA 02215                                             |                                                                                                           | PC                             | JOSLIN DIABETES CENTER UNDERTAKES DIABETES RESEARCH, CLINICAL CARE, EDUCATION AND HEALTH & WELLNESS PROGRAMS ON A GLOBAL SCALE                                                  | 1,000   |
| JOURNEY COMMUNITY CHURCH<br>6201 S MILITARY TRAIL<br>LAKE WORTH, FL 33463                                |                                                                                                           | PC                             | SEE HOW WE VIEW GOD, JESUS, THE HOLY SPIRIT, THE BIBLE, MAN, AND MANY SIGNIFICANT ASPECTS OF OUR FAITH FIRMLY ROOTED IN SCRIPTURE, THESE BELIEFS GUIDE OUR DECISION AS A CHURCH | 500     |
| JUNIOR ACHIEVEMENT OF NEW JERSEY<br>360 PEAR BLOSSOM DRIVE<br>EDISON, NJ 08837                           |                                                                                                           | PC                             | JUNIOR ACHIEVEMENT OF NEW JERSEY IS DEDICATED TO EDUCATING YOUNG PEOPLE ABOUT BUSINESS, ECONOMICS AND FREE ENTERPRISE                                                           | 5,000   |
| <b>Total . . . . . ► 3a</b>                                                                              |                                                                                                           |                                |                                                                                                                                                                                 | 325,552 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                                                                                                                                                                          |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                                                                                                                                                         | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                                                                                                                                                                          |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                                                                                                                          |         |
| JUVENILE DIABETES RESEARCH FOUNDATION<br>26 BROADWAY 14TH FLOOR<br>NEW YORK, NY 10004                    |                                                                                                           | PC                             | TO FUND THE DIABETES RESEARCH EFFORT TO KEEP PEOPLE HEALTHY AND SAFE UNTIL WE FIND A CURE FOR THE DISEASE                                                                                                                | 500     |
| KAU LITTLE LEAGUE<br>PMB EAST BALTIMORE PIKE<br>KENNETT SQUARE, PA 19348                                 |                                                                                                           | PC                             | TO PROVIDE COMMUNITY-BASED BASEBALL AND SOFTBALL TO STUDENTS AGES 4 THROUGH 18 WHO ATTEND PUBLIC OR PRIVATE SCHOOL OR LIVE WITHIN THE BOUNDARIES OF THE KENNETT CONSOLIDATED AND UNIONVILLE-CHADDS FORD SCHOOL DISTRICTS | 500     |
| KEYS TO EXCEPTIONAL YOUTH SUCCESS<br>715 S CALHOUN STREET<br>TALLAHASSEE, FL 32301                       |                                                                                                           | PC                             | KEYS REALIZES THAT STUDENTS WITH DISABILITIES ARE UNDERSERVED AND HAVE LIMIT POST-SECONDARY OPPORTUNITIES                                                                                                                | 500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                                                                                                                                                                          | 325,552 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                                                                                                                                                   |         |
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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)                                                                      |                                                                                                           |                                |                                                                                                                                                                                                   |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                                                                                                   |         |
| LASALLE COLLEGE HIGH SCHOOL<br>8605 CHELTENHAM AVENUE<br>GLENSIDE, PA 19038                              |                                                                                                           | PC                             | PROVIDE EDUCATION TO BOYS OF VARIOUS BACKGROUNDS                                                                                                                                                  | 1,000   |
| LITTLE FLOWER HIGH SCHOOL<br>1000 W LYCOMING STREET<br>PHILADELPHIA, PA 19140                            |                                                                                                           | PC                             | PROVIDE EDUCATION TO GIRLS                                                                                                                                                                        | 25,000  |
| LUPUS FOUNDATION OF AMERICA<br>2121 K STREET NW SUITE 200<br>WASHINGTON, DC 20037                        |                                                                                                           | PC                             | WE ARE DEVOTED TO SOLVING THE MYSTERY OF LUPUS, ONE OF THE WORLD'S CRUELEST, MOST UNPREDICTABLE, AND DEVASTATING DISEASES, WHILE GIVING CARING SUPPORT TO THOSE WHO SUFFER FROM ITS BRUTAL IMPACT | 2,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                                                                                                                                                   | 325,552 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                                                                                                                                          |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                                                                                                                         | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                                                                                                                                          |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                                                                                          |         |
| MAKE A WISH FOUNDATION<br>4742 NORTH 24TH STREET SUITE 400<br>PHEONIX, AZ 85016                          |                                                                                                           | PC                             | GRANTING WISHES TO KIDS WITH LIFE-THREATENING MEDICAL CONDITIONS GIVES THEM MORE THAN AN AMAZING EXPERIENCE                                                                              | 750     |
| MERCY NEIGHBORHOOD MINISTRIES OF PHILADELPHIA<br>1939 W VENANGO STREET<br>PHILADELPHIA, PA 19140         |                                                                                                           | PC                             | STRENGTHENING AND SUPPORTING FAMILIES IN THE PHILADELPHIA AREA                                                                                                                           | 10,000  |
| METHODIST FAMILY SERVICES<br>4300 MONUMENT ROAD<br>PHILADELPHIA, PA 19131                                |                                                                                                           | PC                             | TO PROVIDE ENRICHING PROGRAMS TO CHILDREN,ADULTS AND FAMILIES AS THEY FACE THE CHALLENGESOF LIMITED RESOURCES, INCREASED POVERTY, HOMELESSNESS, DISABILITIES AND INEQUITIES IN EDUCATION | 1,000   |
| <b>Total . . . . . ► 3a</b>                                                                              |                                                                                                           |                                |                                                                                                                                                                                          | 325,552 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                                                                                                         |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                                                                                        | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                                                                                                         |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                                                         |         |
| MOUNT ST JOSEPH ACADEMY<br>120 W WISSAHICKEN AVENUE<br>FLOURTOWN, PA 19031                               |                                                                                                           | PC                             | SUPPORT EDUCATION FOR GIRLS                                                                                                                             | 14,000  |
| NATIONAL PARK CONSERVATION<br>777 6TH STREET NW SUITE 700<br>WASHINGTON, DC 20001                        |                                                                                                           | PC                             | PROTECTING AND ENHANCING THE NATIONAL PARKS OF THE US                                                                                                   | 250     |
| NESHAMINY EDUCATION FOUNDATION<br>2250 LANGHORNE-YARDLEY ROAD<br>LANGHORNE, PA 19047                     |                                                                                                           | PC                             | THE NESHAMINY EDUCATION FOUNDATION IS AN INDEPENDENT, NONPROFIT, COMMUNITY ORGANIZATION, DEVELOPED THROUGH THE NESHAMINY SCHOOL DISTRICT STRATEGIC PLAN | 10,000  |
| <b>Total . . . . . ► 3a</b>                                                                              |                                                                                                           |                                |                                                                                                                                                         | 325,552 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                                                                                       |         |
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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)                                                                      |                                                                                                           |                                |                                                                                                                                       |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                                       |         |
| NORTH FAYETTE VALLEY COMMUNITY COALITION<br>PO BOX 234<br>ELGIN, IL 52141                                |                                                                                                           | PC                             | HELP TO PROVIDE SUPPORT TO PEOPLE WHO WANT TO CHANGE THEIR LIVES                                                                      | 2,000   |
| NORTH PENN UNITED WAYPO BOX 1345<br>KULPSVILLE, PA 19443                                                 |                                                                                                           | PC                             | ORGANIZTION WORKS TO ADVANCE THE COMMON GOOD BY CREATING OPPORTUNITIES FOR THE COMMUNITY                                              | 1,000   |
| ONE COMMUNITY NOW<br>1540 LITTLE ROAD<br>TRINITY, FL 34655                                               |                                                                                                           | PC                             | TO BRING THE LOCAL CHURCHES, BUSINESSES AND ORGANIZATIONS TOGETHER TO HELP MEET THE UN-MET AND UNDER-MET NEEDS WITHIN PASCO COMMUNITY | 250     |
| <b>Total . . . . . ► 3a</b>                                                                              |                                                                                                           |                                |                                                                                                                                       | 325,552 |



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

| Recipient                                                                              | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                                                                                    | Amount  |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------|
| Name and address (home or business)                                                    |                                                                                                                    |                                      |                                                                                                                                        |         |
| <b>a</b> <i>Paid during the year</i>                                                   |                                                                                                                    |                                      |                                                                                                                                        |         |
| PACE CENTER FOR GIRLS<br>311 E JENNINGS STREET<br>TALLAHASSEE, FL 32301                |                                                                                                                    | PC                                   | ACADEMICS AND SOCIAL<br>SERVICE PROGRAMS, WITH A<br>FOCUS ON THE FUTURE FOR<br>MIDDLE AND HIGH-SCHOOL<br>AGED GIRLS AND YOUNG<br>WOMEN | 250     |
| PANTHER ATHLETIC BOOSTER CLUB<br>13601 N MILITARY TRAIL<br>PALM BEACH GARDEN, FL 33418 |                                                                                                                    | PC                                   | PANTHERS LACROSSE BOOSTER<br>CLUB, INC IS A FLORIDA<br>DOMESTIC NON-PROFIT<br>CORPORATION FILED ON MARCH<br>10, 2003                   | 400     |
| PAWS AND CLAWS OF ARTESIA NEW<br>MEXICO<br>PO BOX 807<br>ARTESIA, NM 88210             |                                                                                                                    | PC                                   | TO SUPPORT OPERATING<br>EXPENSES TO SAVE OVER 800<br>ANIMALS RESCUED AND SAVED<br>EACH YEAR                                            | 500     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                     |                                                                                                                    |                                      |                                                                                                                                        | 325,552 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                 |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                 |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                 |         |
| PBGYAAPO BOX 31913<br>PALM BEACH GARDENS, FL 33201                                                       |                                                                                                           | PC                             | KEEPING YOUTH ACTIVE IN SPORTS AND OTHER PHYSICAL ACTIVIES      | 1,000   |
| PHILADUNDANCE<br>3616 S GALLOWAY STREET<br>PHILADELPHIA, PA 19148                                        |                                                                                                           | PC                             | PROVIDING FOOD TO THE COMMUNITY                                 | 11,000  |
| PLANNED PARENTHOOD FEDERATION OF AMERICA<br>PO BOX 97166<br>WASHINGTON, DC 200907166                     |                                                                                                           | PC                             | TO PROVIDE SEXUAL HEALTH CARE IN THE UNITED STATES AND GLOBALLY | 150     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                 | 325,552 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                                                |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                               | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                                                |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                |         |
| PORT JEFFERSON LIONSPO BOX 202<br>PORT JEFFERSON, NY 11777                                               |                                                                                                           | PC                             | SUPPORT THE COMMUNITY AND PROVIDE EYE CARE TO THE WORLD                                        | 400     |
| PSADA FOUNDATION<br>1061 INDEPENDENCE DRIVE<br>YARDLEY, PA 19067                                         |                                                                                                           | PC                             | FOR THE PURPOSE OF PROMOTING AND ENHANCING THE PROFESSIONAL GROWTH AND IMAGE OF OUR PROFESSION | 10,000  |
| PTHS HALL OF FAME1 EGBERT STREET<br>PEMBERTON, NJ 08068                                                  |                                                                                                           | PC                             | TO MAINTAIN A POSITIVE IMAGE FOR THE COMMUNITY AND IMPROVE THE QUALITY OF LIFE FOR STUDENTS    | 3,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                                                | 325,552 |

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

| <div>Recipient</div>                                                               | <div>If recipient is an individual, show any relationship to any foundation manager or substantial contributor</div> | <div>Foundation status of recipient</div> | <div>Purpose of grant or contribution</div>                                                                                                                                                              | <div>Amount</div> |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <div>Name and address (home or business)</div>                                     |                                                                                                                      |                                           |                                                                                                                                                                                                          |                   |
| <b>a</b> <i>Paid during the year</i>                                               |                                                                                                                      |                                           |                                                                                                                                                                                                          |                   |
| RABINOWITZ INTITUTEPO BOX 1024<br>CLIFTON, NJ 07014                                |                                                                                                                      | PC                                        | TO PROVIDE EDUCATION FOR THE LESS FORTUNATE                                                                                                                                                              | 1,000             |
| REFORM CONGREGATION KENESETH ISRAEL<br>8339 OLD YORK ROAD<br>ELKINS PARK, PA 19027 |                                                                                                                      | PC                                        | BENEFITS KI AND THE KI COMMUNITY                                                                                                                                                                         | 500               |
| REFUFEE HOUSEPO BOX 20910<br>TALLAHASSEE, FL 32316                                 |                                                                                                                      | PC                                        | TO PROVIDE DIRECT SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT, AND TO THEIR CHILDREN AND FAMILIES, AS WELL AS TO ELIMINATE SUCH VIOLENCE THROUGH COMMUNITY EDUCATION AND PUBLIC ADVOCACY | 500               |
| <b>Total . . . . . ▶ 3a</b>                                                        |                                                                                                                      |                                           |                                                                                                                                                                                                          | 325,552           |

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

| Recipient                                                                                 | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                                                                                                                                               | Amount  |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Name and address (home or business)                                                       |                                                                                                                    |                                      |                                                                                                                                                                                                   |         |
| <b>a</b> <i>Paid during the year</i>                                                      |                                                                                                                    |                                      |                                                                                                                                                                                                   |         |
| ROTARY FUND OF ASBURY PARK INC<br>PO BOX 512<br>ASBURY PARK, NJ 07712                     |                                                                                                                    | PC                                   | TO PROVIDE SERVICE TO<br>OTHERS, PROMOTE INTEGRITY,<br>AND ADVANCE WORLD<br>UNDERSTANDING, GOODWILL,<br>AND PEACE THROUGH ITS<br>FELLOWSHIP OF BUSINESS,<br>PROFESSIONAL AND<br>COMMUNITY LEADERS | 500     |
| SAINT LABRE INDIAN SCHOOL<br>ST LABRE INDIAN SCHOOL<br>ASHLAND, MT 59004                  |                                                                                                                    | PC                                   | TO PROVIDE A SUPERIOR<br>EDUCATION                                                                                                                                                                | 500     |
| SALISH KOOTENAI COMMUNITY<br>COLLEGE FOUNDATION<br>58138 US HIGHWAY 93<br>PABLO, MT 59855 |                                                                                                                    | PC                                   | PROVIDE BACHELOR DEGREES<br>IN INDIAN TRIBUAL STUDIES                                                                                                                                             | 2,500   |
| <b>Total . . . . . ▶ 3a</b>                                                               |                                                                                                                    |                                      |                                                                                                                                                                                                   | 325,552 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                                                                                                                       |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                                                                                                      | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                                                                                                                       |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                                                                       |         |
| SALVATION ARMY<br>4015 STUART ANDREW BOULEVARD<br>CHARLOTTE, NC 28217                                    |                                                                                                           | PC                             | PROVIDE SUPPORT TO PEOPLE WITH VARIOUS NEEDS                                                                                                                          | 1,000   |
| SANDWICH HISTORICAL SOCIETY<br>129 MAIN STREET<br>SANDWICH, MA 02563                                     |                                                                                                           | PC                             | TO IDENTIFY, DOCUMENT, PRESERVE AND PROTECT THE HISTORIC AND ARCHAEOLOGICAL ASSETS OF THE TOWN AND TO PROMOTE PUBLIC AWARENESS OF THE HISTORY OF THE TOWN OF SANDWICH | 500     |
| SEAN STRONGPO BOX 16053<br>PHILADELPHIA, PA 19114                                                        |                                                                                                           | PC                             | HELP ALLEVIATE THE FINANCIAL BURDEN OF CANCER PATIENTS AND THEIR FAMILIES                                                                                             | 250     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                                                                                                                       | 325,552 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                                                                                                      |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                                                                                     | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                                                                                                      |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                                                      |         |
| SHADY GROVE HOME & SCHOOL ASSOCIATION<br>351 W SKIPPACK PIKE<br>AMBLER, PA 19002                         |                                                                                                           | PC                             | TO SUPPORT MANY EXCITING ACTIVITIES AT SHADY GROVE, WORKING CLOSELY WITH THE PRINCIPAL, FACULTY AND STAFF TO PROVIDE ENRICHING PROGRAMS FOR STUDENTS | 500     |
| SMILE TRAIN<br>633 THIRD AVENUE 9TH FLOOR<br>NEW YORK, NY 10017                                          |                                                                                                           | PC                             | TO ENSURE EVERY CHILD BORN WITH A CLEFT CAN LEAD A FULL AND PRODUCTIVE LIFE                                                                          | 500     |
| SOUTH SHORE HOSPITAL CHARITABLE FOUNDATION<br>55 FOGG ROAD<br>SOUTH WEYMOUTH, MA 02190                   |                                                                                                           | PC                             | PROVIDE SUPPORT TO THE HOSPITAL'S MISSION                                                                                                            | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                                                                                                      | 325,552 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                                      |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                     | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                                      |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                      |         |
| SPEAC SPECIAL EDUCATION ADVISORY COUNCIL<br>1513 ISAACS COURT<br>MAPLE GLEN, PA 19002                    |                                                                                                           | PC                             | TO HELP ENSURE THE NEEDS OF SPECIAL EDUCATION STUDENTS ARE ADDRESSED IN THE DISTRICT | 550     |
| SPRINGSIDE CHESTNUT HILL ACADEMY<br>500 W WILLOW GROVE AVENUE<br>PHILADELPHIA, PA 19118                  |                                                                                                           | PC                             | TO INSPIRE UNBOUNDED CURIOSITY AND INDEPENDENT THOUGHT IN EVERY ONE OF OUR STUDENTS  | 1,000   |
| ST ANDREW SCHOOL<br>535 MASON AVENUE<br>DREXEL HILL, PA 19026                                            |                                                                                                           | PC                             | PROVIDE EDUCATION OPPORTUNITIES TO CHILDREN                                          | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                                      | 325,552 |



| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                                                     |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                                    | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                                                     |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                     |         |
| ST ANTHONY OF PADUA<br>259 FOREST AVENUE<br>AMBLER, PA 19002                                             |                                                                                                           | PC                             | TO SUPPORT THE PARISH OF ST ANTHONY OF PADUA                                                        | 10,000  |
| ST CECILIA CHURCH<br>535 RHAWN STREET<br>PHILADELPHIA, PA 19111                                          |                                                                                                           | PC                             | TO RECOGNIZE OUR CALL TO FROW AS A FAITH COMMUNITY                                                  | 500     |
| ST FRANCIS INN MINISTRIES<br>2441 KENSINGTON AVENUE<br>PHILADELPHIA, PA 19125                            |                                                                                                           | PC                             | TO EMPOWER PERSONS TO BREAK THE CYCLE OF HOMELESSNESS AND POVERTY AND ADDRESS STRUCTURAL INJUSTICES | 866     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                                                     | 325,552 |

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

| Recipient                                                                         | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                                                                                                 | Amount  |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Name and address (home or business)                                               |                                                                                                                    |                                      |                                                                                                                                                     |         |
| <b>a</b> <i>Paid during the year</i>                                              |                                                                                                                    |                                      |                                                                                                                                                     |         |
| ST JUDE CHILDREN'S RESEARCH<br>HOSPITAL<br>501 ST JUDE PLACE<br>MEMPHIS, TN 38105 |                                                                                                                    | PC                                   | ST JUDE IS LEADING THE WAY<br>THE WORLD UNDERSTANDS,<br>TREATS AND DEFEATS<br>CHILDHOOD CANCER AND<br>OTHER LIFE-THREATENING<br>DISEASES            | 500     |
| ST STEPHEN CATHOLIC CHURCH<br>575 TUSKAVILLA ROAD<br>WINTER SPRINGS, FL 32708     |                                                                                                                    | PC                                   | TO MAKE EUCHARIST THE<br>"SOURCE AND SUMMIT" OF OUR<br>CHRISTIAN LIVES, REFLECTED<br>IN OUR DAILY ACTIVITIES OF<br>BEING EUCHARIST TO EACH<br>OTHER | 500     |
| STORYBOOK MUSICAL THEATRE<br>PO BOX 473<br>ABINGTON, PA 19001                     |                                                                                                                    | PC                                   | CULTRAL ENRICHMENT AND<br>EDUCATION OF CHILDREN AND<br>THEIR FAMILIES                                                                               | 200     |
| <b>Total . . . . . ▶ 3a</b>                                                       |                                                                                                                    |                                      |                                                                                                                                                     | 325,552 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                                                                                                                 |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                                                                                                | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                                                                                                                 |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                                                                 |         |
| TAPS3033 WILSON BLVD 3RD FLOOR<br>ARLINGTON, VA 22201                                                    |                                                                                                           | PC                             | TO OFFER COMPASSIONATE CARE TO ALL THOSE GRIEVING THE LOSS OF A LOVED ONE WHO DIED WHILE SERVING IN OUR ARMED FORCES OR AS A RESULT OF HIS OR HER SERVICE       | 640     |
| TEEN CHALLENGEPO BOX 4196<br>PHILADELPHIA, PA 19144                                                      |                                                                                                           | PC                             | TO PROVIDE A COMPREHENSIVE, DYNAMIC AND COMPASSIONATE ENVIRONMENT FOR THOSE HEALING AND RECOVERING FROM ADDICTION WE ARE BRINGING WHOLENESS TO THE HOPELESS     | 500     |
| THE AMERICAN COLLEGE OF FINANCIAL SERVICES<br>270 S BRYN MAWR AVE<br>BRYN MAWR, PA 19010                 |                                                                                                           | PC                             | AS A NONPROFIT, ACCREDITED EDUCATION INSTITUTION, OUR COURSES ARE RESEARCHED AND WRITTEN BY A FACULTY OF THE NATION'S TOP THOUGHT LEADERS IN FINANCIAL SERVICES | 720     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                                                                                                                 | 325,552 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                                                                                                                                           |         |
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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)                                                                      |                                                                                                           |                                |                                                                                                                                                                                           |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                                                                                           |         |
| THE BEST DAY OF THE YEAR FOUNDATION<br>17122 NORTHBROOK TRAIL<br>CHAGRIN FALLS, OH 44023                 |                                                                                                           | PC                             | TO SPONSOR AND PROMOTE THE ROCK STEADY PROGRAM AND OTHER EXERCISE PROGRAMS THAT GIVE PEOPLE WITH PARKINSON'S DISEASE HOPE BY IMPROVING THEIR QUALITY OF LIFE THROUGH A FITNESS CURRICULUM | 500     |
| THE BREATHING ROOM FOUNDATION<br>PO BOX 287<br>JENKINTOWN, PA 19046                                      |                                                                                                           | PC                             | SUPPORT LOCAL FAMILIES AFFECTED BY CANCER                                                                                                                                                 | 2,500   |
| THE ENDOWMENT FOR THE CARE OF RETIRED PRIESTS<br>1515 MARTIN LUTHER KING JR DRIVE<br>ALLENTOWN, PA 18105 |                                                                                                           | PC                             | TO PROVIDE A LONG-TERM SOURCE OF FUNDING TO MEET THE FUTURE CARE NEEDS OF RETIRED PRIESTS IN GOOD STANDING WHO HAVE FAITHFULLY SERVED THE CATHOLICS IN THE DIOCESE OF ALLENTOWN           | 20,000  |
| <b>Total</b> . . . . . <b>3a</b>                                                                         |                                                                                                           |                                |                                                                                                                                                                                           | 325,552 |

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

| Recipient                                                                                         | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                                                                                           | Amount  |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Name and address (home or business)                                                               |                                                                                                                    |                                      |                                                                                                                                               |         |
| <b>a</b> <i>Paid during the year</i>                                                              |                                                                                                                    |                                      |                                                                                                                                               |         |
| THE FUND FOR THE SCHOOL DISTRICT<br>OF PHILADELPHIA<br>30 S 17TH STREET<br>PHILADELPHIA, PA 19103 |                                                                                                                    | PC                                   | TO PROVIDE PUBLIC SCHOOL<br>CHILDREN AN OPPORTUNITY TO<br>BECOME A PART OF A STRONG,<br>PRODUCTIVE, AND<br>SUSTAINABLE FUTURE FOR OUR<br>CITY | 10,000  |
| THE JACQUIE HIRSCH FOR ALL<br>FOUNDATION<br>1641 NORTH FRENCH ROAD<br>GETZVILLE, NY 14068         |                                                                                                                    | PC                                   | TO HONOR THE MEMORY OF<br>JACQUELINE E HIRSCH BY<br>IMPROVING AND SAVING THE<br>LIVES OF THOSE AFFECTED<br>WITH LIFE THREATENING<br>CANCERS   | 500     |
| THE KENNET FLASH INCPO BOX 375<br>KENNETT SQUARE, PA 19348                                        |                                                                                                                    | PC                                   | EDUCATION IN THE ARTS AND<br>CULTURE TO THE GENERAL<br>PUBLIC OF KENNETT SQUARE                                                               | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                       |                                                                                                                    |                                      |                                                                                                                                               | 325,552 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment    |                                                                                                           |                                |                                                                                                                                   |         |
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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)                                                                         |                                                                                                           |                                |                                                                                                                                   |         |
| <b>a</b> <i>Paid during the year</i>                                                                        |                                                                                                           |                                |                                                                                                                                   |         |
| THE LEUKEMIA & LYMPHOMA SOCIETY<br>4370 GLENDALE MILFORD ROAD<br>BLUE ASH, OH 45242                         |                                                                                                           | PC                             | TO FUND LIFE-SAVING RESEARCH AND SERVICES THAT PROVIDE HOPE, HELP AND HEALING TO PATIENTS AND THEIR FAMILIES                      | 1,250   |
| THE PAP CORPS- CHAMPIONS FOR CANCER RESEARCH<br>1166 WEST NEWPORT CENTER DRIVE<br>DEERFIELD BEACH, FL 33442 |                                                                                                           | PC                             | TO SUPPORT RESEARCH FOR ALL TYPES OF CANCER AT SYLVESTER COMPREHENSIVE CANCER CENTER, THE ONLY ACADEMIC HOSPITAL IN OUR COMMUNITY | 500     |
| THE SHERO GROUPPO BOX 2546<br>TALLAHASSEE, FL 32316                                                         |                                                                                                           | PC                             | TO PROMOTE RECRUITMENT, RETENTION AND SUCCESS OF WOMEN IN HIGHER EDUCATION THROUGH CONSULTATION, RESEARCH AND TRAINING            | 250     |
| <b>Total . . . . . ▶ 3a</b>                                                                                 |                                                                                                           |                                |                                                                                                                                   | 325,552 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                                                                             |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                                                            | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                                                                             |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                             |         |
| THE YERGEY FAMILY ENDOWED SCHOLARSHIP IN CHEMISTRY<br>2400 CHEW STREET<br>ALLENTOWN, PA 18104            |                                                                                                           | PC                             | TO PROVIDE GRANTS TO THEIR ALMA MATER, MUHLENBERG COLLEGE, IN SUPPORT OF THE YERGEY FAMILY ENDOWED SCHOLARSHIP IN CHEMISTRY | 500     |
| TRIANGE RESIDENTIAL OPTIONS FOR SUBSTANCE ABUSERS<br>1820 JAMES STREET<br>DURHAM, NC 27707               |                                                                                                           | PC                             | HELP SUBSTANCE ABUSERS BECOME HEALTHY PRODUCTIVE MEMEBERS OF SOCIETY                                                        | 2,500   |
| TWO FOUNDATION<br>8578 W WASHINGTON<br>CHAGRIN FALLS, OH 44023                                           |                                                                                                           | PC                             | TO ASSIST INDIVIDUALS WITH MILD TO MODERATE DISABILITIES WITH SUCCESSFULLY TRANSITIONING INTO FULLY INTEGRATED EMPLOYMENT   | 500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                                                                             | 325,552 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                           |         |
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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)                                                                      |                                                                                                           |                                |                                                                           |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                           |         |
| UCLA FUND110 WESTWOOD PLAZA<br>LOS ANGELOS, CA 90095                                                     |                                                                                                           | PC                             | TO PARTICIPATE WITH BUILDING, SUSTAINING AND ADVANCING THE UNIVERSITY     | 150     |
| UNITED SERVICE ORGANIZATION<br>2111 WILLSON BOULEVARD SUITE 1200<br>ARLINGTON, VA 22201                  |                                                                                                           | PC                             | PROVIDE FOOD AND REST LOCATION TO US MILITARY DURING TIMES OF TRANSISTION | 5,000   |
| VILLA JOSEPH MARIE<br>1180 HOLLAND ROAD<br>HOLLAND, PA 18966                                             |                                                                                                           | PC                             | TUITION ASSISTANCE FOR GIRLS WHO CANNOT AFFORD                            | 500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                           | 325,552 |



| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                                                                                           |         |
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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)                                                                      |                                                                                                           |                                |                                                                                                                                           |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                                           |         |
| WESTERN DRAMA WORKSHOP<br>PO BOX 441<br>WESTERN, MA 02493                                                |                                                                                                           | PC                             | WDW PRIDES ITSELF ON REMAINING AN AFFORDABLE PROGRAM THAT HAS NEVER DECLINED AN INDIVIDUAL'S PARTICIPATION BASED ON THEIR FINANCIAL NEEDS | 500     |
| WHITFIELD BASEBALL ASSOCIATION<br>1350 E ARLINGTON BOULEVARD SUITE A<br>GREENVILLE, NC 27358             |                                                                                                           | PC                             | EDUCATION OF YOUTH THROUGH RECREATONAL ACTIVITIES                                                                                         | 1,000   |
| WOMEN IN TRANSITION<br>21 S 12TH STREET 6TH FLOOR<br>PHILADELPHIA, PA 19147                              |                                                                                                           | PC                             | PROVIDE EDUCATIONAL SERVICES TO WOMEN WHO ARE VICTIMS OF ABUSE                                                                            | 875     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                                                                                                                           | 325,552 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment             |                                                                                                           |                                |                                                                         |         |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------|---------|
| Recipient                                                                                                            | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                        | Amount  |
| Name and address (home or business)                                                                                  |                                                                                                           |                                |                                                                         |         |
| <b>a</b> <i>Paid during the year</i>                                                                                 |                                                                                                           |                                |                                                                         |         |
| WORLD WILDLIFE FUND<br>1250 24TH STREET NW PO BOX 97180<br>WASHINGTON, DC 200907180                                  |                                                                                                           | PC                             | TO PROTECT VULNERABLE SPECIES AND HABITATS FROM THESE AND OTHER THREATS | 250     |
| <b>Total</b> . . . . .  <b>3a</b> |                                                                                                           |                                |                                                                         | 325,552 |

**TY 2018 Accounting Fees Schedule****Name:** THE FORST FOUNDATION**EIN:** 23-7685957

| <b>Category</b> | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|-----------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| ACCOUNTING FEES | 3,400         | 400                              |                                | 3,000                                                |

## TY 2018 Investments Corporate Stock Schedule

**Name:** THE FORST FOUNDATION

**EIN:** 23-7685957

### Investments Corporation Stock Schedule

| Name of Stock                                               | End of Year Book Value | End of Year Fair Market Value |
|-------------------------------------------------------------|------------------------|-------------------------------|
| BARON EMERGING MARKETS FUND 6,605 SHARES                    | 100,117                | 82,238                        |
| BLACKROCK GLOBAL ALLOCATIONS 18,714 SHARES                  | 347,407                | 323,765                       |
| DODGE AND COX INCOME 14,361 SHARES                          | 193,864                | 190,428                       |
| FIDELITY ADVISOR NEW MARKET INCOME FUND 11,147 SHARES       | 174,580                | 159,074                       |
| FIRST EAGLE GLOBAL FUND 6,994 SHARES                        | 363,904                | 355,940                       |
| FRANKLIN INCOME FUND 211,283 SHARES                         | 468,066                | 452,146                       |
| FRANKLIN RISING DIVIDENDS 7,159 SHARES                      | 279,986                | 396,033                       |
| INVESCO EQUITY WEIGHTED SP 500 9,127 SHARES                 | 352,869                | 471,784                       |
| INVESCO OPPENHEIMER INTERNATIONAL GROWTH FUND 5,770 SHARES  | 212,735                | 201,719                       |
| INVESCO OPPENHEIMER SENIOR FLOATING RATE 33,393 SHRES       | 266,020                | 257,127                       |
| INVESCO OPPENHEIMER STEELPATH MLP 15,877 SHARES             | 131,459                | 79,068                        |
| LORD ABBETT SHORT DURATION INCOME FUND 47,712 SHARES        | 215,717                | 197,528                       |
| MEEDER FUNDS MUIRFIELD FUND 87,026 SHARES                   | 579,813                | 623,106                       |
| RUSSELL LIFEPOINT GROWTH STRATEGY 114,190 SHARES            | 1,301,195              | 1,257,231                     |
| TRANSAMERICA INTERNATIONAL EQUITY FUND 10,582 SHARES        | 165,529                | 162,861                       |
| TROWE PREICE CAPITAL APPRECIATION 6,553 SHARES              | 257,840                | 266,388                       |
| VANGUARD TAX MANAGED BALANCED FUND 3,337 SHARES             | 102,193                | 100,136                       |
| VICTORY TRIVALENT INTERNATIONAL SMALL CAP FUND 7,168 SHARES | 102,468                | 80,715                        |

**TY 2018 Other Expenses Schedule****Name:** THE FORST FOUNDATION**EIN:** 23-7685957**Other Expenses Schedule**

| Description  | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|--------------|--------------------------------------|--------------------------|------------------------|---------------------------------------------|
| BANK CHARGES | 41                                   | 41                       |                        | 0                                           |

## TY 2018 Other Income Schedule

**Name:** THE FORST FOUNDATION

**EIN:** 23-7685957

### Other Income Schedule

| Description                          | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net Income |
|--------------------------------------|-----------------------------------|--------------------------|---------------------|
| REFUND OF INVESTMENT MANAGEMENT FEES | 10,507                            | 10,507                   | 10,507              |

**TY 2018 Taxes Schedule****Name:** THE FORST FOUNDATION**EIN:** 23-7685957

| Category      | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|---------------|--------|--------------------------|------------------------|---------------------------------------------|
| FOREIGN TAXES | 2,235  | 2,235                    |                        | 0                                           |
| EXCISE TAX    | 5,426  | 0                        |                        | 0                                           |

|                                                                                                                              |                                                                                                                                                                                                 |                                                     |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Schedule B</b><br>(Form 990, 990-EZ, or 990-PF)<br><small>Department of the Treasury<br/>Internal Revenue Service</small> | <b>Schedule of Contributors</b><br><br>▶ <b>Attach to Form 990, 990-EZ, or 990-PF</b><br>▶ Go to <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information | OMB No 1545-0047<br><br><b>2018</b>                 |
|                                                                                                                              | <b>Name of the organization</b><br>THE FORST FOUNDATION                                                                                                                                         | <b>Employer identification number</b><br>23-7685957 |

**Organization type** (check one)

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

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

**General Rule**

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

**Special Rules**

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ \_\_\_\_\_

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



|                                                     |                                                     |
|-----------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>THE FORST FOUNDATION | <b>Employer identification number</b><br>23-7685957 |
|-----------------------------------------------------|-----------------------------------------------------|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                   | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|-----------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | EDWARD FORST<br>601 OFFICE CENTER DRIVE SUITE 300<br>FORT WASHINGTON, PA 19034                      | \$ 25,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions ) |
| 2          | LINCOLN INVESTMENT GROUP HOLDINGS<br>601 OFFICE CENTER DRIVE SUITE 300<br>FORT WASHINGTON, PA 19034 | \$ 550,000                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions ) |
| .          |                                                                                                     | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
| .          |                                                                                                     | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
| .          |                                                                                                     | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
| .          |                                                                                                     | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
| .          |                                                                                                     | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |

Employer identification number

23-7685957

|                |                         |
|----------------|-------------------------|
| <b>Part II</b> | <b>Noncash Property</b> |
|----------------|-------------------------|

| (See instructions) Use duplicate copies of Part II if additional space is needed |                                              |                                                |                      |
|----------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------|----------------------|
| (a)<br>No. from Part I                                                           | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|                                                                                  |                                              | \$                                             |                      |
|                                                                                  |                                              |                                                |                      |
|                                                                                  |                                              |                                                |                      |
|                                                                                  |                                              |                                                |                      |
| (a)<br>No. from Part I                                                           | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|                                                                                  |                                              | \$                                             |                      |
|                                                                                  |                                              |                                                |                      |
|                                                                                  |                                              |                                                |                      |
|                                                                                  |                                              |                                                |                      |
| (a)<br>No. from Part I                                                           | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|                                                                                  |                                              | \$                                             |                      |
|                                                                                  |                                              |                                                |                      |
|                                                                                  |                                              |                                                |                      |
|                                                                                  |                                              |                                                |                      |
| (a)<br>No. from Part I                                                           | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|                                                                                  |                                              | \$                                             |                      |
|                                                                                  |                                              |                                                |                      |
|                                                                                  |                                              |                                                |                      |
|                                                                                  |                                              |                                                |                      |
| (a)<br>No. from Part I                                                           | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|                                                                                  |                                              | \$                                             |                      |
|                                                                                  |                                              |                                                |                      |
|                                                                                  |                                              |                                                |                      |
|                                                                                  |                                              |                                                |                      |
| (a)<br>No. from Part I                                                           | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|                                                                                  |                                              | \$                                             |                      |
|                                                                                  |                                              |                                                |                      |
|                                                                                  |                                              |                                                |                      |
|                                                                                  |                                              |                                                |                      |

|                                                     |                                                     |
|-----------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>THE FORST FOUNDATION | <b>Employer identification number</b><br>23-7685957 |
|-----------------------------------------------------|-----------------------------------------------------|

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

| (a)<br>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)<br>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)<br>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)<br>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> |                                          |