

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

Name of foundation MI CHARITABLE FOUNDATION		A Employer identification number 47-2381136	
Number and street (or P O box number if mail is not delivered to street address) 650 W MARKET ST		Room/suite	B Telephone number (see instructions) (717) 365-2550
City or town, state or province, country, and ZIP or foreign postal code GRATZ, PA 17030		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 1,348,245	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <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)	972,948			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	5,436	5,436		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2) . . .		0		
	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)	180,533	0		
	12 Total. Add lines 1 through 11	1,158,917	5,436		
	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)	320	0		320
	b Accounting fees (attach schedule)	5,650	0		5,650
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .				
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	267,087	3,485		0
	24 Total operating and administrative expenses. Add lines 13 through 23	273,057	3,485		5,970
	25 Contributions, gifts, grants paid	682,835			682,835
	26 Total expenses and disbursements. Add lines 24 and 25	955,892	3,485		688,805
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	203,025			
	b Net investment income (if negative, enter -0-)		1,951		
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 (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing	209,213	8,250	8,250
	2	Savings and temporary cash investments	846,660	393,982	393,982
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	133,573	946,013	946,013
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	1,189,446	1,348,245	1,348,245	
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	Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted	1,189,446	1,348,245	
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see instructions)	1,189,446	1,348,245	
	31	Total liabilities and net assets/fund balances (see instructions) .	1,189,446	1,348,245	

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	1,189,446
2	Enter amount from Part I, line 27a	2	203,025
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	1,392,471
5	Decreases not included in line 2 (itemize) ▶ _____	5	44,226
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	1,348,245

Part IV Capital Gains and Losses for Tax on Investment Income

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

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

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 { }	3	

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

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	316,583	866,374	0.365411
2016	360,212	432,525	0.832812
2015	202,282	128,583	1.573163
2014			
2013			

2 Total of line 1, column (d)	2	2.771386
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.923795
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	1,327,095
5 Multiply line 4 by line 3	5	1,225,964
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	20
7 Add lines 5 and 6	7	1,225,984
8 Enter qualifying distributions from Part XII, line 4	8	688,805

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	39
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	39
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	39
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	301
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	301
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	262
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ 262 Refunded ▶	11	0

Part VII-A Statements Regarding Activities

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

Part VII-A Statements Regarding Activities (continued)

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

Located at ► 650 W MARKET ST GRATZ PAZIP+4 ► 17030

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

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions.	1b		
	Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If "Yes," list the years ► 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		No

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

5a	During the year did the foundation pay or incur any amount to		Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		5b	
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b	No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				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		
Total number of others receiving over \$50,000 for professional services. ►		0

Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 DONATION TO FOUR DIAMONDS FUND HELPING TO CONQUER CHILDHOOD CANCER	155,700
2 DONATIONS THROUGH OUTREACH COMMITTEES TO BENEFIT THEIR COMMUNITIES	377,085
3 DONATION TO ST JUDES CHILDREN (THROUGH WINDOW WORLD CARES) HELPING TO CONQUER CHILDHOOD CANCER	130,550
4 SCHOLARSHIPS	12,000

Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ►	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	673,493
b	Average of monthly cash balances.	1b	673,812
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	1,347,305
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	1,347,305
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	20,210
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,327,095
6	Minimum investment return. Enter 5% of line 5.	6	66,355

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

1	Minimum investment return from Part X, line 6.	1	66,355
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	39
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	39
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	66,316
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	66,316
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	66,316

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	688,805
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	688,805
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	688,805

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				66,316
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013.				
b From 2014.				
c From 2015.				195,853
d From 2016.				338,599
e From 2017.				273,462
f Total of lines 3a through e.	807,914			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>688,805</u>				
a Applied to 2017, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2018 distributable amount.				66,316
e Remaining amount distributed out of corpus	622,489			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,430,403			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions.		0		
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	1,430,403			
10 Analysis of line 9				
a Excess from 2014.				
b Excess from 2015.				195,853
c Excess from 2016.				338,599
d Excess from 2017.				273,462
e Excess from 2018.				622,489

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 <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:	
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))	
b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest	
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:	
Check here ▶ <input checked="" type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.	
a The name, address, and telephone number or email address of the person to whom applications should be addressed	
b The form in which applications should be submitted and information and materials they should include	
c Any submission deadlines	
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors	

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

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

Enter gross amounts unless otherwise indicated

[illegible]

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)(3) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

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

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

b If "Yes," complete the following schedule

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	*****	2019-11-15	*****	May the IRS discuss this return with the preparer shown below? (see instr)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	Title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	ALAN B CARMAN CPA		2019-11-15		P01266253
	Firm's name ▶ RKL LLP				Firm's EIN ▶ 23-2108173
Firm's address ▶ 1330 BROADCASTING ROAD PO BOX 7008 WYOMISSING, PA 196106008					Phone no (610) 376-1595

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
MATT DESOTO 430 SUMMERS ROAD MILLERSBURG, PA 17061	CHAIRMAN 1 00	0	0	0
KELLY NEIDERER 281 N OLD STONEHOUSE ROAD CARLISLE, PA 17013				
DAVID TRUSKEY 1805 PRIMROSE ROAD DAUPHIN, PA 17018	TREASURER 1 00	0	0	0
MIKE DESOTO 4810 W IRON SPRINGS ROAD PRESCOTT, AZ 86306				
PAUL GARY 3 CENTERPOINTE DRIVE LAKE OSWEGO, OR 97035	DIRECTOR 1 00	0	0	0
STEVE REHMAN 9221 HARVEST RUSH ROAD OWINGS MILL, MD 21117		0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WANDA HATTER529 EAST MAIN STREET HEGINS, PA 17938	NONE	I	OFF WORK DUE TO CANCER TREATMENTS, GRATZ OUTREACH	1,500
HENRY HENNINGER282 HENNINGER RD ELIZABETHVILLE, PA 17023	NONE	I	MEDICAL-FAMILY, GRATZ OUTREACH	500
GARRY REBUCK1276 LAHR ROAD PAXINOS, PA 17861	NONE	I	MEDICAL EXP GRATZ OUTREACH	500
Total ▶ 3a				682,835

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RAFAEL AMARALURB METRO C/19 0-11 CARILINA, PR 00987	NONE	I	FAMILY MEDICAL-ELOSIA RIVERA, GRATZ OUTREACH	500
JEFF WIESTPO BOX 9 SPRING GLEN, PA 17978	NONE	I	TEAM MEMBER-MEDICAL, HEGINS OUTREACH	1,000
JOSE HERRERA2805 SANAMONICA DR GRAND PRAIRIE, TX 75052	NONE	I	FAMILY EXPENSES-TX OUTREACH	500
Total ▶ 3a				682,835

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JESSE MILLER344 S POPLAR ST MT CARMEL, PA 17851	NONE	I	HOUSE FIRE-HEGINS OUTREACH	500
HAYES WAKEFIELD 103 MEADOWLAKE DRIVE GALLATIN, TN 37066	NONE	I	TEAM MEMBER-MEDICAL, OPS OUTREACH	750
MISTY MOORE7524 VINEYARD DR PLANO, TX 75027	NONE	I	MEDICAL-GRATZ OUTREACH	500
Total ▶ 3a				682,835

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MIKE STIELY20 ROBIN CIRCLE HALIFAX, PA 17032	NONE	I	ASSIST-MEDICAL EXP, GRATZ OUTREACH	500
GREG YOUNG836 RIDGECREST DRIVE GRAND PRAIRIE, TX 75052	NONE	I	MEDICAL EXP-MOTORCYCLE ACCIDENT TX OUTREACH	1,000
GREG BLANKENSHIP 100 NELSON TERRACE HALIFAX, PA 17032	NONE	I	ON BEHALF OF SARAH BLANKENSHIP-BRAIN TUMOUR, OPS OUTREACH	400
Total ▶ 3a				682,835

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GLENN BOOM650 WEST MARKET ST GRATZ, PA 17030	NONE	I	LEUKEMIA BENEFIT, OPS OUTREACH	400
GINA HUNDMAN 193 S TULPEHOCKEN ST PINE GROVE, PA 17963	NONE	I	MEDICAL EXP-CANCER, HEGINS OUTREACH	500
ETHAN WARREN2141 LOVERS LANE RD KRUM, TX 76249	NONE	I	HOME FIRE-TX OUTREACH	250
Total ▶ 3a				682,835

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MIKE OROWSKI729 MAIN ST LYKENS, PA 17048	NONE	I	GRATZ TEAM MEMBER-DEATH IN FAMILY, GRATZ OUTREACH	1,500
JENNIFER MILLER 298 DIVIDING RIDGE ROAD HALIFAX, PA 17032	NONE	I	MEDICAL EXPENSES, HEGINS, GRATZ & OPS OUTREACH	9,800
ERIN HEITNER2267 EAST MAIN ST SACRAMENTO, PA 17968	NONE	I	FAMILY MEDICAL COSTS-HEGINS OUTREACH	1,400
Total ▶ 3a				682,835

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PORTANO MARIA CONSUELO 3268 CHAPEL CREEK APT 231B DALLAS, TX 75220	NONE	I	ASSIST W/FATHER'S FUNERAL EXP-TX OUTREACH	500
JOSE MUNOZ CUPUL 2066 ROYAL LANE APT 2273 DALLAS, TX 45229	NONE	I	ASSIST WITH FAMILY EXPENSES-TX OUTREACH	500
MCKENNA BORDER 103 SHIELDS BUILDING UNIVERSITY PARK, PA 16802	NONE	I	SCHOLARSHIP	1,000
Total ▶ 3a				682,835

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EMILY MILLER223 ULMER HALL LOCK HAVEN, PA 17745	NONE	I	SCHOLARSHIP	1,000
TRACE SEGUNDO 1903 UNIVERSITY ESTILL 201 HUNTSVILLE, TX 77341	NONE	I	SCHOLARSHIP	1,000
STEVEN WHARY5102 ROUTE 147 DALMATIA, PA 17017	NONE	I	MEDICAL EXP, GRATZ OUTREACH	500
Total ▶ 3a				682,835

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TAMIKA HARRIS6714 BRIERFIELD DR DALLAS, TX 75232	NONE	I	ASSIST W/MEDICAL EXP, TX OUTREACH	1,500
JOE STROHM462 MAIN STREET LYKENS, PA 17048	NONE	I	MEDICAL EXP-GRATZ OUTREACH	252
JOANN REYESPO BOX 12194 PRESCOTT, AZ 86304	NONE	I	EMPLOYEE WELFARE-PV OUTREACH	1,500
Total ▶ 3a				682,835

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JESSE TOVAR7300 FROST LANE DENTON, TX 76210	NONE	I	ASSIST WITH MEDICAL EXP, TX OUTREACH	1,621
BRANDON MOYER1250 W MAIN ST VALLEY VIEW, PA 17983	NONE	I	MEDICAL EXP-CANCER, HEGINS OUTREACH	1,428
BRANDON TRAUTMAN6229 RT 225 ELIZABETHVILLE, PA 17023	NONE	I	FLOODING HELP, HEGINS OUTREACH	500
Total ▶ 3a				682,835

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BRENDA SOTO2608 WESTVIEW DR MESQUITE, TX 75150	NONE	I	TEAM MEMBER-MEDICAL-TX OUTREACH	1,000
DAVID WODUSHEK 113 BROOKS ST SE UNIT 506 FORT WALTON BEACH, FL 32548	NONE	I	MEDICAL BILLS, HEGINS OUTREACH	500
SARAH PANAH 800 WASHINGTON ST SW SUITE 200 BLACKSBURG, VA 24061	NONE	I	SCHOLARSHIP	1,000
Total ▶ 3a				682,835

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JONAS ARTZ1362 W MAIN STREET VALLEY VIEW, PA 17983	NONE	I	ASSIST W/MEDICAL EXP- HEGINS OUTREACH	500
BRENDEN W MILLERPO BOX 600 LORETTO, PA 15940	NONE	I	SCHOLARSHIP	1,000
EMILEE BARNHARDT84 W SOUTH ST WILKES BARRE, PA 18766	NONE	I	SCHOLARSHIP	1,000
Total ▶ 3a				682,835

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JOHN MALLON223 ULMER HALL LOCK HAVEN, PA 17745	NONE	I	SCHOLARSHIP	1,000
JAROD BINGAMANFALCON EXCHANGE MECHANICSBURG, PA 17055	NONE	I	SCHOLARSHIP	1,000
BRADY KLINGER103 SHIELDS BUILDING UNIVERSITY PARK, PA 16802	NONE	I	SCHOLARSHIP	1,000
Total ▶ 3a				682,835

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JOSHUA NORRISONE COLLEGE AVE WILLIAMSPORT, PA 17701	NONE	I	SCHOLARSHIP	1,000
ZACHARY GARBER 103 SHIELDS BUILDING UNIVERSITY PARK, PA 16802	NONE	I	SCHOLARSHIP	1,000
MELISSA CLINT SMYK 57 SOUTH BENDER ST ELIZABETHVILLE, PA 17023	NONE	I	TEAM MEMBER-CHIMNEY FIRE, OPS OUTREACH, HEGINS	750
Total ▶ 3a				682,835

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KATHY HERROLD139 SOUTH MAIN ST HERNDON, PA 17830	NONE	I	TEAM MEMBER-MEDICAL ISSUES, GRATZ OUTREACH	750
MORGAN SHAFFER 650 WEST MARKET ST GRATZ, PA 17023	NONE	I	BENEFIT FOR HERSHEY'S CHILDREN HOSP-OPS OUTREACH	400
JAMES KULP145 PARK ST MILLERSBURG, PA 17061	NONE	I	TEAM MEMBER-MEDICAL ISSUES, GRATZ OUTREACH	750
Total ▶ 3a				682,835

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RACE FOR THE HOUSE 33 ALDHAM ROAD PHOENIXVILLE, PA 19460	NONE	I	CHARITY EVENT FOR RONALD MCDONALD HOUSE-HEGINS OUTREACH	500
J A SALAZAR7620 DANDY LANE DALLAS, TX 75227	NONE	I	TEAM MEMBER-FAMILY EXP IN LOSS OF HIS MOTHER	500
JASON HUHN1307 STATE RT 25 MILLERSBURG, PA 17061	NONE	I	MEDICAL EXP, PROFILES OUTREACH	2,500
Total ▶ 3a				682,835

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MARIA JOSEFINA PEREZ 1715 RANDON RD CARROLLTON, TX 75006	NONE	I	MEDICAL ISSUES, TX OUTREACH	1,000
WARREN MORRIS106 S 6TH ST TOWER CITY, PA 17980	NONE	I	ASSIST W/MEDCIAL EXPENSES, HEGINS OUTREACH	500
RICHARD SITLINGER55 DELL RD HEGINS, PA 17938	NONE	I	ASSIST W/MEDICAL EXP, HEGINS OUTREACH	507
Total ▶ 3a				682,835

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ELLEN BENSON1475 BOTTLE BRUSH DR CHINO VALLEY, AZ 86323	NONE	I	TEAM MEMBER-MEDICAL	5,000
DONNA BOYER356 NORTH CENTER ST LYKENS, PA 17048	NONE	I	MEDICAL-GRATZ OUTREACH	750
DENNIS HATTER529 E MAIN ST HEGINS, PA 17938	NONE	I	MEDICAL EXP-HEGINS OUTREACH	500
Total ▶ 3a				682,835

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PHILIP BILLHIME450 W MAIN ST ELIZABETHVILLE, PA 17023	NONE	I	ASSIST W /MEDICAL EXPENSES, HEGINS OUTREACH	500
JAMES ADAMS JR1159 W MARKET ST WILLIAMSTOWN, PA 17098	NONE	I	HEGINS EMPLOYEE-ACCIDENT, \$2500 FROM OPS, \$2500 FROM EXEC	5,000
ANA PENA1647 PALISADES DR LEWISVILLE, TX 75067	NONE	I	ASSIST W/MEDICAL EXPENSES, PV OUTREACH	1,000
Total ▶ 3a				682,835

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MICHAEL WIEST542 MAIN ST LYKENS, PA 17048	NONE	I	HOUSE FIRE-HEGINS OUTREACH	500
BILLI JO CRISSINGER852 MIDDLE RD HERNDON, PA 17830	NONE	I	MEDICAL EXP-PARENTS, HEGINS OUTREACH	600
LARRY KELLY 1471 SUSQUEHANNA TRAIL NORTHUMBERLAND, PA 17857	NONE	I	SON'S MEDICAL EXPENSES-GRATZ AND HEGINS OUTREACH	1,000
Total ▶ 3a				682,835

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LEROY LEININGER17 NORTH ST TREMONT, PA 17981	NONE	I	FLOODING HELP-HEGINS OUTREACH	500
AMY WOLF429 E MAIN STREET HEGINS, PA 17938	NONE	I	DONATION -MEDICAL OPS OUTREACH	1,000
LING CHOI1306 OVERLOOK DR LEWISVILLE, TX 75067	NONE	I	EMPLOYEE-WIFE FUNERAL EXPENSES, TX OUTREACH	1,000
Total ▶ 3a				682,835

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LORI STRAUB57 HOFFMAN ROAD KLINGERSTOWN, PA 17941	NONE	I	TEAM MEMBER-FAMILY MEMBER PASSED AWAY, GRATZ OUTREACH	1,500
LORI ZERBE1250 WEST MAIN ST VALLEY VIEW, PA 17983	NONE	I	ON BEHALF OF BRANDON MOYER-BRAIN TUMOR, OPS OUTREACH	400
LUIS VEGA2505 W OAKDALE RD IRVING, TX 75060	NONE	I	DONATION, TX OUTREACH	500
Total ▶ 3a				682,835

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
STEVE LENKER177 LENKER DRIVE WILLIAMSTOWN, PA 17098	NONE	I	WIFE-MEDICAL ISSUES, GRATZ OUTREACH	1,500
CHRISTINE LETTICH KIDS FIGHT FOR ANIMALS HEGINS, PA 17938	NONE	I	KIDS FIGHT FOR ANIMALS, HEGINS OUTREACH	500
KURT TRABOLD C/O TNT SERVICES GROUP FREDERICK, MD 21703	NONE	I	CUSTOMER TEAM MEMBER FIGHTING CANCER	500
Total ▶ 3a				682,835

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JAMES JACK4908 HARLEQUIN DR PRESCOTT VALLEY, AZ 86314	NONE	I	EMPLOYEE WELFARE-PV OUTREACH	1,500
CHRISTINA JEFFRIES 125 WEST MARKET ST GRATZ, PA 17030	NONE	I	TINA, CURRENT TEAM MEMBER- MEDICAL, GRATZ OUTREACH	1,500
CAROL BROWN 640 PUMPKIN CENTER RD KLINGERSTOWN, PA 17941	NONE	I	MEDICAL EXPENSES-CANCER, OPS OUTREACH	1,100
Total ► 3a				682,835

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHRISTINA UNDERKOFFLER 176 W GRAND AVE TOWER CITY, PA 17980	NONE	I	TEAM MEMBER-MEDICAL, HEGINS OUTREACH	500
DAVE MILLER592 WOLF HOLE RD HALIFAX, PA 17032	NONE	I	FLOODING HELP-HEGINS OUTREACH	500
CHRISTOPHER MARX 31 HOLLEY MANOR DR POTTSVILLE, PA 17901	NONE	I	MEDICAL BILLS, HEGINS OUTREACH	500
Total ▶ 3a				682,835

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DAN CUMMINGS1340 W ONEAL ROAD PRESCOTT, AZ 86305	NONE	I	ASSIST WITH MEDICAL NEEDS- PV OUTREACH	2,500
MELISSA SCHWARTZ 696 EAST MIDDLE RD LYKENS, PA 17048	NONE	I	MEDICAL EXP, GRATZ OUTREACH	500
MARIA REZA SANTACRUZ 5301 MCKINNEY 139 DENTON, TX 76208	NONE	I	ASSIST W/MEDICAL EXP, TX OUTREACH	500
Total ▶ 3a				682,835

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHRISTI GRAVER1540 E GRAND AVE TOWER CITY, PA 17980	NONE	I	TEAM MEMBERS CHILD-MEDICAL, HEGINS OUTREACH	500
CYRIL SARAH SHAFFER 342 DREIBELBIS ROAD DALMATIA, PA 17017	NONE	I	MEDICAL EXP-OPS OUTREACH	400
CORY HENN322 W MAIN STREET HEGINS, PA 17938	NONE	I	MEDICAL EXP, HEGINS OUTREACH	10,000
Total ▶ 3a				682,835

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MICHAEL WAGGONER5534 N POKE DR PRESCOTT VALLEY, AZ 86314	NONE	I	EMPLOYEE WELFARE, PV OUTREACH	350
SHEILA ADAMS42 SPRING ST TREMONT, PA 17981	NONE	I	FLOODING HELP, HEGINS OUTREACH	500
ROBERT BOYER55 S CALLOWHILL ST ELIZABETHVILLE, PA 17023	NONE	I	TEAM MEMBER IN ACCIDENT- GRATZ OUTREACH	750
Total ▶ 3a				682,835

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TIFINI CLEMENS120 S WEST STREET WILLIAMSTOWN, PA 17098	NONE	I	REIMBURSE-PROFILES OUTREACH	3,250
ROBIN KNOX14604 WBANFF LANE SURPRISE, AZ 85379	NONE	I	FAMILY EXP-LOSS OF HER DAUGHTER, EMPLOYEE OF CUSTOMER	1,500
TIMOTHY LEWIS3381 N PIMA DR PRESCOTT VALLEY, AZ 86314	NONE	I	EMPLOYEE WELFARE, PV OUTREACH	1,500
Total ▶ 3a				682,835

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TIN SUNG2079 SUNDANCE CT LEWISVILLE, TX 75087	NONE	I	ASSIST W/FUNERAL EXPENSES FOR SPOUSE-TX OUTREACH	500
MIKE MILLER825 N MONROE BLVD OGDEN, UT 84404	NONE	I	MEDICAL EXP	1,000
STEVE WILBERT 287 SHIFFERS MILL ROAD MILLERSBURG, PA 17061	NONE	I	MEDICAL-GRATZ OUTREACH	500
Total ▶ 3a				682,835

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KELLY GRABOWSKI227 W 2ND ST MT CARMEL, PA 17851	NONE	I	FATHER-MEDICAL, HEGINS OUTREACH	500
ANDY WELKERPO BOX 84 BERRYSBURG, PA 17005	NONE	I	FATHER IN ACCIDENT, GRATZ OUTREACH	500
TARA ROTHERMEL 650 WEST MARKET ST GRATZ, PA 17030	NONE	I	MEDICAL EXP-SURGERY, OPS OUTREACH	750
Total ▶ 3a				682,835

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TOMMIE E COLEMAN 9901 SCYENE RD 4101 DALLAS, TX 75227	NONE	I	ASSIST EMPLOYEES WITH EXP DUE TO LOSS OF SON, TX OUTREACH	500
SHERISE MILLS217 KONICK ROAD HALIFAX, PA 17032	NONE	I	MEDICAL EXP - GRATZ OUTREACH	500
RICK WELKER195 WELKER LANE GRATZ, PA 17030	NONE	I	PROCEEDS FROM RAFFLE-OPS OUTREACH	1,805
Total ▶ 3a				682,835

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SHARON SELIG233 W BUTTERNUT ST MOUNT CARMEL, PA 17851	NONE	I	MEDCIAL EXP-HEGINS OUTREACH	500
KIMBERLY BROWN 535 WEST GRAND AVENUE TOWER CITY, PA 17980	NONE	I	MEDICAL ASSISTANCE-HEGINS AND OPS OUTREACH	900
WILLIAM SCHEIDLER 4232 SHIPPEN DAM ROAD MILLERSBURG, PA 17061	NONE	I	MEDICAL, GRATZ OUTREACH	1,500
Total ▶ 3a				682,835

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WILLIAM QUACKENBUSH104TH ST SHAMOKIN, PA 17872	NONE	I	TEAM MEMBER, MEDICAL EXP, HEGINS OUTREACH	500
VALARIE MORRIS160 S 6TH ST TOWER CITY, PA 17980	NONE	I	ASSIST W/MEDICAL EXP, HEGINS OUTREACH	500
TIM FETTEROLF34 SUMMER DRIVE ELIZABETHTOWN, PA 17022	NONE	I	FATHER, WILLIAM DIAGNOSED W/LUKEMIA, GRATZ OUTREACH	500
Total ▶ 3a				682,835

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SHARON MCCARTY8101 E JACQUE ST PRESCOTT VALLEY, AZ 86314	NONE	I	SUPPORT TEAM MEMBER IN PASSING OF HUSBAND-PV OUTREACH	3,000
MICHAEL NIELSEN 7118 E GOODNIGHT LANE PRESCOTT VALLEY, AZ 86314	NONE	I	MEDICAL ASSISTANCE-PV OUTREACH	350
TIM TINA SCHELL 65 CALLOWHILL STREET ELIZABETHVILLE, PA 17023	NONE	I	MEDICAL-OPS OUTREACH	2,300
Total ▶ 3a				682,835

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SCOTT MATTER104 BRENDA DRIVE MILLERSBURG, PA 17061	NONE	I	ASSIST IN MEDICAL EXPENSES- PROFILES OUTREACH	1,000
ALBERTO REQUENA BLANCO 7328 PARKRIDGE BLVD 051 IRVING, TX 75063	NONE	I	TEAM MEMBER-MEDICAL, TX OUTREACH	1,500
SHANNON WOLFE409 DEITRICH AVE TOWER CITY, PA 17980	NONE	I	CANCER-GRATZ OUTREACH	1,500
Total ▶ 3a				682,835

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CONNOR DEITRICH 250 UNIVERSITY AVE CALIFORNIA, PA 15419	NONE	I	SCHOLARSHIP	1,000
WYGC FOUNDATION 3343 N WINDSONG DR PRESCOTT VALLEY, AZ 86314		PF	BENEFIT COMMUNITY MENTAL HEALTH PROGRAMS-PV OUTREACH	6,000
TEK FOUNDATION CC INC4 TANDY LANE MILLERSBURG, PA 17061		PF	ERIC'S SPEECH NOTES DONATION MATCHED BY MIWD	30,000
Total ► 3a				682,835

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE NICHOLAS WOLF FOUNDATION INC PO BOX 810 MILLVILLE, PA 17846		PF	CAMP FOR KIDS WITH CHRONIC HEALTH ISSUES-OPS OUTREACH	1,000
KADENCE JAE FOUNDATION 45 SUFFOLK ROAD HARRISBURG, PA 17112		PF	GOLF OUTING-CHILD LIFE SERVICES, OPS OUTREACH	500
GRATZ AREA FIRE COMPANY #1 202 SOUTH CENTER ST GRATZ, PA 17030		PC	TOY DRIVE DONATION, GRATZ OUTREACH	5,500
Total ▶ 3a				682,835

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
YAVAPAI BROADCASTING CORP 8028 E HIGHWAY 69 STE 102 PRESCOTT VALLEY, AZ 86314		PC	YOUTH FOOTBALL CHAPIONSHIP DAY-PV OUTREACH	285
717 STREET & STRIP CAR SHOW 8133 STATE ROUTE 209 WILLIAMSTOWN, PA 17098		PC	SPONSORSHIP-BENEFIT CHILDRENS MIRACLE NETWORK	500
SALVATION ARMY PRESCOTT CORPS PO BOX 2017 PRESCOTT, AZ 86302		PC	FOOD BANK-PV OUTREACH	1,772
Total ▶ 3a				682,835

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Name and address (home or business)				
a <i>Paid during the year</i>				
ALSACST JUDE WALKRUN 600 WATERFRONT DRIVE STE 210 PITTSBURGH, PA 15222		PC	FUNDS MATCH FOR ST JUDE 5K-HEGINS OUTREACH	3,054
GRACEFUL ACRES193A RIDGE ROAD HALIFAX, PA 17032		PC	DONATION-OPS OUTREACH	500
AMERICAN CANCER SOCIETY PO BOX 897 HERSHEY, PA 17033		PC	SPONSOR-UPPER DAUPHIN RELAY FOR LIFE	500
Total ▶ 3a				682,835

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Name and address (home or business)				
a Paid during the year				
SCOTTISH RITE HOSPITAL FOR CHILDREN 222 WELBORN STREET DALLAS, TX 75219		PC	DONATION, TX OUTREACH	2,900
GRATZ PARKS & RECREATION 625 WEST MARKET ST GRATZ, PA 17030		PC	DONATION TO MOMMY AND ME PROGRAM OPS OUTREACH	250
HALIFAX FIRE DEPARTMENT 22 S RIVER ROAD HALIFAX, PA 17032		PC	DONATION-SMOKE DETECTORS, PROFILES OUTREACH	500
Total ► 3a				682,835

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Name and address (home or business)				
a <i>Paid during the year</i>				
GUMC HEARTS OF GRACE 982 MEDICAL ROAD MILLERSBURG, PA 17061		PC	JIFF PAK PROGRAM-OPS OUTREACH	1,000
THINKBIG335 MARKET ST LEWISBURG, PA 17837		PC	DONATION-FIGHTING FOR FINLEY, GRATZ OUTREACH	100
FRIENDS OF THE TRI-VALLEY COMMUNITY POOL 655 GAP ST HEGINS, PA 17938		PC	POOL RENOVATIONS, HEGINS OUTREACH	500
Total ▶ 3a				682,835

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Name and address (home or business)				
a <i>Paid during the year</i>				
YAVAPAI COUNTY FOOD BANK 8866 E LONG MESA DR PRESCOTT VALLEY, AZ 86314		PC	FOOD BANK-PV OUTREACH	1,589
BROTHERSKEEPERSPO BOX 471249 FORT WORTH, TX 76147		PC	IN SUPPORT OF VETERANS & FIRST RESPONDERS, TX OUTREACH	240
CAMP HEBRON957 CAMP HEBRON RD HALIFAX, PA 17032		PC	SCHOLARSHIP FOR 4 CAMPERS, OPS OUTREACH	1,520
Total ▶ 3a				682,835

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Name and address (home or business)				
a <i>Paid during the year</i>				
SACRAMENTO COMMUNITY FIRE COMPANY 2206 EAST MAIN ST SACRAMENTO, PA 17968		PC	DONATION	5,000
THE VETERANS HEAT FACTORY 16015 US HIGHWAY 19 HUDSON, FL 34667		PC	IN SUPPORT OF GOLF OUTING BENEFITS VETERANS, EX COMMITTEE, PER MATT D	4,500
ST JUDE CHILDREN RES HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105		PC	RAFFLE PROCEEDS	5,550
Total ▶ 3a				682,835

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Name and address (home or business)				
a <i>Paid during the year</i>				
HEGINS AREA AMBULANCE ASSOC 352 GAP ROAD HEGEINS, PA 17983		PC	COMMUNITY DONATION-HEGINS OUTREACH	1,000
SERVANTS TO ALL4 S CENTRE ST POTTSVILLE, PA 17901		PC	DONATION-HOMELESS SHELTER, HEGINS OUTREACH	500
DAUPHIN COUNTY LIBRARY SYSTEM 101 WALNUT STREET HARRISBURG, PA 17101		PC	READ BETWEEN THE WINES-CORKER SPONSORSHIP, OPS OUTREACH	500
Total ▶ 3a				682,835

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Name and address (home or business)				
a <i>Paid during the year</i>				
CATHOLIC CHARITIES 7555 E STATE RT 69 PRESCOTT VALLEY, AZ 86314		PC	FUNDRAISER BAGS-PV OUTREACH	200
CENTRAL YAVAPAI FIRE DISTRICT 8555 E YAVAPAI ROAD PRESCOTT VALLEY, AZ 86314		PC	DONATION	5,000
CHILDREN'S CANCER RESEARCH FUND 7301 OHMS LANE SUITE 355 MINNEAPOLIS, MN 55439		PC	TEAM MEMBER PARTICIPATION IN GREAT CYCLE CHALLENGE, TX OUTREACH	500
Total ▶ 3a				682,835

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Name and address (home or business)				
a <i>Paid during the year</i>				
CHRISTIAN COMMUNITY ACTION 200 SOUTH MILL COURT LEWISVILLE, TX 75057		PC	DONATION TO FOOD BANK-TX OUTREACH	1,500
COLEMAN'S MILITARY SURPLUS 360 KLINGER RD MILLERSBURG, PA 17061		PC	DD-CUP SPONSORSHIP, OPS OUTREACH	800
FLOWER MOUND POLICE ASSOC PO BOX 271184 FLOWER MOUND, TX 750271184		PC	TOYS FOR SANTA COPS PROGRAM, TX OUTREACH	1,500
Total ▶ 3a				682,835

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Name and address (home or business)				
a <i>Paid during the year</i>				
CENTRAL PA FOOD BANK 3908 COREY RD HARRISBURG, PA 17109		PC	DONATION TO FOOD BANK-OPS OUTREACH	500
FOUR DIAMONDS FUND PENN STATE UNIVERSITY STATE COLLEGE, PA 16801		PC	DONATION PLEDGE	155,700
BRADY C LUCAS GOLF OUTING 202 PLAZA DRIVE MANCHESTER, PA 17345		PC	GOLF SPONSORSHIP IN SUPPORT OF FOUR DIAMONDS	2,500
Total ► 3a				682,835

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Name and address (home or business)				
a <i>Paid during the year</i>				
FLOWER MOUND FIRE DEPT 3911 S BROADWAY AVE FLOWER MOUND, TX 75028		PC	DONATION	5,000
LINE MTN NOURISHING EAGLES TO SOAR 115 CIDER PRESS ROAD KLINGERSTOWN, PA 17941		PC	SNACK PACK PROGRAM-OPS OUTREACH	1,000
TRI-VALLEY SCHOOL DISTRICT 110 WEST MAIN ST VALLEY VIEW, PA 17983		PC	OUTDOOR ENVIRONMENTAL CENTER PROJECT, HEGINS OUTREACH	500
Total ▶ 3a				682,835

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Name and address (home or business)				
a <i>Paid during the year</i>				
PEOPLE WHO CAREPO BOX 12977 PRESCOTT VALLEY, AZ 86304		PC	HELP W/TRANSPORTATION SERVICES IN COMMUNITY-PV OUTREACH	1,000
TRI-VALLEY YOUTH ACTIVITIES FUND 2 FEARNOT ROAD SACRAMENTO, PA 17968		PC	DONATION TO RUN/WALK-\$250/EA FROM PA OUTREACH COMMITTEES	1,000
OPERATION GRATITUDEPO BOX 260257 ENCINO, CA 914260257		PC	CARE PACKAGES TO DEPLOYED SERVICE, TX OUTREACH	900
Total ▶ 3a				682,835

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Name and address (home or business)				
a Paid during the year				
LENDLEASE (US) COMMUNITY FUND 1201 DEMONBREUN ST SUITE 800 NASHVILLE, TN 37203		PC	SUPPORTING MILITARY FAMILIES-EX OUTREACH	2,500
NATIONAL BREAST CANCER FOUNDATION INC 2600 NETWORK BLVD SUITE 300 FRISCO, TX 75034		PC	DONATION-BREAST CANCER AWARENESS MONTH	25,000
MILLERSBURG FIRE COMPANY PO BOX 151 MILLERSBURG, PA 17061		PC	DONATION	5,100
Total ▶ 3a				682,835

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Name and address (home or business)				
a <i>Paid during the year</i>				
UPPER DAUPHIN HUMAN SVCS CENTER PO BOX 157 ELIZABETHVILLE, PA 17023		PC	ANNUAL FOOD DRIVE-OPS OUTREACH	850
MRM GOLF OUTING 1517 STATE ROUTE 209 MILLERSBURG, PA 17061		PC	GOLD CLUB SPONSOR	1,250
UDA TROJAN EDUCATIONAL FOUNDATION 5668 STATE ROUTE 209 LYKENS, PA 17048		PC	UDA PRE K PROGRAM	15,000
Total ▶ 3a				682,835

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TWIN VALLEY PLAYERS269 CENTER ST MILLERSBURG, PA 17061		PC	SUPPORT OF DRAMA CAMP-2019, OPS OUTREACH	500
WASHINGTON TOWNSHIP 185 MANORS RD ELIZABETHVILLE, PA 17023		PC	BRETT D SHADLE MEMORIAL FUND, OPS OUTREACH	350
LINE MOUNTAIN ELEM SCHOOL MINI-THON 524 W SHAMOKIN STREET TREVORTON, PA 17881		PC	SPONSORING T-SHIRTS FOR THEIR THON, EX COMMITTEE	1,100
Total ▶ 3a				682,835

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NED SMITH CENTERPO BOX 33 MILLERSBURG, PA 17061		PC	GENERAL SEASON SUPPORT	7,500
NORTHERN DAUPHIN CO BRANCH YMCA 500 NORTH CHURCH ST ELIZABETHVILLE, PA 17023		PC	BRONZE SPONSOR-GOLF OUTING, OPS OUTREACH	500
CARROLLTON FIRE RESCUE 1945 E JACKSON ROAD CARROLLTON, TX 75011		PC	DONATION	5,000
Total ▶ 3a				682,835

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Name and address (home or business)				
a <i>Paid during the year</i>				
PRESCOTT PARKS AND RECREATION 824 E GURLEY ST PRESCOTT, AZ 86301		PC	POKER HIKE FUNDRAISER-PV OUTREACH	500
MAROON AND GOLD FOUNDATION 799 CENTER ST MILLERSBURG, PA 17061		PC	DONATION-OPS OUTREACH, BLEED KITS	500
PADRE FOUNDATION 1201 W LA VETA AVE ORANGE, CA 928689841		PC	SILVER SPONSOR-SUPPORTS FIGHT AGAINST DIABETES, BOARD	5,000
Total ▶ 3a				682,835

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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
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a <i>Paid during the year</i>				
WINDOW WORLD CARES 118 SHAVER STREET NORTH WILKESBORO, NC 28659		PC	ST JUDE COMMITTMENT	125,000
HEGINS VALLEY FIRE RESCUE 720 CHESTNUT STREET HEGINS, PA 17938		PC	DONATION	5,000
HOOVER BOYER FUNERAL HOME 118 SOUTH MARKET ST MILLERSBURG, PA 17061		PC	FUNERAL COST-SEAN HAKE, PROFILES OUTREACH	1,000
Total ► 3a				682,835

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Name and address (home or business)				
a <i>Paid during the year</i>				
HOMES FOR OUR TROOPS6 MAIN ST TAUNTON, MA 02780		PC	SPONSORSHIP-GOLF OUTING	5,000
PV BROADCASTINGBOX 26523 PRESCOTT VALLEY, AZ 86312		PC	WINDOW TO OUR COMMUNITY SPONSOR, PV OUTREACH	812
BOYS & GIRLS CLUB OF CENTRAL AZ 335 EAST AUBREY STREET PRESCOTT, AZ 86303		PC	CAPITAL IMPROVEMENTS- DONATION-BOARD	50,000
Total ▶ 3a				682,835

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Name and address (home or business)				
a <i>Paid during the year</i>				
BMMS PTSA 12255 E TURQUOISE CIRCLE DEWEY, AZ 86327		PC	HUMBOLDT UNIFIED SCHOOL DIST-FUND CLASSROOM REMODELS PV OUTREACH	5,000
BETHESDA MISSIONPO BOX 3041 HARRISBURG, PA 17105		PC	DONATION TOWARD SUPPLIES- PROFILES OUTREACH	500
BERRYSBURG & COMMUNITY FIRE CO 196 WEST MARKET ST BERRYSBURG, PA 17005		PC	DONATION	5,000
Total ▶ 3a				682,835

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Name and address (home or business)				
a <i>Paid during the year</i>				
BELIEVE IN BLESSINGS THRIFT SHOP 22 EAST MAIN STREET ELIZABETHVILLE, PA 17023		PC	ANNUAL SUPPORT-OPS OUTREACH	250
WEEKEND SNACK PACK PROGRAM PO BOX 270 BERRYSBURG, PA 17005		PC	WEEK-END SNACK PROGRAM-OPS OUTREACH	2,000
MILLERSBURG FERRY BOAT ASSOCIATION PO BOX 93 MILLERSBURG, PA 17061		PC	DONATION TOWARD REPAIRS-OPS OUTREACH	1,500
Total ▶ 3a				682,835

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Name and address (home or business)				
a <i>Paid during the year</i>				
PRESCOTT AREA HABITAT FOR HUMANITY 1230 WILLOW CREEK ROAD PRESCOTT, AZ 86301		PC	GOLF SPONSOR-LEAD CONTRACTOR, BOARD	9,000
HEARTS WITH HANDS 850 WARREN WILSON RD SWANNONOA, NC 28778		PC	ST JUDE BIKE RALLY-10/27/18, TX OUTREACH	1,000
BREAST CANCER RESEARCH FOUNDATION 28 WEST 44TH STREET SUITE 609 NEW YORK, NY 10036		PC	DONATION-BREAST CANCER AWARENESS MONTH	25,000
Total ▶ 3a				682,835

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
3622ND MORALE SUPPORT C/O FULL TIME UNIT STAFF ANNVILLE, PA 17003		PC	HOLE SPONSOR-GOLF TOURNY- PROFILES OUTREACH	100
Total ▶ 3a				682,835

TY 2018 Accounting Fees Schedule**Name:** MI CHARITABLE FOUNDATION**EIN:** 47-2381136

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	5,650	0		5,650

TY 2018 Investments Corporate Stock Schedule**Name:** MI CHARITABLE FOUNDATION**EIN:** 47-2381136**Investments Corporation Stock Schedule**

Name of Stock	End of Year Book Value	End of Year Fair Market Value
DOUBLELINE CORE FIXED INCM	174,175	174,175
PIMCO FOREIGN BD USD	102,499	102,499
THOMPSON BOND FUND	101,216	101,216
AMERICAN FD EUROPACIFIC	109,063	109,063
AMERICAN FD NEW WORLD	47,446	47,446
COHEN & STEERS REALTY	47,540	47,540
SCHWAB S&P 500 INDEX FD	180,566	180,566
SCHWAB SMALL CAP INDED FUND	41,615	41,615
JP MORGAN HEDGED EQUITY FUND	97,959	97,959
SCHWAB US MID CAP	43,934	43,934

TY 2018 Legal Fees Schedule**Name:** MI CHARITABLE FOUNDATION**EIN:** 47-2381136

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	320	0		320

TY 2018 Other Decreases Schedule

Name: MI CHARITABLE FOUNDATION
EIN: 47-2381136

Description	Amount
UNREALIZED GAIN	44,226

TY 2018 Other Expenses Schedule**Name:** MI CHARITABLE FOUNDATION**EIN:** 47-2381136**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADVERTISING EXPENSE	1,216	0		0
BANK FEES	3,485	3,485		0
LICENSES	311	0		0
SPECIAL EVENT EXPENSES	200,797	0		0
OUTREACH COMMITTEE EXPENSES	54,429	0		0
OUTSIDE CONTRACTORS	6,388	0		0
BUSINESS EXPENSES	461	0		0

TY 2018 Other Income Schedule

Name: MI CHARITABLE FOUNDATION

EIN: 47-2381136

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	180,533		180,533

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491319040509	
Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Go to www.irs.gov/Form990 for the latest information			OMB No 1545-0047
					2018
Name of the organization MI CHARITABLE FOUNDATION				Employer identification number 47-2381136	

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ 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).

Name of organization MI CHARITABLE FOUNDATION	Employer identification number 47-2381136
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Part I Contributors (See Instructions) Use duplicate copies of Part I if additional space is needed

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

Employer identification number

47-2381136

Part II	Noncash Property
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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization MI CHARITABLE FOUNDATION	Employer identification number 47-2381136
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	

Additional Data

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	AURORA PLASTICS	\$ 16,600	Person <input checked="" type="checkbox"/>
	9280 JEFFERSON ST		Payroll <input type="checkbox"/>
	STREETSBORO, OH 44241		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>2</u>	BIGNOLI ENTERPRISES	\$ 8,000	Person <input checked="" type="checkbox"/>
	10 JEFFREY WAY		Payroll <input type="checkbox"/>
	NORWALK, OH 448579559		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>3</u>	BULLDOG POLYMERS	\$ 8,000	Person <input checked="" type="checkbox"/>
	10 JEFFREY WAY		Payroll <input type="checkbox"/>
	NORWALK, OH 44857		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>4</u>	CALDWELL MANUFACTURING	\$ 24,000	Person <input checked="" type="checkbox"/>
	PO BOX 92891		Payroll <input type="checkbox"/>
	ROCHESTER, NY 146928991		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>5</u>	CARDINAL GLASS	\$ 42,000	Person <input checked="" type="checkbox"/>
	775 PRAIRIE CENTER DR SUITE 200		Payroll <input type="checkbox"/>
	EDEN PRAIRIE, MN 55344		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>6</u>	CHESCO SALES	\$ 49,350	Person <input checked="" type="checkbox"/>
	103 FOX BRIAR LANE		Payroll <input type="checkbox"/>
	CARY, NC 27518		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	FRYMAN'S RECYCLING	\$ 6,000	Person <input checked="" type="checkbox"/>
	PO BOX 781		Payroll <input type="checkbox"/>
	DOWAGIAC, MI 49047		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>8</u>	GAMMCO SALES	\$ 8,600	Person <input checked="" type="checkbox"/>
	917 RIVERCHASE PKWY WEST		Payroll <input type="checkbox"/>
	BIRMINGHAM, AL 35244		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>9</u>	GRATZ OUTREACH	\$ 21,139	Person <input checked="" type="checkbox"/>
	650 WEST MARKET ST		Payroll <input type="checkbox"/>
	GRATZ, PA 17030		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>10</u>	GUARDIAN	\$ 30,000	Person <input checked="" type="checkbox"/>
	2300 HARMON ROAD		Payroll <input type="checkbox"/>
	AUBURN HILLS, MI 48326		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>11</u>	HB MCCLURE	\$ 5,000	Person <input checked="" type="checkbox"/>
	600 S 17TH STREET		Payroll <input type="checkbox"/>
	HARRISBURG, PA 17105		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>12</u>	HEGINS OUTREACH	\$ 17,714	Person <input checked="" type="checkbox"/>
	650 WEST MARKET ST		Payroll <input type="checkbox"/>
	GRATZ, PA 17030		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>	HUGH GIORGIO	\$ 14,000	Person <input checked="" type="checkbox"/>
	25 S CHARLES ST		Payroll <input type="checkbox"/>
	BALTIMORE, MD 21201		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>14</u>	INTERRUPT INC	\$ 5,000	Person <input checked="" type="checkbox"/>
	6622 MAPLEWOOD AVE		Payroll <input type="checkbox"/>
	SYLVANIA, OH 43560		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>15</u>	JACOB DAVIS	\$ 5,000	Person <input checked="" type="checkbox"/>
	1360 S PARK DR		Payroll <input type="checkbox"/>
	MONUMENT, CO 80132		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>16</u>	JASON PROLY	\$ 5,625	Person <input checked="" type="checkbox"/>
	3928 CHARTER HOUSE DRIVE		Payroll <input type="checkbox"/>
	JACKSONVILLE, FL 32224		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>17</u>	JEFF UMOSELLA	\$ 30,500	Person <input checked="" type="checkbox"/>
	30 WATERFRONT WAY		Payroll <input type="checkbox"/>
	HAMMONTON, NJ 08037		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>18</u>	JOHN BOTT	\$ 6,000	Person <input checked="" type="checkbox"/>
	2510 SCOTT RD		Payroll <input type="checkbox"/>
	WALL, NJ 07719		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	JOHN WHALEN	\$ 7,000	Person <input checked="" type="checkbox"/>
	12 WYNDHAM COURT		Payroll <input type="checkbox"/>
	LUTHERVILLE, MD 21093		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
20	M&T BANK	\$ 5,000	Person <input checked="" type="checkbox"/>
	PO BOX 767		Payroll <input type="checkbox"/>
	BUFFALO, NY 14240		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
21	MARC HEMBROUGH	\$ 5,000	Person <input checked="" type="checkbox"/>
	468 NANTMEAL ROAD		Payroll <input type="checkbox"/>
	GLENMOORE, PA 193432621		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
22	MARK A HEMBROUGH	\$ 5,000	Person <input checked="" type="checkbox"/>
	468 NANTMEAL ROAD		Payroll <input type="checkbox"/>
	GLENMOORE, PA 193432621		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
23	MATT DESOTO	\$ 11,000	Person <input checked="" type="checkbox"/>
	650 W MARKET ST		Payroll <input type="checkbox"/>
	GRATZ, PA 17030		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
24	MIKE DESOTO	\$ 10,000	Person <input checked="" type="checkbox"/>
	4910 W IRON SPRINGS RD		Payroll <input type="checkbox"/>
	PRESCOTT VALLEY, AZ 863055194		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>25</u>	MIWD	\$ 473,082	Person <input checked="" type="checkbox"/>
	650 WEST MARKET ST		Payroll <input type="checkbox"/>
	GRATZ, PA 17030		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>26</u>	OPS OUTREACH	\$ 8,123	Person <input checked="" type="checkbox"/>
	650 WEST MARKET ST		Payroll <input type="checkbox"/>
	GRATZ, PA 17030		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>27</u>	PATTON LOGISTICS	\$ 8,100	Person <input checked="" type="checkbox"/>
	60 BELFORD BLVD		Payroll <input type="checkbox"/>
	MILTON, PA 17847		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>28</u>	PV OUTREACH	\$ 12,512	Person <input checked="" type="checkbox"/>
	7555 EAST STATE RT 69		Payroll <input type="checkbox"/>
	PRESCOTT VALLEY, AZ 86314		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>29</u>	ROSCOM INC	\$ 23,000	Person <input checked="" type="checkbox"/>
	2925 STATE ROAD		Payroll <input type="checkbox"/>
	CROYDON, PA 19021		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>30</u>	STEVEN STARKEY	\$ 5,625	Person <input checked="" type="checkbox"/>
	5128 COMMISSIONERS DRIVE		Payroll <input type="checkbox"/>
	JACKSONVILLE, FL 32224		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	STEVENS & LEE	\$ 5,000	Person <input checked="" type="checkbox"/>
	PO BOX 679		Payroll <input type="checkbox"/>
	READING, PA 19603		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
32	T W PERRY	\$ 5,000	Person <input checked="" type="checkbox"/>
	8131 SNOUFFER SCHOOL ROAD		Payroll <input type="checkbox"/>
	GAITHERSBURG, MD 20879		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
33	TEXAS OUTREACH	\$ 10,476	Person <input checked="" type="checkbox"/>
	1900 LAKESIDE PARKWAY		Payroll <input type="checkbox"/>
	FLOWER MOUND, TX 75028		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
34	THE GARY LAW GROUP	\$ 10,000	Person <input checked="" type="checkbox"/>
	3 CENTERPOINTE DRIVE		Payroll <input type="checkbox"/>
	LAKE OSWEGO, OR 97035		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
35	TOM TEAGUE	\$ 6,000	Person <input checked="" type="checkbox"/>
	PO BOX 24788		Payroll <input type="checkbox"/>
	WINSTONSALEM, NC 27114		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
36	TWENTY-FOUR SEVEN	\$ 50,502	Person <input checked="" type="checkbox"/>
	9221 HARVEST RUSH ROAD		Payroll <input type="checkbox"/>
	OWING MILLS, MD 21117		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	VALLEY FORGE FINANCIAL GROUP	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	1030 OLD VALLEY FORGE RD		
	KING OF PRUSSIA, PA 19406		
38	WILLIS US HOLDING COMPANY	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	26 CENTURY BLVD		
	NASHVILLE, TN 37214		