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DLN: 93491133003399

2018

OMB No 1545-0052

## Form 990-PF

Department of the Treasury Internal Revenue Service

**Return of Private Foundation** or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2018, or tax year beginning 02-01-20	18 , aı	nd ending 01-31-	2019				
		undation	A Employer id	entification numbe	r				
VV	ALIEK L	L SCHAUTZ FOUNDATION		24-6018362					
		d street (or P O box number if mail is not delivered to street address) T GROVE STREET	Room/suite	<b>B</b> Telephone nu	<b>B</b> Telephone number (see instructions)				
Citi		and the second s		(570) 344-1174	<u> </u>				
		n, state or province, country, and ZIP or foreign postal code , PA 18510		<b>C</b> If exemption	application is pendin	g, check here			
<b>G</b> Cl	neck al	Il that apply $igsqcup$ Initial return $igsqcup$ Initial return of a f	ormer public charity	<b>D 1.</b> Foreign or	ganizations, check he	ere 🛴			
		Final return Amended return			ganizations meeting k here and attach co				
		Address change Name change		•	ındatıon status was t	· -			
_	•	/pe of organization $oldsymbol{arPrice}$ Section 501(c)(3) exempt private f n 4947(a)(1) nonexempt charitable trust $oxdot$ Other taxable			n 507(b)(1)(A), chec				
			✓ Cash ☐ Accru	F If the founds	ation is in a 60-monti	n termination			
of	year (f	from Part II, col (c),  ▶\$ 7,490,834  □ Other (specify) (Part I, column (d) must		under section	n 507(b)(1)(B), chec				
Pa	rt I	Analysis of Revenue and Expenses (The total	(-) Davison and			(d) Disbursements			
		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	for charitable purposes (cash basis only)			
	1	Contributions, gifts, grants, etc , received (attach	75.000						
	2	schedule)  Check  I if the foundation is <b>not</b> required to attach	75,000						
		Sch B							
	3	Interest on savings and temporary cash investments	43						
	4	Dividends and interest from securities	231,400	231,400					
Revenue	5a	Gross rents							
	b	Net rental income or (loss)	-12,459						
	6a	Net gain or (loss) from sale of assets not on line 10	-12,439						
eve	b	Gross sales price for all assets on line 6a 67,663		0					
~	7   8	Capital gain net income (from Part IV, line 2)		0					
	9	Income modifications							
	10a	Gross sales less returns and allowances							
	ь	Less Cost of goods sold							
	c	Gross profit or (loss) (attach schedule)							
	11	Other income (attach schedule)							
	12	Total. Add lines 1 through 11	293,984	231,443					
	13	Compensation of officers, directors, trustees, etc	0	0		0			
	14	Other employee salaries and wages							
es	15	Pension plans, employee benefits							
Sui	16a	Legal fees (attach schedule)							
×	ь	Accounting fees (attach schedule)	<b>9</b> 6,320	3,160		3,160			
e E	c	Other professional fees (attach schedule)							
atıv	17	Interest							
and Administrative Expenses	18	Taxes (attach schedule) (see instructions)	2,195	0		0			
Ξ	19	Depreciation (attach schedule) and depletion							
Ę.	20	Occupancy							
1 pu	21	Travel, conferences, and meetings							
a	22	Printing and publications	1						
Operating	23	Other expenses (attach schedule)	15,669	7,833		7,836			
rat	24	Total operating and administrative expenses.	<b>-</b>						
<u>a</u>		Add lines 13 through 23	24,184	10,993		10,996			
_	25	Contributions, gifts, grants paid	356,200			356,200			
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	380,384	10,993		367,196			
	27	Subtract line 26 from line 12				_			
	а	Excess of revenue over expenses and disbursements	-86,400						
	ь	Net investment income (If negative, enter -0-)	22,100	220,450					
	c	Adjusted net income (If negative, enter -0-)		,					
For	Paper	work Reduction Act Notice, see instructions.		Cat No 11289>	For	m <b>990-PF</b> (2018)			

	4	Pledges receivable ▶				
		Less allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶				
		Less allowance for doubtful accounts ▶				
S	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
As	10a	Investments—U S and state government obligations (attach schedule)				
	ь	Investments—corporate stock (attach schedule)	4,504,584	<b>%</b> J	4,682,604	7,450,1

4,809,730

4,809,730

4,809,730

4.809.730

0

4,723,330

4,723,330

4,723,330

4,723,330

2

3

4

5

6

4,809,730

4,723,330

4,723,330 Form **990-PF** (2018)

0

-86,400

7,490,834

Investments—land, buildings, and equipment basis ▶

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

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . . .

Less accumulated depreciation (attach schedule) ▶

Less accumulated depreciation (attach schedule)

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

Foundations that follow SFAS 117, check here ▶

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

Foundations that do not follow SFAS 117, check here ▶

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

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

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

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

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

Analysis of Changes in Net Assets or Fund Balances

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > \_

Other liabilities (describe -\_

Unrestricted . . . .

Permanently restricted . . . .

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) .

Enter amount from Part I, line 27a . . . . .

Other increases not included in line 2 (itemize) -

Temporarily restricted

Grants payable

20

21

22

23

24

25

26

28

29 Net 30

31

Part III

2

Balances

Fund

5

Assets 27

C 11

	e the kind(s) of property sold (e g , rehouse, or common stock, 200 shs	How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )	
1 a 1157 SHARES BRITISH A	MERICAN TOCACCO			2017-07-17	2018-04-13
b					
С					
d					<u> </u>
e					<del>                                     </del>
	(f)	(9	1)	(	h)
(e) Gross sales price	Depreciation allowed	Cost or ot	ther basis	Gain c	or (loss)
<u> </u>	(or allowable)	plus exper	nse of sale	, , , ,	f) minus (g)
<b>a</b> 6	7,663		80,122		-12,459
b					
С					
d					
е					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation or	n 12/31/69		(I)
(i)	(i)	_ (F	•		h) gain minus
FMV as of 12/31/69	Adjusted basis as of 12/31/69	Excess o over col	of col (i)		less than -0-) <b>or</b> om col (h))
	as of 12/31/09	over cor	(J), II ally	203303 (11	-12,459
a b	<del></del>				
С					
d	<del></del>				
2 Capital gain net income	or (net capital loss)	If gain, also enter in Pai If (loss), enter -0- in Pa			
= Capital gail flet illcome	or (net capital loss)	11 (1035), Circle 0 1111 a	1 1	2	-12,459
3 Net short-term capital o	gain or (loss) as defined in sections :	1222(5) and (6)			
If gain, also enter in Pa in Part I, line 8	rt I, line 8, column (c) (see instructi	ons) If (loss), enter -0-	}	3	
Part V Qualification U	Jnder Section 4940(e) for Re	educed Tax on Net I	nvestment In	come	
	rivate foundations subject to the sec				
if section 4940(d)(2) applies, le	•	` ,		,	
	·				
	e section 4942 tax on the distributa		n the base period?	?	es 🗹 No
	ot qualify under section 4940(e) Do				
(a)	nount in each column for each year,	see instructions before r	naking any entrie:	(d)	
Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitable	-use assets	Distribution rat (col (b) divided by o	
2017	598,797		7,221,626		0 082917
2016	335,771		6,442,688		0 052117
2015	322,912		6,597,431		0 048945
2014	340,469		6,885,741		0 049446
2013	303,068		6,215,892		0 048757
2 Total of line 1, column (d	d)		2		0 282182
	for the 5-year base period—divide				
	dation has been in existence if less ncharitable-use assets for 2018 fron		<u>3</u>		<u>0 056436</u>
		,	5	<del> </del>	7,112,583 401,406
5 Multiply line 4 by line 3				<del> </del>	<del></del>
	ent income (1% of Part I, line 27b)		6	1	2,205
			7	1	403,611
	ons from Part XII, line 4 ,				367,196
If line 8 is equal to or gre	eater than line 7, check the box in Pa	art v1, line 10, and comp	nete that part usin	ig a 1% tax rate. Se	e me Part VI
				Fo	orm <b>990-PF</b> (2018)

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	** VIII B	4:	A call vial and from task to the	Form 4720 March	Described (		1 \				age (
	_		Activities for Which	Form 4/20 May Be	Requirea (c	ontinue	ea)		1		
5a	During the year did the foundation		•							Yes	No
	(1) Carry on propaganda, or otherv					Yes	<b>✓</b>	No			
	(2) Influence the outcome of any s			**							
		n, directly or indirectly, any voter registration drive?						No			
	(3) Provide a grant to an individual		• • • • • • • • • • • • • • • • • • • •			Yes	<b>✓</b>	No			
	• • •		on other than a charitable, etc , organization described								
	in section 4945(d)(4)(A)? See ii			Yes	✓	No					
	(5) Provide for any purpose other t		- ·								
	educational purposes, or for the	•	•	• •	Yes	<b>✓</b>	No				
Ь	<b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in										
	Regulations section 53 4945 or in a						•		5b		
	Organizations relying on a current r		-			. ▶					
C	If the answer is "Yes" to question 5			•							
	tax because it maintained expenditi		· · · · · · · · · · · · · · · · · · ·		• • [	Yes		No			
	If "Yes," attach the statement requi	red b	y Regulations section 53 4	1945–5(d)							
<b>6</b> a	Did the foundation, during the year,	, rece	ive any funds, directly or i	ındırectly, to pay premıu	ms on						
	a personal benefit contract?					Yes	<b>✓</b>	No			
b	Did the foundation, during the year,	, pay	premiums, directly or indi	rectly, on a personal ber	nefit contract? .				6b		No
	If "Yes" to 6b, file Form 8870										
7a	At any time during the tax year, wa	s the	foundation a party to a pr	ohibited tax shelter tran	saction?	Yes	<b>~</b>	No			
b	If yes, did the foundation receive ar	y pro	ceeds or have any net inc	come attributable to the	transaction? . ¯	_ ::		110	7b		
8	Is the foundation subject to the sec	tion 4	960 tax on payment(s) of	more than \$1,000,000	ın remuneratıoı	n or					
	excess parachute payment during the	ne ye	ar <sup>?</sup>		[	Yes	<b>~</b>	No			
	Information About 0	Offic	ers, Directors, Trusto	ees, Foundation Ma	nagers, Hig				vees,		
Pa	and Contractors			•	<i>J</i> , <i>J</i>	•		•	•		
1	List all officers, directors, truste	es, fo	oundation managers and	d their compensation.	See instruction	ons					
	· · · · · · · · · · · · · · · · · · ·		(b) Title, and average	(c) Compensation (If	(d) Contri		to	(0)	Evper	NCO 300	ount
	(a) Name and address		hours per week	not paid, enter	employee benefit plans and				(e) Expense account other allowances		
\A/ A L T	ER SCHAUTZ	DDEC	devoted to position  IDENT/TREASURER	-0-)	-0-) deferred compensation			+	Street and trained		
	AST GROVE STREET	0 00	IDENT/TREASURER	٥				ή			
	NTON, PA 18510										
DEBC	RAH RABAN		ETARY	0			(				(
	AST GROVE STREET	0 00									
	NTON, PA 18510			_				_			
	CHERB CPA	0 00 DIKE	CTOR	0			C	7			(
	ENTER AVENUE HORPE, PA 18229										
2	Compensation of five highest-pa	id en	nployees (other than th	ose included on line 1	-see instruct	ions). I	If no	ne, e	nter "	NONE.	."
			(b) Title, and average		(d) Contrib						
(a)	Name and address of each employee more than \$50,000	paid	hours per week	(c) Compensation	employee plans and					se acco	
	more than \$50,000		devoted to position		compen		1	Ü.	.пегап	owanc	ES
NON	 E				· ·						
							+				
							$\dashv$				
Tota	I number of other employees paid ov	er \$5	0.000			<b></b>	$\dashv$				
	and the second of the second o	<del></del>	-,		<u> </u>	-	1	For	m <b>99</b> 0	0-PF (	2018
										• 1	

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Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued)	Foundation Managers, Highly Pa	id Employees,
3 Five highest-paid independent contractors for professional service	es (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 releving and other beneficiaries served, conferences convened, research papers produc		Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see in	astructions)	
Describe the two largest program-related investments made by the foundation during the	<u>'</u>	Amount
1		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		<b>P</b> 0
		Form <b>990-PF</b> (2018)

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

Amounts set aside for specific charitable projects that satisfy the

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

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

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

3

4

5

2

3a 3h

4

5

367.196

367.196

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351,220

351,220

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0

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Part XIII	Undistributed Income (see instruct	tions)

**b** Total for prior years

From 2013. . . . .

**b** From 2014. . . . c From 2015. . d From 2016. . . .

e From 2017. . . . .

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

5 Excess distributions carryover applied to 2018

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . . f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .

(If an amount appears in column (d), the

6 Enter the net total of each column as

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . . **b** Excess from 2015. .

c Excess from 2016. . . .

d Excess from 2017. . .

e Excess from 2018. . .

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

indicated below:

**d** Applied to 2018 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

- 1 Distributable amount for 2018 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2018
- a Enter amount for 2017 only. . . . . .

  - Excess distributions carryover, if any, to 2018
    - - 6,667

(a)

Corpus

281.687

15.976

297,663

297,663

6.667

26.231

248.789

15.976

(b)

Years prior to 2017

(c)

2017

- 26.231
- 248,789
- f Total of lines 3a through e. . . . . . . .
- 4 Qualifying distributions for 2018 from Part XII, line 4 🕨 \$
- a Applied to 2017, but not more than line 2a

NO



nter gros	s amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
<b>1</b> Program	n service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	function income (See instructions )
	<del></del>					
2 Membe	and contracts from government agencies ership dues and assessments					
	ments			14	43	
	nds and interest from securities			14	231,400	
	ntal income or (loss) from real estate					
	-financed property lebt-financed property					
	ntal income or (loss) from personal property					
	investment income					
	r (loss) from sales of assets other than					
invent	ory			18	-12,459	
	come or (loss) from special events					
	profit or (loss) from sales of inventory					
	revenue <b>a</b>					
		-				
d		1 1				
е	al Add columns (b), (d), and (e).		0		218,984	(
e .2 Subtot 3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		0		218,984	
e 2 Subtot 3 Total. (See w	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations )		13	· · · · · · · · · · · · · · · · · · ·	
e 2 Subtoo 3 Total. (See w	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	ilations ) ne Accomplish income is reporte		pt Purposes  Part XVI-A contribut	Bted importantly to	
e 2 Subtoo 3 Total. (See w Part XV Line No.	cal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's explain to the soundation of the soundation of the soundation.	ilations ) ne Accomplish income is reporte		pt Purposes  Part XVI-A contribut	Bted importantly to	
e 2 Subtoo 3 Total. (See w Part XV Line No.	cal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's explain to the soundation of the soundation of the soundation.	ilations ) ne Accomplish income is reporte		pt Purposes  Part XVI-A contribut	Bted importantly to	
e 2 Subtoo 3 Total. (See w Part XV Line No.	cal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's explain to the soundation of the soundation of the soundation.	ilations ) ne Accomplish income is reporte		pt Purposes  Part XVI-A contribut	Bted importantly to	
e 2 Subtoo 3 Total. (See w Part XV Line No.	cal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's explain to the soundation of the soundation of the soundation.	ilations ) ne Accomplish income is reporte		pt Purposes  Part XVI-A contribut	Bted importantly to	
e 2 Subtoo 3 Total. (See w Part XV Line No.	cal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's explain to the soundation of the soundation of the soundation.	ilations ) ne Accomplish income is reporte		pt Purposes  Part XVI-A contribut	Bted importantly to	
e 2 Subtoo 3 Total. (See w Part XV Line No.	cal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's explain to the soundation of the soundation of the soundation.	ilations ) ne Accomplish income is reporte		pt Purposes  Part XVI-A contribut	Bted importantly to	
e 2 Subtoo 3 Total. (See w Part XV Line No.	cal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's explain to the soundation of the soundation of the soundation.	ilations ) ne Accomplish income is reporte		pt Purposes  Part XVI-A contribut	Bted importantly to	
e 2 Subtoo 3 Total. (See w Part XV Line No.	cal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's explain to the soundation of the soundation of the soundation.	ilations ) ne Accomplish income is reporte		pt Purposes  Part XVI-A contribut	Bted importantly to	
e 2 Subtoo 3 Total. (See w Part XV Line No.	cal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's explain to the soundation of the soundation of the soundation.	ilations ) ne Accomplish income is reporte		pt Purposes  Part XVI-A contribut	Bted importantly to	
e 2 Subtoo 3 Total. (See w Part XV Line No.	cal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's explain to the soundation of the soundation of the soundation.	ilations ) ne Accomplish income is reporte		pt Purposes  Part XVI-A contribut	Bted importantly to	
e 2 Subtoo 3 Total. (See w Part XV Line No.	cal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's explain to the soundation of the soundation of the soundation.	ilations ) ne Accomplish income is reporte		pt Purposes  Part XVI-A contribut	Bted importantly to	
e 2 Subtoo 3 Total. (See w Part XV Line No.	cal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's explain to the soundation of the soundation of the soundation.	ilations ) ne Accomplish income is reporte		pt Purposes  Part XVI-A contribut	Bted importantly to	
e 2 Subtoo 3 Total. (See w Part XV Line No.	cal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's explain to the soundation of the soundation of the soundation.	ilations ) ne Accomplish income is reporte		pt Purposes  Part XVI-A contribut	Bted importantly to	
e 2 Subtoo 3 Total. (See w Part XV Line No.	cal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's explain to the soundation of the soundation of the soundation.	ilations ) ne Accomplish income is reporte		pt Purposes  Part XVI-A contribut	Bted importantly to	
e 2 Subtoo 3 Total. (See w Part XV Line No.	cal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's explain to the soundation of the soundation of the soundation.	ilations ) ne Accomplish income is reporte		pt Purposes  Part XVI-A contribut	Bted importantly to	
e 2 Subtoo 3 Total. (See w Part XV Line No.	cal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's explain to the soundation of the soundation of the soundation.	ilations ) ne Accomplish income is reporte		pt Purposes  Part XVI-A contribut	Bted importantly to	
e 2 Subtoo 3 Total. (See w Part XV Line No.	cal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's explain to the soundation of the soundation of the soundation.	ilations ) ne Accomplish income is reporte		pt Purposes  Part XVI-A contribut	Bted importantly to	
e 2 Subtoo 3 Total. (See w Part XV Line No.	cal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's explain to the soundation of the soundation of the soundation.	ilations ) ne Accomplish income is reporte		pt Purposes  Part XVI-A contribut	Bted importantly to	
e 2 Subtoo 3 Total. (See w Part XV Line No.	cal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's explain to the soundation of the soundation of the soundation.	ilations ) ne Accomplish income is reporte		pt Purposes  Part XVI-A contribut	Bted importantly to	
e 2 Subtoo 3 Total. (See w Part XV Line No.	cal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's explain to the soundation of the soundation of the soundation.	ilations ) ne Accomplish income is reporte		pt Purposes  Part XVI-A contribut	Bted importantly to	
e 2 Subtoo 3 Total. (See w Part XV Line No.	cal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's explain to the soundation of the soundation of the soundation.	ilations ) ne Accomplish income is reporte		pt Purposes  Part XVI-A contribut	Bted importantly to	218,984

1. (20	10)		
VII	Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations	able	

Part	XVII	Exempt Organi		ransı	ers 10 a	and Transact	ions	and Relation	nsnips with Noi	ncnarit	abie		
		panization directly or in than section 501(c)(3)	directly enga							on 501		Yes	No
a Tra	nsfers f	rom the reporting foun	dation to a ne	oncha	rıtable exe	empt organization	on of	-					
(1)	Cash.										1a(1)		No
(2)	Other	assets								. [	1a(2)		No
<b>b</b> Oth	er tran	sactions											
		of assets to a nonchar	•	_							1b(1)		No
		ases of assets from a r			_					ŀ	1b(2)		No
		of facilities, equipmen	•				•			ŀ	1b(3)		No
		oursement arrangemer								ŀ	1b(4)		No
		or loan guarantees.								- t	1b(5)		No
٠,		mance of services or m			-					.	1b(6)		No
	_	facilities, equipment, r ver to any of the above			-					• [	1c		No
oft	ne ansv :he good	der to any or the above ds, other assets, or ser	vices given b	y the i	reporting	foundation If th	bolum he fot	ın ( <b>b)</b> snould alv ındation receive	d less than fair mar	harket v ket value	aiue e		
		saction or sharing arra											
(a) Line	No I	(b) Amount involved	(c) Name of	noncha	ırıtahle eve	mpt organization	1	(d) Description of	transfers, transactions	and char	ınd arrai	naemen	tc
(a) Line	110	(B) Amount involved	(c) Name of	HOHEHE	iritable exe	inpe organización		(d) Description of	transfers, transactions	, and snar	ing arrai	igennen	
							<u> </u>						
		dation directly or indire	•			•					<b>a</b>		
		n section 501(c) (othe		501(	c)(3)) or ı	in section 527?			Ll Y	es 🗹	No		
<b>b</b> If "	Yes," co	mplete the following s		1				1					
		(a) Name of organization	on		(1	<b>b)</b> Type of organiz	ation		(c) Description	of relatio	nship		
				-									
	of m	er penalties of perjury, y knowledge and belief h preparer has any kno	, it is true, co	t I hav orrect,	e examın and com	ed this return, i plete Declaratio	includ on of	ling accompanyii preparer (other	ng schedules and st than taxpayer) is ba	atement ased on a	s, and all infor	to the l	best of
Sign Here	*	*****	,			2019-05-01		*****		return	e IRS di:		
	7 -	Signature of officer or t	rustee			Date		Title		below	str )?	_	
		Print/Type preparer's	s name	Prepa	arer's Sıgr	nature	D	Pate	Check if self-	PTIN			
Paid		DAVID P RUDIS CI	PA					2019-05-01	employed ▶ □		P01201	U89	
•	arer Only	Firm's name ► SNY	DER & CLEME	NTE						Fırm's EI	N ▶23	25358	12
	-	Firm's address ► 57	'5 PIERCE ST	REET :	SUITE 400	0							
		KI	NGSTON, PA	1870	4					Phone no	570	288-6	5464

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

a Paid during the year

Total . .

ALLIED SERVICES 100 ABINGTON EXECUTIVE PARK CLARKS SUMMIT, PA 18411	EOF	MEDICAL REHABILITATION EQUIPMENT	4,000
AMERICAN RED CROSS	EOF	DISASTER RELIEF	25.000

AMERICAN RED CROSS 545 JEFFERSON AVE SCRANTON, PA 18510	EOF	DISASTER RELIEF	25,000
ACDCA 424 FACT COND CTDEET	гог	ANITMAN MATERIANE	F0/

SCRANTON, PA 18510			
ASPCA424 EAST 92ND STREET	EOF	ANIMAL WELFARE	50

50101111011,171 10510			
ASPCA424 EAST 92ND STREET NEW YORK, NY 10128	EOF	ANIMAL WELFARE	500

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BOYS AND GIRLS CLUB OF SCRANTON EOF 16,000 2018 ONE CAMP, CHAMPION

609 ASH STREET

SCRANTON, PA 18510		AFTER SCHOOL PROGRAM	
BREAD BASKET550 MADISON AVE SCRANTON, PA 18510	EOF	FOOD FOR THE NEEDY	8,000
CATHERINE MCAULEY CENTER	EOF	HELPING HOMELESS WOMEN	2,000

YOUTH SUMMER PROGRAM

SCRANTON, PA 18510			
CATHERINE MCAULEY CENTER 430 PITTSTON AVE SCRANTON, PA 18505	EOF	HELPING HOMELESS WOMEN AND CHILDREN	2,000
Total	 	▶ 3a	356,200

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

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year			
CENTURY CLUB612 JEFFERSON AVE SCRANTON, PA 18510	EOF	NURSING SCHOLARSHIPS	2,000
CHILDREN'S ADVOCACY CENTER	EOF	EXPENSES FOR THE CENTER	3,000

recipient

1710 MULBERRY STREET SCRANTON, PA 18510	201	EXPENSES FOR THE CENTER	
COMMUNITY LIBRARY OF LAKE AND SALEM TOWNSHIPS	EOF	SHELVING	

	SCRANTON, PA 18510			
	COMMUNITY LIBRARY OF LAKE AND SALEM TOWNSHIPS 518 EASTON TURNPIKE HAMLIN, PA 18427	EOF	SHELVING	3,000
П	HARLIN, IA 1012/	I		i

COMMUNITY LIBRARY OF LAKE AND SALEM TOWNSHIPS	EOF	SHELVING	3,000
518 EASTON TURNPIKE HAMLIN, PA 18427			

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

COMMUNITY FOUNDATION OF THE ENDLESS MOUNTAINS 270 LAKE AVE MONTROSE, PA 18801	EOF	CAMP ARCHBALD	500
CONVENANT PRESBYTERIAN CHURCH	EOF	INFANT CARE	7,500

MONTROSE, PA 18801			
CONVENANT PRESBYTERIAN CHURCH INFANT CARE 550 MADISON AVE SCRANTON, PA 18510	EOF	INFANT CARE	7,500
DOCTORS WITHOUT BORDERS	EOF	MEDICAL SUPPLIES	1,000

550 MADISON AVE SCRANTON, PA 18510			
DOCTORS WITHOUT BORDERS 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 10006	EOF	MEDICAL SUPPLIES	1,000

▶ 3a

356,200

DOCTORS WITHOUT BORDERS 40 RECTOR STREET 16TH FLOOR	SCHANTON, TA 10510			
NEW YORK, NY 10006	40 RECTOR STREET 16TH FLOOR	EOF	MEDICAL SUPPLIES	1,0

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

a Paid during the year			
EASTER SEALSPO BOX 3241	EOF	ANNUAL CAMPAIGN	3,000

SCRANTON, PA 18505			3,555
ECTMAPO BOX 20019	EOF	GENERAL FUND	500

	ECTMAPO BOX 20019 SCRANTON, PA 18502	EOF	GENERAL FUND	500
l	EOTCASI NI ZTU AVE	FOE	2019 ANNUAL ADDEAL	2,000

SCRANTON, PA 18502			
EOTC431 N 7TH AVE	EOF	2018 ANNUAL APPEAL	2,000
SCRANTON, PA 18503	l		

EOTC431 N 7TH AVE	EOF	2018 ANNUAL APPEAL	2,00
SCRANTON, PA 18503			

SCRANTON, PA 18503		

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year			
EVERHART MUSEUM 1901 MULBERRY STREET SCRANTON, PA 18510	EOF	CURATOR'S CIRCLE	4,000
FRIENDS WITH PAWS RESCUE	EOF	VET CARE AND FOOD	3,000

recipient

•			
FRIENDS WITH PAWS RESCUE 1443 SANDERSON AVE SCRANTON, PA 18509	EOF	VET CARE AND FOOD	3,000
FRIENDS OF THE POOR 2300 ADAMS AVE	EOF	FOOD FOR THE NEEDY AND GENERAL EXPENSES	10,000

SCRANTON, PA 18509			
FRIENDS OF THE POOR 2300 ADAMS AVE SCRANTON, PA 18509	EOF	FOOD FOR THE NEEDY AND GENERAL EXPENSES	10,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution

or substantial contributor

Name and address (home or business)

SCRANTON, PA 18505

Total .

	or substantial contributor			
a Paid during the year				
FRIENDSHIP HOUSE 1509 MAPLE STREET SCRANTON, PA 18505		EOF	AUTISM PROGRAM	1,000
GEISINGER HEALTH SYSTEM FUND		EOF	CHILD LIFE PROGRAM	2,000

recipient

GEISINGER HEALTH SYSTEM FUND 100 N ACADEMY AVE DANVILLE, PA 17822	EOF	CHILD LIFE PROGRAM	2,000
GOODWILL INDUSTRIES 925 PROSPECT AVE	EOF	GENERAL EXPENSES	2,000

GEISINGER HEALTH SYSTEM FUND 100 N ACADEMY AVE DANVILLE, PA 17822	EOF	CHILD LIFE PROGRAM	2,
GOODWILL INDUSTRIES 925 PROSPECT AVE	EOF	GENERAL EXPENSES	2,

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

Name and address (home or business)

, ,	or substantial contributor			
a Paid during the year				
GREATER SCRANTON YMCA 706 N BLAKELY STREET DUNMORE, PA 18512		EOF	ANNUAL CAMPAIGN, SUMMER CAMP, CAPITAL CAMPAIGN FUND	30,000

recipient

ı	·			
	GRIFFIN POND ANIMAL SHELTER 967 GRIFFIN POND ROAD S ABINGTON TWP, PA 18411	EOF	VET CARE AND FOOD	3,000
	HONECDALE LIONS CLUB	EOE	BONANZA BANQUET AND	300

967 GRIFFIN POND ROAD S ABINGTON TWP, PA 18411			,
HONESDALE LIONS CLUB 426 MAIN STREET HONESDALE, PA 18431	EOF	BONANZA BANQUET AND FUNDRAISER	200

S ABINGTON TWP, PA 18411			
HONESDALE LIONS CLUB 426 MAIN STREET HONESDALE, PA 18431	EOF	BONANZA BANQUET AND FUNDRAISER	200
Total	 	▶ 3a	356,200

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

or substantial contributor

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
INDIVIDUAL ABILITIES IN MOTION 105 VOSBERG LANE		EOF	HELP INDIVIDUALS WITH SPINAL CORD INJURIES	3,000

CLARKS GREEN, PA 18411			
JEWISH HOME OF EASTERN PA 1101 VINE STREET SCRANTON, PA 18510	EOF	SERVICE FOR THE AGING	3,000

JEWISH HOME OF EASTERN PA 1101 VINE STREET SCRANTON, PA 18510	EOF	SERVICE FOR THE AGING	3,000
KEYSTONE COLLEGE ONE COLLEGE GREEN	EOF	SCHOLARSHIP FUND	2,500

1101 VINE STREET SCRANTON, PA 18510	EOF	SERVICE FOR THE AGING	3,000
KEYSTONE COLLEGE ONE COLLEGE GREEN LA PLUME, PA 18440	EOF	SCHOLARSHIP FUND	2,500
Total	 	▶ 3a	356,200

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

LACKAWANNA BLIND ASSOCIATION 228 ADAMS AVENUE SCRANTON, PA 18503	FOF	CLIENT SUPPORT SERVICES	15,000
LACKAWANNA COUNTY LIBRARY	EOF	LECTURE SERIES	5,000

LACKAWANNA COUNTY LIBRARY SYSTEMS 502 VINE STREET SCRANTON, PA 18509	EOF	LECTURE SERIES	5,000
LACKAWANNA HISTORICAL SOCIETY	EOF	BUILDING REPAIRS	1,500

SCRANTON, PA 18509			
LACKAWANNA HISTORICAL SOCIETY 232 MONROE AVE SCRANTON, PA 18510	EOF	BUILDING REPAIRS	1,500

LACKAWANNA HISTORICAL SOCIETY	EOF	BUILDING REPAIRS	1,500
232 MONROE AVE SCRANTON, PA 18510			

Total .

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

LAKE ARIEL UNITED METHODIST CHURCH 79 LAKELAND DRIVE LAKE ARIEL, PA 18436	EOF	GENERAL EXPENSES	500
LAVE ADJEL EIDE DEDADTMENT	 EOE	ECHIDMENT	1 000

D 11(2 / 11(122) 1 / 1 20 10 0			
LAKE ARIEL FIRE DEPARTMENT 798 GOOSE POND ROAD LAKE ARIEL, PA 18436	EOF	EQUIPMENT	1,000
MARYWOOD UNIVERSITY	EOF	ANNUAL CAMPAIGN	3,000

LAKE ARIEL, PA 18436			
MARYWOOD UNIVERSITY 2300 ADAMS AVE SCRANTON, PA 18509	EOF	ANNUAL CAMPAIGN	3,000

MARYWOOD UNIVERSITY 2300 ADAMS AVE SCRANTON, PA 18509	EOF	ANNUAL CAMPAIGN	3,000
Total	 	▶ 3a	356,200

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

Name and address (home or business)

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or substantial contributor			
a Paid during the year				
MASONIC CHARITIES OF THE RW GRAND LODGE		EOF	MASONIC CHARITIES FUND	2,000

recipient

ONE MASONIC DRIVE ELIZABETHTOWN, PA 17022			
MEALS ON WHEELS 541 WYMONG AVENUE	EOF	MEALS FOR THE NEEDY	20,000

MEALS ON WHEELS 541 WYMONG AVENUE SCRANTON, PA 18509	EOF	MEALS FOR THE NEEDY	20,000
MERCY SHIPSPO BOX 2020	EOF	MEDICAL SUPPLIES	1,000

541 WYMONG AVENUE SCRANTON, PA 18509			
MERCY SHIPSPO BOX 2020	EOF	MEDICAL SUPPLIES	1,000

SCRANTON, PA 18509			
MERCY SHIPSPO BOX 2020 GARDEN VALLEY, TX 75771	EOF	MEDICAL SUPPLIES	1,000

GARDEN VALLEY, TX 75771			2,00
Total	 	▶ 3a	356,200

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

Name and address (home or business)

Total .

· ·	or substantial contributor			
a Paid during the year				
MOSTLY OPERA 142 N WASHINGTON AVENUE SCRANTON, PA 18503		EOF	GENERAL EXPENSES	1,000

NATIVITY MIGUEL SCHOOL 1 KNOX ROAD SCRANTON, PA 18505	EOF	EDUCATION FOR LOW INCOME CHILDREN	5,000
NEPA PHILHARMONIC	FOF	2018-2019 CAMPAIGN	4.000

1 KNOX ROAD SCRANTON, PA 18505		CHILDREN	5,555
NEPA PHILHARMONIC 195 HANOVER STREET WILKES BARRE, PA 18702	EOF	2018-2019 CAMPAIGN	4,000

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

a Paid during the year			
NORTHEAST REGIONAL CANCER 334 JEFFERSON AVE SCRANTON, PA 18510	EOF	SCREENING	2,000

SCRANTON, PA 18510			
PENN STATE UNIVERSITY SCRANTON CAMPUS 120 RIDGE VIEW DRIVE DUNMORE, PA 18512	EOF	SCHOLARSHIP FUND	5,000

CAMPUS 120 RIDGE VIEW DRIVE DUNMORE, PA 18512			·
PETALS FOR GOODNESS SAKE 119 ELECTRIC STREET	EOF	GREENHOUSE PROJECT	2,000

DUNMORE, PA 18512			
PETALS FOR GOODNESS SAKE 119 ELECTRIC STREET CLARKS SUMMIT, PA 18411	EOF	GREENHOUSE PROJECT	2,000

Total	•	<b>▶</b> 35	356 200
PETALS FOR GOODNESS SAKE 119 ELECTRIC STREET CLARKS SUMMIT, PA 18411	EOF	GREENHOUSE PROJECT	2,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

or substantial contributor

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
RONALD MCDONALD HOUSE 332 WHEELER AVENUE SCRANTON, PA 18510		EOF	OPERATION AND CORE PROGRAMS	5,000

recipient

Servittion, 177 10510			
SALEM COMMUNITY CHURCH PO BOX 126 HAMLIN, PA 18427	EOF	WINDOW GLAZING AND ROOF REPAIR	2,000

PO BOX 126 HAMLIN, PA 18427		REPAIR	
SALVATION ARMY OF SCRANTON 500 S WASHINGTON AVENUE SCRANTON, PA 18505	EOF	DISASTER RELIEF	15,000

HAMLIN, PA 18427			
SALVATION ARMY OF SCRANTON 500 S WASHINGTON AVENUE SCRANTON, PA 18505	EOF	DISASTER RELIEF	15,000
Total		► 3a	356 200

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

356,200

any foundation manager

or substantial contributor

Name and address (home or business)

	·			
a Paid during the year				
ST FRANCIS OF ASSISI KITCHEN 500 PENN AVENUE SCRANTON, PA 18509		EOF	FOOD FOR NEEDY AND HOST FOR A DAY	3,000
ST MARY'S VILLA RESIDENCE		EOF	CARE FOR ELDERLY	3,000

ST MARY'S VILLA RESIDENCE ONE PIONEER PLACE ELMHURST, PA 18444	EOF	CARE FOR ELDERLY	3,000
ST MARY'S VISITATION CHURCH 1090 CARMALT STREET	EOF	CHURCH PROJECTS AND SPECIAL NEEDS	7,000

ONE PIONEER PLACE ELMHURST, PA 18444	EUF	CARE FOR ELDERLY	3,
ST MARY'S VISITATION CHURCH 1090 CARMALT STREET DICKSON CITY, PA 18519	EOF	CHURCH PROJECTS AND SPECIAL NEEDS	7,

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

a Paid during the year			
ST JOHN'S EVANGELICAL LUTHERIAN CHURCH 435 CENTER AVENUE JIM THORPE, PA 18229	EOF	FOOD BANK AND FUEL ASSISTANCE	8,000
1	I		

JIM THORPE, PA 18229			
ST JOSEPH CENTER 2010 ADAMS AVENUE SCRANTON, PA 18509	EOF	MEDICAL EQUIPMENT	2,000
ST VLADIMIR'S CHURCH	EOF	COPY MACHINE	3.000

2010 ADAMS AVENUE SCRANTON, PA 18509			·
ST VLADIMIR'S CHURCH 430 N SEVENTH AVENUE SCRANTON, PA 18503	EOF	COPY MACHINE	3,000

SCRANTON, PA 18509			
ST VLADIMIR'S CHURCH 430 N SEVENTH AVENUE SCRANTON, PA 18503	EOF	COPY MACHINE	3,000

Total .

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

1			
SCRANTON CULTURAL CENTER 420 N WASHINGTON AVENUE SCRANTON, PA 18503	EOF	ANNUAL CAMPAIGN AND YOUTH THEATER PROGRAM	6,000
SCRANTON LACKAWANNA HUMAN	EOF	WEATHERIZATION PROGRAM	6,000

SCRANTON LACKAWANNA HUMAN DEVELOPMENT AGENCY 321 SPRUCE STREET SCRANTON, PA 18503	EOF	WEATHERIZATION PROGRAM AND WINTER COATS	6,000
SCRANTON PREPARATORY SCHOOL	EOF	SUMMER SERVICE PROGRAM	5,000

SCRANTON, PA 18503			
SCRANTON PREPARATORY SCHOOL 1000 WYOMING AVENUE SCRANTON, PA 18509	EOF	SUMMER SERVICE PROGRAM	5,000

356,200

SCRANTON PREPARATORY SCHOOL 1000 WYOMING AVENUE SCRANTON, PA 18509	EOF	SUMMER SERVICE PROGRAM	5,00

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution

	or substantial continuation			
a Paid during the year				
SERVING SENIORS INC 538 SPRUCE STREET SUITE 408 SCRANTON, PA 18503		EOF	COMMUNITY TRANSPORT PROGRAM	5,000
SHRINERS HOSPITAL FOR CHILDREN		EOF	HELPING THE CHILDREN	500

recipient

356,200

SHRINERS HOSPITAL FOR CHILDREN 2425 STOCKTON BLVD SACRAMENTO, CA 95817	EOF	HELPING THE CHILDREN	
TELESPOND SENIOR SERVICES	EOF	TRANSPORTATION FOR SENIORS	

any foundation manager

or substantial contributor

Name and address (home or business)

2425 STOCKTON BLVD SACRAMENTO, CA 95817			
TELESPOND SENIOR SERVICES 1200 SAGINAW STREET SCRANTON PA 18505	EOF	TRANSPORTATION FOR SENIORS	3,000

SACRAMENTO, CA 95817			
TELESPOND SENIOR SERVICES 1200 SAGINAW STREET SCRANTON, PA 18505	EOF	TRANSPORTATION FOR SENIORS	3,000

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

UNITED NEIGHBORHOOD CENTED OF	FOF	PROCEDUM HORE COMMUNITY	12.000
THE ARC OF NORTHEASTERN PENNSYLVANIA 115 MEADOW AVENUE SCRANTON, PA 18505	EOF	CHILDREN PROGRAM	2,500

SCRANTON, PA 18505			
UNITED NEIGHBORHOOD CENTER OF NEPA 777 KEYSTONE INDUSTRIAL PARK THROOP, PA 18512	EOF	PROGRAM HOPE COMMUNITY AND SERVICE FOR SENIORS	12,000

NEPA 777 KEYSTONE INDUSTRIAL PARK THROOP, PA 18512	201	AND SERVICE FOR SENIORS	12,000
UNITED CEREBAL PALSY OF NEPA 425 WYOMING AVENUE	EOF	HELP PEOPLE WITH DISABILITIES	2,000

THROOP, PA 18512			
UNITED CEREBAL PALSY OF NEPA 425 WYOMING AVENUE SCRANTON, PA 18503	EOF	HELP PEOPLE WITH DISABILITIES	2,000

356,200

JNITED CEREBAL PALSY OF NEPA 425 WYOMING AVENUE SCRANTON, PA 18503	EOF	HELP PEOPLE WITH DISABILITIES	2,000

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

LINITED WAY OF LACALWANNA COLINTY

WVIA PUBLIC MEDIA100 WVIA WAY

SCRANTON, PA 18510

PITTSTON, PA 18640

Total . .

615 JEFFERSON AVENUE SCRANTON, PA 18501	101	CAMPAIGN	40,000
UNIVERSITY OF SCRANTON 800 LINDEN STREET	EOF	LEAHY CLINIC	5,000

EOE

	EOF	LEAHY CLINIC	
	EOF	GENERAL OPERATING EXPENSES	

,	EOF	GENERAL OPERATING EXPENSES FOR RADIO AND TV	4,000

FLIEL ASSISTANCE AND ANNUAL

▶ 3a

40 000

Recipient If recipient is an individual, show any relationship to status of recontribution Paid During the Year or Approved for Future Payment

Recipient If recipient is an individual, show any relationship to status of contribution

Purpose of grant or contribution

recipient

any foundation manager

or substantial contributor

Name and address (home or business)

WOMEN'S RESOURCE CENTER

SCRANTON, PA 18501

PO BOX 975

Total .

a Paid during the year				
VOLUNTARY ACTION CENTER 829 JEFFERSON AVENUE SCRANTON, PA 18510		EOF	CHRISTMAS HOLIDAY BUREAU	500
WAVERLY COMMUNITY HOUSE PO BOX 142 WAVERLY, PA 18471		EOF	SUMMER CAMP	3,000
I .	I	I	1	

EOF

ANNUAL CAMPAIGN

2,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution

recipient

356,200

Name and address (home or business)	or substantial contributor	T ddipierie		
a Paid during the year				
WYOMING SEMINARY		FOF	SCHOLARSHIP FUND	2 000

ı	WYOMING SEMINARY	EOF	SCHOLARSHIP FUND
ı	201 N SPRAGUE AVENUE		
ı	KINGSTON, PA 18704		

Total.

any foundation manager

efile GRAPHIC print - DO NOT I	PROCESS	As Filed D	ata -		DLN: 93491133003399
TY 2018 Accounting Fe	ees Sche	dule		_	
_					
Name: WALTER L SCHAUTZ FOUNDATION EIN: 24-6018362					
Category	Amoi	unt	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES		6,320	3,16	0	3,160

effile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491133003399				
TY 2018 Investments Corporate Stock Schedule						
Name:	WALTER L SCHAUTZ FOUNDAT	ION				
EIN:	24-6018362					

DI N. 02404422002200

DO NOT DECCESS.

Investments Corporation Stock Schedule				
Name of Stock	End of Year Book Value	End of Year Fair Market Value		
COMMON STOCK	4,682,60	7,450,108		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	N: 93491133003399	
TY 2018 Other Expenses Schedule					
Name:	WALTER L SCHA	AUTZ FOUNDATIC	DN		
<b>EIN:</b> 24-6018362					
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
OFFICE EXPENSES	389	194		195	
ADMINISTRATIVE EXPENSES	7,759	3,879		3,880	

7,521

3,760

3,761

BANK FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	DLN: 93491133003399		
TY 2018 Taxes Schedule				
Name	: WALTER L S	CHAUTZ FOUNDAT	ΓΙΟΝ	
<b>EIN</b> : 24-6018362				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAX	2,195	0		0

efile GRAPHIC print - Do	NOT PROCESS As Filed Data -			DLN: 93491133003399	
Schedule B	Schedu	ule of Contributors		OMB No 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		o Form 990, 990-EZ, or 990-PF lov/Form990 for the latest inform	nation	2018	
Name of the organization			Employer id	dentification number	
Organization type (chec	k one)		24-6018362	·	
	,				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)( ) (enter number) c	organization			
	4947(a)(1) nonexempt char	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
	☐ 527 political organization				
Form 990-PF	☑ 501(c)(3) exempt private fo	oundation			
	4947(a)(1) nonexempt char	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private fo	501(c)(3) taxable private foundation			
	on filing Form 990, 990-EZ, or 990-l property) from any one contributor C				
Special Rules					
under sections 50 received from any	on described in section 501(c)(3) filing 9(a)(1) and 170(b)(1)(A)(vi), that che one contributor, during the year, tota 1h, or (ii) Form 990-EZ, line 1 Com	ecked Schedule A (Form 990 cal contributions of the greater	or 990-EZ), Part II, line 13,	, 16a, or 16b, and that	
during the year, to	on described in section 501(c)(7), (8) otal contributions of more than \$1,000 ne prevention of cruelty to children or	0 exclusively for religious, cha	aritable, scientific, literary, d		
during the year, c If this box is chec purpose Don't co	on described in section 501(c)(7), (8) contributions exclusively for religious, ked, enter here the total contributions implete any of the parts unless the <b>G</b> le, etc., contributions totaling \$5,000 le.	charitable, etc., purposes, bu s that were received during th seneral Rule applies to this or	t no such contributions tota e year for an <i>exclusively</i> re ganization because it rece	aled more than \$1,000 eligious, charitable, etc , elived <i>nonexclusively</i>	
990-EZ, or 990-PF), but i	that isn't covered by the General Ru must answer "No" on Part IV, line 2 rm 990PF, Part I, line 2, to certify tha	2, of its Form 990, or check the	e box on line H of its		
For Paperwork Reduction Ad for Form 990, 990-EZ, or 990	t Notice, see the Instructions PF	Cat No 30613X	Schedule B (Form 990	D, 990-EZ, or 990-PF) (2018)	

Name of organization

**Employer identification number** 

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