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2019

OMB No. 1545-0052

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

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

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

Open to Public Inspection

| | | ndar year 2019, or tax year beg | inning 01-01-20 |)19 , aı | nd er | nding 12-31- | | |
|--|----------|--|--|---|-------|------------------------|--|---|
| | | Indation IMUNITY FOUNDATION | | | | | entification numbe | r |
| | | ATION - PERKASIE PA | | | | 23-2984663 | | |
| Number and street (or P.O. box number if mail is not delivered to street address) 219 SOUTH NINTH STREET PO BOX 176 | | | | Room/suite | | B Telephone nu | mber (see instruction | ns) |
| | | | | | | (215) 257-5035 | i | |
| | | n, state or province, country, and ZIP or foreign PA 189440176 | n postal code | | | C If exemption | application is pendin | g, check here |
| i Ch | neck al | I that apply: \Box Initial return | Initial return of a | former public charity | | D 1. Foreign or | ganizations, check he | re |
| | | ☐ Final return | Amended return | | | | ganizations meeting | |
| | | Address change | ☐ Name change | | | · · | k here and attach co | · - |
| I Ch | eck ty | pe of organization: $lacksquare$ Section 501(c) | (3) exempt private | | | | ındation status was t n 507(b)(1)(A), chec | |
| | Section | n 4947(a)(1) nonexempt charitable trust | | e private foundation | | _ | | |
| of ' | year (f | rom Part II, col. (c), ▶ \$ 4 860 279 | counting method: Other (specify) If I, column (d) must | ☑ Cash ☐ Accru be on cash basis.) | al | | ation is in a 60-montl n 507(b)(1)(B), chec | |
| Pa | rt I | Analysis of Revenue and Expe | enses (The total | (a) Royanya and | | | | (d) Disbursements |
| | | of amounts in columns (b), (c), and (d) may equal the amounts in column (a) (see instru | y not necessarily | (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., receischedule) | ved (attach | 1,180,326 | | | | |
| | 2 | Check ▶ ☐ if the foundation is not re | equired to attach | | | | | |
| | 3 | Sch. B | h investments | 722 | | 722 | | |
| | 4 | Dividends and interest from securities | | 158,956 | | 158,956 | | |
| | 5a | Gross rents | | | | | | |
| | b | Net rental income or (loss) | | | | | | |
| E | 6a | Net gain or (loss) from sale of assets r | not on line 10 | 10,607 | | | | |
| Revenue | ь 7 | Gross sales price for all assets on line Capital gain net income (from Part IV, | | | | 10,607 | | |
| Ľ | 8 | Net short-term capital gain | • | | | , | | |
| | 9 | Income modifications | | | | | | |
| | 10a | Gross sales less returns and allowance | s | | | | | |
| | b | Less: Cost of goods sold | | | | | | |
| | С | Gross profit or (loss) (attach schedule) | | | | | | |
| | 11 | Other income (attach schedule) . | | | | | | |
| | 12 | Total. Add lines 1 through 11 | | 1,350,611 | | 170,285 | | |
| | 13 | Compensation of officers, directors, tru | · · | 0 | | | | |
| | 14 | Other employee salaries and wages | | | | | | |
| \$ 6 \$ | 15 | Pension plans, employee benefits . | | | | | | |
| = | 16a | Legal fees (attach schedule) Accounting fees (attach schedule) . | | 95-1 12.740 | | 0 | 0 | |
| ĽΧ | b | Other professional fees (attach schedu | | 13,748 | | 0 | 0 | |
| e A | _ C | , | ie) | | | | | |
| | 17 18 | Interest | | | | | | |
| ≅ | 18 19 | Taxes (attach schedule) (see instruction Depreciation (attach schedule) and de | • | | | | | |
| | 20 | Occupancy | | | _ | | | |
| D A | 21 | Travel, conferences, and meetings | | | | | | |
| <u> </u> | 22 | Printing and publications | | | | | | |
| Operating and Administrative Expenses | 23 | Other expenses (attach schedule) | | | | | | |
| | 24 | Total operating and administrative | | | | | | |
| j G | | Add lines 13 through 23 | • | 13,748 | | 0 | 0 | C |
| 5 | 25 | Contributions, gifts, grants paid . | | 570,415 | | | | 570,415 |
| | 26 | Total expenses and disbursements | . Add lines 24 and | 584,163 | | 0 | 0 | 570,415 |
| | 27 | Subtract line 26 from line 12: | | 337,103 | | 0 | 0 | 370,413 |
| | а | Excess of revenue over expenses a | ınd | | | | | |
| | ь | disbursements Net investment income (if negative, | enter -0-) | 766,448 | | 170 305 | | |
| | С | Adjusted net income (if negative, er | • | | _ | 170,285 | | |
| | | | | | | | | |

Page 2

4,513,459

4.860,279

4,205,979

4,552,799

4,552,799

4,552,799

4,552,799

1

2

3 4

5

3,786,351

4,552,799

4,552,799 Form **990-PF** (2019)

766,448

3,786,351

3,786,351

3,786,351

| | 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 ▶ | | |
| ß | 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) | | |

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11

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13 14

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16

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18

19

20

21

22

23

24

25

26

27 28

29 30

Part III

2

3

Liabilities

Assets or Fund Balances

Net

Grants payable

Accounts payable and accrued expenses .

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions .

Net assets with donor restrictions . .

and complete lines 26 through 30.

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

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Other liabilities (describe -_

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

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

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) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year-Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Foundations that follow FASB ASC 958, check here ▶

Capital stock, trust principal, or current funds

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

Page **3**

| 2-story brick wareho | ouse; or common stock, 200 shs | real estate, . MLC Co.) | How acquired P—Purchase D—Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|---|---|---------------------------------|------------------------------------|---|---|
| 1 a EQUITIES & BONDS | | | Р | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | Cost or | (g) other basis ense of sale | Gain o | h) r (loss)) minus (g) |
| a 10,60 | | | | (-) (-) | 10,60 |
| b | | | | | • |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| | wine spin in column (h) and ave | | 12/21/60 | | 15 |
| (i) F.M.V. as of 12/31/69 | wing gain in column (h) and owi (j) Adjusted basis | Excess | (k) of col. (i) | Gains (Col. (col. (k), but not | l) h) gain minus less than -0-) or |
| 1.M.V. d3 01 12/31/03 | as of 12/31/69 | over col | . (j), if any | Losses (fro | om col.(h)) |
| a | | | | | 10,60 |
| b | | | | | |
| C | | | | | |
| d | | | | | |
| e | | | | | |
| If gain, also enter in Part I, in Part I, line 8 | or (loss) as defined in sections 1 line 8, column (c) (see instruction | ons). If (loss), enter -0 | } | 3 | 10,607 |
| | er Section 4940(e) for Re | | | | |
| For optional use by domestic privat | · | tion 4940(a) tax on ne | t investment incon | ne.) | |
| section 4940(d)(2) applies, leave /as the foundation liable for the se | · | ole amount of any year | in the base period | 12 | es 🗹 No |
| "Yes," the foundation does not qu | alify under section 4940(e). Do | not complete this part. | | | |
| 1 Enter the appropriate amoun | t in each column for each year; | see instructions before | making any entrie | | |
| year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitab | | (d) Distribution rati (col. (b) divided by c | ol. (c)) |
| 2018 | 527,590 | | 3,706,139 | | 0.142356 |
| 2017 | 308,051 | | 2,988,927 | | 0.103064 |
| 2016 | 267,935 | | 2,752,508 | | 0.097342 |
| 2015 | 196,735 | | 2,642,036 | | 0.074463 |
| 2014 | 209,180 | | 2,720,197 | | 0.076899 |
| 2 Total of line 1, column (d) | | | 2 | | 0.494124 |
| | the 5-year base period—divide t on has been in existence if less t ritable-use assets for 2019 from | than 5 years | | | 0.098825 4,368,457 |
| 5 Multiply line 4 by line 3 . | | | 5 | | 431,713 |
| 6 Enter 1% of net investment in | | | 6 | | 1,703 |
| 7 Add lines 5 and 6 | , , , | | 7 | | 433,416 |
| 8 Enter qualifying distributions | | | | | 570,415 |
| | than line 7, check the box in Pa | | | | |

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| ā | During the year did the foundation p | ay or incur any amount to: | | | | | Yes | No |
|----------|--|---------------------------------------|----------------------------|---|----------|---------------------------------------|---------|--------|
| | (1) Carry on propaganda, or otherw | ise attempt to influence legis | slation (section 4945(e))? | Yes | ✓ N | 0 | | |
| | (2) Influence the outcome of any sp | · | | | | | | |
| | on, directly or indirectly, any voter registration drive? | | | | | | | |
| | | * ** | | 」 | ✓ N | ю | | |
| | (4) Provide a grant to an organization in section 4945(d)(4)(A)? See in | | · - | | | | | |
| | (5) Provide for any purpose other th | an religious, charitable, scie | ntific, literary, or | · · L Yes | ✓ N | 0 | | |
| | educational purposes, or for the | • | | Yes | ✓ N | О | | |
| b | If any answer is "Yes" to $5a(1)-(5)$, | | | | | - | | |
| | Regulations section 53.4945 or in a corrent no | | | uctions | | 5b | | |
| С | If the answer is "Yes" to question 5a | | | | | | | |
| Ĭ | tax because it maintained expenditure | • • • | • | | П. | | | |
| | If "Yes," attach the statement requir | · · · · · · · · · · · · · · · · · · · | | ' · | ∐ N | 0 | | |
| 5a | Did the foundation, during the year, | · - | * * | ums on | | | | |
| | a personal benefit contract? | | | . \Box | ✓ N | . | | |
| b | Did the foundation, during the year, | pay premiums, directly or in | directly, on a personal be | nefit contract? | . N | 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | | No |
| | 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 tra | nsaction? | ✓ N | 0 | | |
| b | If "Yes", did the foundation receive a | | | ne transaction? | | 7b | | |
| 3 | Is the foundation subject to the secti | | | in remuneration or | | | | |
| | excess parachute payment during th | e year? | | · · Yes | N | _{lo} | | |
| Pai | rt VIII Information About O and Contractors | officers, Directors, Trus | stees, Foundation Ma | anagers, Highly Pai | d Emp | oloyees | , | |
| 1 | List all officers, directors, trustee | s. foundation managers a | and their compensation | . See instructions | | | | |
| _ | | (b) Title, and average | (c) Compensation (If | (d) Contributions t | 0 | (e) Exper | 250 255 | - Lunt |
| | (a) Name and address | hours per week | not paid, enter -0-) | employee benefit plans deferred compensati | s and | other a | | |
| | Additional Data Table | devoted to position | -0-) | deferred compensaci | 011 | | | |
| | Additional Bata Table | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2 | Compensation of five highest-pai | d employees (other than | those included on line | | | , enter " | NONE | ." |
| 'a \ | Name and address of each employee p | (b) Title, and average | | (d) Contributions t employee benefit | | e) Expen | 50 300 | ount |
| . | more than \$50,000 | hours per week devoted to position | (c) Compensation | plans and deferred | | other al | | |
| | | devoted to position | | compensation | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| ota | I number of other employees paid ove | er \$50,000 | | · · · · · • | | | | |
| | . , . | | | | <u> </u> | Form 99 | ∩-PF | (2019 |

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|--|---|------------------|
| Part VIII Information About Officers, Directors, Trustee and Contractors (continued) | s, Foundation Managers, Highly Paid | Employees, |
| 3 Five highest-paid independent contractors for professional ser | vices (see instructions). If none, enter "No | ONE". |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| | | |
| | | |
| | | <u> </u> |
| | | |
| Total number of others receiving over \$50,000 for professional services | | |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include organizations and other beneficiaries served, conferences convened, research papers pro | relevant statistical information such as the number of oduced, etc. | Expenses |
| 1 | | |
| | | |
| 2 | | |
| 3 | | |
| | | |
| 4 | | |
| Part IX-B Summary of Program-Related Investments (se | e instructions) | |
| Describe the two largest program-related investments made by the foundation during | g the tax year on lines 1 and 2. | Amount |
| 1 N/A | | |
| 2 | | |
| All other program-related investments. See instructions. | | |
| 3 | | - |
| Total. Add lines 1 through 3 | | > |
| | | 5 000 PE (2010) |

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign

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

2a |

2b

Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4

organizations check here

and do not complete this part.)

Tax on investment income for 2019 from Part VI, line 5.

Income tax for 2019. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

Distributable amount before adjustments. Subtract line 2c from line 1.

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

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

income. Enter 1% of Part I, line 27b. See instructions.

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

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4.368.457

218.423

218,423

1,703

216,720

216.720

216.720

570,415

570,415

1.703

568.712

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5

6

2c

3

4

5

6

7

1a

1b

2

За 3h

4

5

1,703

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Part X

5

6

1

2a

3

4 5

6

1

2

3

4

5

b

Part XII

Part XI

216,720

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| Part XIII | |
|-----------|--|
| | |
| | |
| | |

| Form 990-PF (2019) | | | | | | | |
|--------------------|------------------------------------|--------|--|--|--|--|--|
| Part XIII | Undistributed Income (see instruct | tions) | | | | | |
| | | | | | | | |

b Total for prior years: 2017, 2016, 2015 Excess distributions carryover, if any, to 2019:

Distributable amount for 2019 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2019: a Enter amount for 2018 only.

- a From 2014. **b** From 2015. c From 2016. . .
- d From 2017.
- 347,371 e From 2018. f Total of lines 3a through e. 4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ a Applied to 2018, but not more than line 2a

required—see instructions).

d Applied to 2019 distributable amount. . . . e Remaining amount distributed out of corpus

5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5

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

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2020.

10 Analysis of line 9: a Excess from 2015. . .

b Excess from 2016. .

e Excess from 2019. .

c Excess from 2017. . . .

d Excess from 2018. . .

6 Enter the net total of each column as

b Prior years' undistributed income. Subtract c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. **d** Subtract line 6c from line 6b. Taxable amount —see instructions e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 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 2014 not

indicated below:

- **b** Applied to undistributed income of prior years
 - (Election required—see instructions).

(a)

Corpus

792.878

353.695

1,146,573

76.460

1,070,113

74.813 132,300

161.934

347,371

353.695

76,460 74,813

132.300

161.934

(b)

Years prior to 2018

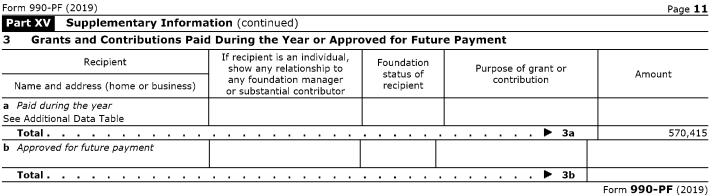
(c)

2018

c Treated as distributions out of corpus (Election

same amount must be shown in column (a).)

| | Private Operating Found | ations (see msu | uctions and Part V | /ii-A, question 9) | | | | | |
|----|---|--|-------------------------|-------------------------------|---------------------|-----------|--|--|--|
| 1a | If the foundation has received a ruling or de foundation, and the ruling is effective for 20 | | | | | | | | |
| b | Check box to indicate whether the organization | whether the organization is a private operating foundation described in section \Box 4942(j)(3) or \Box 4942(j)(5) | | | | | | | |
| | Enter the lesser of the adjusted net | Tax year Prior 3 years | | | | | | | |
| | income from Part I or the minimum | (a) 2019 | (b) 2018 | (c) 2017 | (d) 2016 | (e) Total | | | |
| | investment return from Part X for each year listed | (-, | (=) ==== | (-, | (-, | | | | |
| h | 85% of line 2a | | | | | | | | |
| | 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 | | | | | | | | |
| е | 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: | | | | | | | | |
| | "Assets" alternative test—enter: | | | | | | | | |
| а | (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 | | | | | | | | |
| | Supplementary Information | (Complete this | part only if the | foundation had | \$5,000 or more | in | | | |
| Ρœ | assets at any time during th | | tructions.) | | | | | | |
| 1 | Information Regarding Foundation Man | | H 20/ - £ H +-+- | I a such allowed a succession | | _ | | | |
| а | List any managers of the foundation who have before the close of any tax year (but only if | | | | | n. | | | |
| | NONE | circy have continue | cea more than \$5,00 | o). (See Seelion 50) | (4)(2).) | | | | |
| h | List any managers of the foundation who ow | a 10% or more of th | as stack of a cornera | tion (or an equally l | argo portion of the | | | | |
| U | ownership of a partnership or other entity) | | | | arge portion or the | | | | |
| | NONE | | • | | | | | | |
| 2 | Information Regarding Contribution, Gr | ant, Gift, Loan, Sc | holarship, etc., Pro | ograms: | | | | | |
| | | | | _ | | | | | |
| | Check here ▶ ☐ if the foundation only mak unsolicited requests for funds. If the founda | es contributions to | preselected charitable | le organizations and | does not accept | | | | |
| | other conditions, complete items 2a, b, c, a | | | iais or organizations | under | | | | |
| | | | | | | | | | |
| а | The name, address, and telephone number | or e-mail address of | tne person to whom | n applications should | pe addressed: | | | | |
| | DOROTHY JAWORSKI co Penn Comm Bk | | | | | | | | |
| | 219 S NINTH ST PO BOX 176 PERKASIE, PA 189440176 | | | | | | | | |
| | (215) 257-5035 | | | | | | | | |
| b | The form in which applications should be sul | omitted and informa | ation and materials t | hey should include: | | | | | |
| | REQUEST VIA LETTER DETAILING ORGANIZ | | | , | | | | | |
| _ | Any submission deadlines: | | - • | | | | | | |
| C | , | | | | | | | | |
| | NONE. | 1 1 2 | 1 | 6 11 12 2 62 22 | | | | | |
| d | Any restrictions or limitations on awards, su factors: | cn as by geographic | cai areas, charitable i | rields, kinds of instit | utions, or other | | | | |
| | | NINTIES TUDOLICU | OUT DENINGVIVANTA | | | | | | |
| | 501(C)(3) ORGANIZATIONS IN VARIOUS COUNTIES THROUGHOUT PENNSYLVANIA. | | | | | | | | |



| | ter gross | amounts unless otherwise indicated. | Unrelated b | usiness income | Excluded by section | n 512, 513, or 514 | (e) Related or exempl |
|--|--------------------------------------|---|--|----------------------|---|---------------------------------------|---------------------------------------|
| b | _ | | | (b) Amount | (c) Exclusion code | | function income (See instructions. |
| d d e f g Fees and contracts from government agencies Membership dues and assessments. Interest on savings and temporary cash investments Interest on savings a | | | | | | | |
| d e | | | | | | | |
| g Fees and contracts from government agencies Membership dues and assessments. Interest on savings and temporary cash investments Net rental income or (loss) from real estate: a Debt-financed property. b Not debt-financed property. b Not debt-financed property. Cher investment income. Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events: Gross profit or (loss) from sales of inventory Other revenue: a b C Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by provoking funds for such purposes). (See | | | | | | | |
| g Fees and contracts from government agencies Membership dues and assessments | | | | | | | |
| g Fees and contracts from government agencies Membership dues and assessments. Interest on savings and temporary cash investments | | | | | | | |
| Membership dues and assessments | - | | | | | | |
| Dividends and interest from securities | Membe | rship dues and assessments | | | | | |
| Dividends and interest from securities | | | | | | | |
| Net rental income or (loss) from real estate: a Debt-financed property | | | | | † | | |
| a Debt-financed property | | | | | 14 | 158,956 | |
| b Not debt-financed property | | • • | | | | | |
| Net rental income or (loss) from personal property Other investment income Gain or (loss) from sales of assets other than inventory | | | | | | | |
| Other investment income | | | | | | | |
| inventory Net income or (loss) from special events: Gross profit or (loss) from sales of inventory Other revenue: a b C Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.) TRIVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See | | | | | | | |
| Net income or (loss) from special events: Gross profit or (loss) from sales of inventory Other revenue: a b C Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). See worksheet in line 13 instructions to verify calculations.) THE XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See | Gain or | (loss) from sales of assets other than | | | | | |
| Gross profit or (loss) from sales of inventory Other revenue: a b C Guid G | invento | ry | | | 18 | 10,607 | |
| Other revenue: a b C Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.) TH XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See | | . , , | | | | | |
| Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.) TH XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See | | | | | | | |
| C | | | | | | | |
| Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.) Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See | | | | | | | |
| Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.) Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See | | | | | | | |
| Subtotal. Add columns (b), (d), and (e) | | | | | | | |
| Total. Add line 12, columns (b), (d), and (e) | Subtot | al Add columns (b) (d) and (e) | | | | 170 285 | |
| (See worksheet in line 13 instructions to verify calculations.) Art XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See | | | | | | · · · · · · · · · · · · · · · · · · · | |
| Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See | Total. | Add line 12, columns (b), (d), and (e) | | | | 3 | 1/0,283 |
| the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See | (See wo | orksheet in line 13 instructions to verify calcu | lations.) | | | 3 | 170,283 |
| | (See wo | rksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which | lations.) e Accomplisi income is report | hment of Exem | pt Purposes f Part XVI-A contribu | uted importantly to | 170,28: |
| | (See wo Irt XVI 1e No. | Prksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) e Accomplisi income is report | hment of Exem | pt Purposes f Part XVI-A contribu | uted importantly to | 170,283 |
| | (See wo art XVI ne No. | Prksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) e Accomplisi income is report | hment of Exem | pt Purposes f Part XVI-A contribu | uted importantly to | 170,28: |
| | (See wo Irt XVI 1e No. | Prksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) e Accomplisi income is report | hment of Exem | pt Purposes f Part XVI-A contribu | uted importantly to | 170,28: |
| | (See wo Irt XVI 1e No. | Prksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) e Accomplisi income is report | hment of Exem | pt Purposes f Part XVI-A contribu | uted importantly to | 170,283 |
| | (See wo rt XVI e No. | Prksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) e Accomplisi income is report | hment of Exem | pt Purposes f Part XVI-A contribu | uted importantly to | 170,283 |
| | (See wo | Prksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) e Accomplisi income is report | hment of Exem | pt Purposes f Part XVI-A contribu | uted importantly to | 170,28 |
| | (See wo rt XVI e No. | Prksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) e Accomplisi income is report | hment of Exem | pt Purposes f Part XVI-A contribu | uted importantly to | 170,283 |
| | (See wo rt XVI e No. | Prksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) e Accomplisi income is report | hment of Exem | pt Purposes f Part XVI-A contribu | uted importantly to | 170,283 |
| | (See wo rt XVI re No. | Prksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) e Accomplisi income is report | hment of Exem | pt Purposes f Part XVI-A contribu | uted importantly to | 170,28 |
| | (See wo | Prksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) e Accomplisi income is report | hment of Exem | pt Purposes f Part XVI-A contribu | uted importantly to | 170,28 |
| | (See wo | Prksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) e Accomplisi income is report | hment of Exem | pt Purposes f Part XVI-A contribu | uted importantly to | 170,28 |
| | (See wo Irt XVI 1e No. | Prksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) e Accomplisi income is report | hment of Exem | pt Purposes f Part XVI-A contribu | uted importantly to | 170,283 |
| | (See wo Irt XVI 1e No. | Prksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) e Accomplisi income is report | hment of Exem | pt Purposes f Part XVI-A contribu | uted importantly to | 170,283 |
| | (See wo Irt XVI 1e No. | Prksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) e Accomplisi income is report | hment of Exem | pt Purposes f Part XVI-A contribu | uted importantly to | 170,283 |
| | (See wo I rt XVI Ie No. | Prksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) e Accomplisi income is report | hment of Exem | pt Purposes f Part XVI-A contribu | uted importantly to | 170,28: |
| | (See wo I rt XVI Ie No. | Prksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) e Accomplisi income is report | hment of Exem | pt Purposes f Part XVI-A contribu | uted importantly to | 170,28 |
| | (See wo I rt XVI Ie No. | Prksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) e Accomplisi income is report | hment of Exem | pt Purposes f Part XVI-A contribu | uted importantly to | 170,28 |
| | (See wo rt XVI re No. | Prksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) e Accomplisi income is report | hment of Exem | pt Purposes f Part XVI-A contribu | uted importantly to | 170,28 |
| | (See wo Irt XVI 1e No. | Prksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) e Accomplisi income is report | hment of Exem | pt Purposes f Part XVI-A contribu | uted importantly to | 170,28 |
| | (See wo Irt XVI 1e No. | Prksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) e Accomplisi income is report | hment of Exem | pt Purposes f Part XVI-A contribu | uted importantly to | 170,28 |
| | (See wo rt XVI re No. | Prksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) e Accomplisi income is report | hment of Exem | pt Purposes f Part XVI-A contribu | uted importantly to | 170,28 |
| | (See wo Irt XVI 1e No. | Prksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex | lations.) e Accomplisi income is report | hment of Exem | pt Purposes f Part XVI-A contribu | uted importantly to | 170,28: |

| Fo | rm 990-Pf | (2019) | | | | Pa | ge 13 |
|----|-----------------|---------------------------------|--|---|-------|--------|--------------|
| | Part XVI | Information Re Exempt Organi | | ions and Relationships With Nonchari | table | | |
| 1 | | | directly engage in any of the following with a organizations) or in section 527, relating to | any other organization described in section 501 political organizations? | | Yes | No |
| a | Transfer | s from the reporting foun | dation to a noncharitable exempt organization | on of: | | | |
| | (1) Cas | sh | | | 1a(1) | | No |
| | | | | | 1a(2) | | No |
| Ŀ | Other tra | ansactions: | | | | | |
| | (1) Sal | es of assets to a nonchar | itable exempt organization | | 1b(1) | | No |
| | | | | | 1b(2) | | No |
| | (3) Rer | ntal of facilities, equipmer | nt, or other assets | | 1b(3) | | No |
| | (4) Rei | mbursement arrangemen | ts | | 1b(4) | | No |
| | | | | | 1b(5) | | No |
| | (6) Perf | ormance of services or m | embership or fundraising solicitations | | 1b(6) | | No |
| c | Sharing | of facilities, equipment, r | nailing lists, other assets, or paid employees | | 1c | | No |
| | of the go | oods, other assets, or ser | | olumn (b) should always show the fair market was foundation received less than fair market values goods, other assets, or services received. (d) Description of transfers, transactions, and sha | ie | ngemer | ıts |
| | , | (=) | (-) | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| _ | | | | | | | |
| _ | | | | | | | |
| _ | | | | | | | |
| _ | | | | | | | |

| 2a Is the fo | oundation directly or indire | ectly affiliated with, or related to, one or mo | re tax-exempt organizations |
|--------------|------------------------------|--|-----------------------------|
| | | r than section $501(c)(3)$) or in section 527 ? | |
| | complete the following s | | |

(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 May the IRS discuss this 2020-09-14 return Here with the preparer shown Signature of officer or trustee Title Date (see instr.) 🗹 Yes 🗆 No Print/Type preparer's name Preparer's Signature PTIN Date Check if self-P01439179 employed ▶ 🔲 Nkima Skeete 2020-07-09 Paid **Preparer** Firm's name ▶ **BDO USA LLP** Firm's EIN ▶ **Use Only** Firm's address ▶ 615 South College St Suite 1200 Phone no. (704) 887-4236 Charlotte, NC 28202 Form **990-PF** (2019)

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, not paid, enter (e) other allowances hours per week Contributions to (b) devoted to position -0-) employee benefit plans and deferred compensation

| ROBERT L BYERS | CHAIRMAN OF THE BOARD 0 | 0 | 0 | 0 |
|---|-------------------------------|---|---|---|
| 219 S NINTH ST PO BOX 176 PERKASIE, PA 189440176 | | | | |
| STEPHANIE SCHWARTZBERG | GENERAL COUNSEL & | 0 | 0 | O |
| 219 S NINTH ST PO BOX 176 PERKASIE, PA 189440176 | SECRETARY 0 | | | |
| CHARLES FIELD | EV/B CEO | 0 | 0 | |

| PERKASIE, PA 189440176 | 0 | | | |
|---|----------------------|---|---|---|
| CHARLES FIELD | EVP, CFO | 0 | 0 | 0 |
| 219 S NINTH ST PO BOX 176 PERKASIE, PA 189440176 | 0 | | | |
| WILLIAM P LARKIN JR | Vice Chairman of the | 0 | 0 | 0 |
| 219 S NINTH ST PO BOX 176 | Board 0 | | | |

| CHARLES FIELD | EVP, CFO | 0 | 0 | 0 |
|---|----------------------|---|---|---|
| 219 S NINTH ST PO BOX 176 PERKASIE, PA 189440176 | 0 | | | |
| WILLIAM P LARKIN JR | Vice Chairman of the | 0 | 0 | 0 |
| 219 S NINTH ST PO BOX 176 PERKASIE, PA 189440176 | Board 0 | | | |
| JEANE M Vidoni | PRESIDENT & CEO | 0 | 0 | 0 |
| 219 S NINTH ST PO BOX 176 | 0 | | | |

| 219 S NINTH ST PO BOX 176 PERKASIE, PA 189440176 | | | | |
|---|----------------------|---|---|---|
| WILLIAM P LARKIN JR | Vice Chairman of the | 0 | 0 | 0 |
| 219 S NINTH ST PO BOX 176 PERKASIE, PA 189440176 | Board 0 | | | |
| JEANE M Vidoni | PRESIDENT & CEO | 0 | 0 | 0 |
| 219 S NINTH ST PO BOX 176 PERKASIE, PA 189440176 | 0 | | | |

| 219 S NINTH ST PO BOX 176 PERKASIE, PA 189440176 | Board 0 | | | |
|---|--------------------|---|---|---|
| JEANE M Vidoni | PRESIDENT & CEO | 0 | 0 | 0 |
| 219 S NINTH ST PO BOX 176 PERKASIE, PA 189440176 | 0 | | | |
| TODD HURLEY | EXECUTIVE DIRECTOR | 0 | 0 | 0 |

| · -· · · · · · / · · · · · · · · · · · · | | | | 1 |
|---|--------------------|---|---|---|
| JEANE M Vidoni | PRESIDENT & CEO | 0 | 0 | C |
| 219 S NINTH ST PO BOX 176 PERKASIE, PA 189440176 | 70 | | | |
| TODD HURLEY | EXECUTIVE DIRECTOR | 0 | 0 | C |
| 210 C Ninth St DO BOY 176 | 0 | | | 1 |

| 219 S NINTH ST PO BOX 176 PERKASIE, PA 189440176 | O | | | |
|---|--------------------|---|---|---|
| TODD HURLEY | EXECUTIVE DIRECTOR | 0 | 0 | (|
| 219 S Ninth St PO BOX 176 | 0 | | | |

| TODD HURLEY | EXECUTIVE DIRECTOR | 0 | 0 | |
|---|--------------------|---|---|--|
| 219 S Ninth St PO BOX 176 Perkasie, PA 189440176 | 0 | | | |
| DOROTHY JAWORSKI | TREASURER | 0 | 0 | |

219 S Ninth St PO BOX 176 Perkasie, PA 189440176

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 | | | |
|---|------|-----------------|-------|
| A Woman's PlacePennsylvania 611 Doylestown, PA 18901 | None | Special Program | 3,000 |

| | Ness | Annual Operating Funds | |
|--|------|------------------------|--|
| ucks County Community College 75 Swamp Road ewtown, PA 18940 | None | Annual Operating Fund | |
| • | | | |

Total .

| 275 Swamp Road Newtown, PA 18940 | | | |
|--|------|------------------------|--------|
| Bucks County Opportunity Council 100 Doyle Street | None | Annual Operating Funds | 23,712 |

17,500

570,415

■ 3a

| Newtown, PA 18940 | | | |
|--|------|------------------------|--------|
| Bucks County Opportunity Council 100 Doyle Street | None | Annual Operating Funds | 23,712 |
| Doylestown, PA 18901 | | | |

| 100 Doyle Street | Bucks County Opportunity Council | None | Annual Operating Funds | 23,7 |
|----------------------|----------------------------------|------|------------------------|------|
| | 100 Doyle Street | | | |
| Doylestown, PA 18901 | Doylestown, PA 18901 | | | |

| Bucks county Opportunity Council | INOHE | Annual Operating Funds | 23,. |
|----------------------------------|-------|------------------------|------|
| 100 Doyle Street | | | |
| Doylestown, PA 18901 | | | |
| | | | |

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 contribution status of

any foundation manager

Name and address (home or business)

Total .

| Name and address (nome or business) | or substantial contributor | | |
|--|----------------------------|------------------------|-------|
| a Paid during the year | | | |
| Chalfont Fire Company 301 North Main Street Chalfont, PA 18914 | None | Annual Operating funds | 3,000 |
| | | | |

recipient

| Chanone, FA 10314 | | | |
|--|------|------------------------|-------|
| Doylestown Fire Company 68 Shewell Avenue Doylestown, PA 18901 | NONE | Annual Operating Funds | 3,000 |
| Dublin Fire Company | NONE | Appual Operating Funds | 3 000 |

| Doylestown Fire Company 68 Shewell Avenue Doylestown, PA 18901 | NONE | Annual Operating Funds | 3,000 |
|--|------|------------------------|-------|
| Dublin Fire Company 194 North Main Street Dublin PA 18917 | NONE | Annual Operating Funds | 3,000 |

| Dublin Fire Company 194 North Main Street Dublin, PA 18917 NONE Annual Operating Funds 3,000 | Doylestown, PA 18901 | | | |
|---|----------------------|------|------------------------|-------|
| | | NONE | Annual Operating Funds | 3,000 |

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 | | | |
| Habitat for Humanity31 Oak Avenue 100 Chalfont, PA 18914 | None | Annual Operating Funds | 10,000 |

| Chanone, TX 10511 | | | |
|--|------|------------------------|--------|
| Keystone Opportunity Council 104 North Main Street Souderton, PA 18964 | None | Annual Operating Funds | 20,000 |
| | | | |

| 104 North Main Street Souderton, PA 18964 | | | |
|--|------|-----------------|-------|
| Lutheran Home at Telford 12 Lutheran Home Drive | None | Special Program | 5,000 |

| Souderton, PA 18964 | | | |
|---|------|-----------------|-------|
| Lutheran Home at Telford 12 Lutheran Home Drive | None | Special Program | 5,000 |

| Lutheran Home at Telford 12 Lutheran Home Drive Telford, PA 18969 None Special Program 5,000 | , | | | |
|---|------------------------|------|-----------------|-------|
| | 12 Lutheran Home Drive | None | Special Program | 5,000 |

| 12 Lutheran Home Drive Felford, PA 18969 | | | |
|---|------|----------------|---------|
| Total | | > 3a | 570,415 |

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

Total .

| a Paid during the year | | | |
|-----------------------------------|------|------------------------|-------|
| Mercer Museum84 South Pine Street | None | Annual Operating Funds | 5,000 |

| ilford Tayyashin Fire Department | None | Appurating Fund | |
|--|------|------------------------|--|
| lidway Fire Company5770 US 202 ahaska, PA 18931 | None | Annual Operating Funds | |
| dylestown, TA 10001 | | | |

| Midway Fire Company5770 US 202 Lahaska, PA 18931 | None | Annual Operating Funds | 3,000 |
|--|------|------------------------|-------|
| Milford Township Fire Department 2185 Milford Square Pike | None | Annual Operating Fund | 3,000 |

| Lanaska, PA 18931 | | | |
|--|------|-----------------------|----|
| Milford Township Fire Department 2185 Milford Square Pike Quakertown, PA 18951 | None | Annual Operating Fund | 3, |

| Zariaskaj i i i zoboz | | | |
|----------------------------------|------|-----------------------|-------|
| Milford Township Fire Department | None | Annual Operating Fund | 3,000 |
| 2185 Milford Square Pike | | | |
| Quakertown, PA 18951 | | | |

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 | | | |
|--|------|------------------------|-------|
| | | | |
| Ottsville Fire Company 249 Durham Road | None | Annual Operating Funds | 1,500 |

| Ottsville, PA 18942 | | | |
|---|------|------------------------|-------|
| Palisades Community Chorus 367 Cafferty Road | None | Annual Operating funds | 2,000 |
| Diporcyillo DA 19947 | | | |

| Palisades Community Chorus 367 Cafferty Road Pipersville, PA 18947 | None | Annual Operating funds | 2,000 |
|--|------|------------------------|-------|
| Penn Foundation807 Lawn Avenue | None | Special Program | 5,000 |

| Pipersville, PA 18947 | | | |
|--|------|-----------------|-------|
| Penn Foundation807 Lawn Avenue Sellersville, PA 18960 | None | Special Program | 5,000 |

570,415

| · · · · · · · · · · · · · · · · · · · | | | 1 |
|--|------|-----------------|----|
| Penn Foundation807 Lawn Avenue Sellersville, PA 18960 | None | Special Program | 5, |

| Penn Foundation807 Lawn Avenue | None | Special Program | |
|--------------------------------|------|-----------------|--|
| Sellersville, PA 18960 | | | |
| | | | |

Total .

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

any foundation manager

None

Name and address (home or business)

Perkasie Fire Company

100 North 5th Street Perkasie, PA 18944 Total .

| , , | or substantial contributor | | |
|---|----------------------------|-----------------------|-------|
| a Paid during the year | | | |
| Pennridge Community Day 701 West Market Street Perkasie, PA 18944 | None | Special Program | 6,000 |
| Pennridge FISH 800 West Chestnut Street | None | Annual Operating Fund | 5,000 |

recipient

Annual Operating Funds

▶ 3a

3,000

| 701 West Market Street Perkasie, PA 18944 | None | Special Program | 6,0 |
|--|------|-----------------------|-----|
| Pennridge FISH 800 West Chestnut Street Perkasie, PA 18944 | None | Annual Operating Fund | 5,0 |

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

any foundation manager

Name and address (home or business)

Total .

| Name and address (nome or business) | or substantial contributor | • | | |
|---|----------------------------|---|------------------------|-------|
| a Paid during the year | | | | |
| Perkasie Olde Towne Association PO Box 424 Perkasie, PA 18944 | None | | Annual operating funds | 3,000 |

recipient

| Perkasie, PA 18944 | | | |
|--|------|------------------------|-------|
| Quaker School at Horsham 250 Meetinghouse Road Horsham, PA 19044 | None | Annual Operating funds | 1,000 |
| Quakertown Fire Department | None | Annual operating funds | 1,500 |

| Quakertown Fire Department 1319 Park Avenue Quakertown, PA 18951NoneAnnual operating funds1,500 | 250 Meetinghouse Road Horsham, PA 19044 | None | Aumadi Operaumy Tantas | 1,000 |
|---|--|------|------------------------|-------|
| | 1319 Park Avenue | None | Annual operating funds | 1,500 |

| Horsham, PA 19044 | | | |
|--|------|------------------------|-----|
| Quakertown Fire Department 1319 Park Avenue Quakertown, PA 18951 | None | Annual operating funds | 1,5 |
| | | | |

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 contribution status of

| B: 1 111 E: 6 | | | 2 000 |
|---|----------------------------|------------------------|-------|
| Richlandtown Fire Company No 1 125 South Main Street Richlandtown, PA 18955 | None | Annual operating funds | 3,000 |
| a Paid during the year | | | |
| , | or substantial contributor | | |

recipient

570,415

| | | | i |
|--|------|------------------------|---|
| Riegelsville Fire Company 333 Delaware Road Riegelsville, PA 18077 | None | Annual operating funds | |
| Richlandtown, PA 18955 | | | |

any foundation manager

Name and address (home or business)

Total .

| Riegelsville Fire Company 333 Delaware Road Riegelsville, PA 18077 | None | Annual operating funds | 3,000 |
|--|------|------------------------|-------|
| Sellersville Fire Department 2 North Main Street | None | Annual operating funds | 1,800 |

| 333 Delaware Road Riegelsville, PA 18077 | None | Aimaal operating failes | 3,000 |
|---|------|-------------------------|-------|
| Sellersville Fire Department 2 North Main Street Sellersville, PA 18960 | None | Annual operating funds | 1,800 |

| Riegelsville, PA 18077 | | | |
|---|------|------------------------|-------|
| Sellersville Fire Department 2 North Main Street Sellersville, PA 18960 | None | Annual operating funds | 1,800 |
| | | | |

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

or substantial contributor

Name and address (home or business)

| | or substantial contributor | | |
|------------------------------|----------------------------|------------------------|-------|
| a Paid during the year | | | |
| West End Volunteer Fire Dept | None | Annual operating funds | 1,500 |

| Quakertown, PA 18951 | | | |
|--|------|-----------------------|--|
| United Way Bucks County-PCB Team Match 413 Hood Blvd | NONE | Annual Operating Fund | |

| United Way Bucks County-PCB Team | NONE | Annual Operating Fund | 42,300 |
|----------------------------------|------|-----------------------|--------|
| Match | | | |
| 413 Hood Blvd | | | |
| Fairless Hills, PA 19030 | | | |
| <u> </u> | | | |

| YWCA2425 Trevose Rd | NONE | Annual Operating Fund | 5,000 |
|---|------|-----------------------|-------|
| 413 Hood Blvd Fairless Hills, PA 19030 | | | |

| Fairless Hills, PA 19030 | | | |
|--|------|-----------------------|-------|
| YWCA2425 Trevose Rd FeastervilleTrevose, PA 19053 | NONE | Annual Operating Fund | 5,000 |

| YWCA2425 Trevose Rd | NONE | Annual Operating Fund | 5, |
|-------------------------------|------|-----------------------|----|
| FeastervilleTrevose, PA 19053 | | - | |
| | | | (|

| FeastervilleTrevose, PA 19053 | | |
|-------------------------------|----------|---------|
| Total | ▶ 3a | 570,415 |

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 | | | |
| Big Brothers Big Sisters2875 York Rd | NONE | Special Program | 2,400 |

| Jamison, PA 18929 | 110112 | - Special Frogram | 2,100 |
|--|--------|------------------------|--------|
| Bristol Riverside Theatre120 Radcliffe St Bristol, PA 19007 | NONE | Annual Operating Funds | 15,000 |
| | | | |

| Bristol Riverside Theatre120 Radcliffe St Bristol, PA 19007 | NONE | Annual Operating Funds | 15,000 |
|--|------|------------------------|--------|
| Family Services Association 4 Cornerstone Drive | NONE | Annual Operating Funds | 25,000 |

| Bristol, PA 19007 | | | |
|---|------|------------------------|--------|
| Family Services Association 4 Cornerstone Drive Langhorne, PA 19047 | NONE | Annual Operating Funds | 25,000 |

| Family Services Association | NONE | Annual Operating Funds | 25,000 |
|--|------|------------------------|--------|
| 4 Cornerstone Drive Langhorne, PA 19047 | | - | |
| | | | |

Total .

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 | | | |
| HealthLink Medical Center 1775 Street Rd | NONE | Annual Operating Fund | 3,000 |

| Southhampton, PA 18966 | | | |
|--|------|------------------------|--------|
| James A Michener Art Museum 138 S Pine St Doylestown, PA 18901 | NONE | Annual Operating Funds | 10,500 |

| James A Michener Art Museum 138 S Pine St Doylestown, PA 18901 | NONE | Annual Operating Funds | 10,500 |
|--|------|------------------------|--------|
| March of Dimes 3544 N Progress Ave 204 | NONE | Annual Operating Funds | 1,000 |

| James A Michener Art Museum 138 S Pine St Doylestown, PA 18901 | NONE | Annual Operating Funds | 10,500 |
|--|------|------------------------|--------|
| March of Dimes 3544 N Progress Ave 204 Harrisburg, PA 17110 | NONE | Annual Operating Funds | 1,000 |

| Doylestown, PA 18901 | | | |
|---|------|------------------------|---------|
| March of Dimes 3544 N Progress Ave 204 Harrisburg, PA 17110 | NONE | Annual Operating Funds | 1,000 |
| Total | | > 3a | 570,415 |

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 | | | |
| Penn Community Bank Employee Match 219 S 9th Street | NONE | Annual Operating Funds | 3,081 |

| 219 S 9th Street Perkasie, PA 18944 | | | |
|--|------|------------------------|--------|
| VITA909 Green St Harrisburg, PA 17102 | NONE | Annual Operating Funds | 12,500 |

| VITA909 Green St | NONE | Annual Operating Funds | 12,500 |
|---|------|------------------------|--------|
| Harrisburg, PA 17102 | | | |
| Youth Orchestra of Bucks County 275 Swamp Rd | NONE | Annual Operating Funds | 3,095 |

| Harrisburg, PA 17102 | 110112 | 7 timed operating rands | 12,500 |
|---|--------|-------------------------|--------|
| Youth Orchestra of Bucks County 275 Swamp Rd Newton, PA 18940 | NONE | Annual Operating Funds | 3,095 |

| Youth Orchestra of Bucks County 275 Swamp Rd Newton, PA 18940 | NONE | Annual Operating Funds | 3,095 |
|---|------|------------------------|-------|
| | | | |

Total .

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

recipient

| Central Counseling Center | NONE | | Special Program | 4.00 |
|-------------------------------------|----------------------------|---|-----------------|------|
| a Paid during the year | | | | |
| Name and address (nome or business) | or substantial contributor | · | | |

| .960 S Easton Rd Doylestown, PA 18940 | | - | |
|--|------|-----------------|--|
| Network of Victim Assistance (NOVA) | NONE | Special Program | |

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

| Doylestown, PA 18940 | | | |
|---|------|-----------------|--|
| Network of Victim Assistance (NOVA) 2370 Old York Rd SUITE B1 Jamison. PA 18929 | NONE | Special Program | |

| | | II. | |
|---|------|-----------------|--------|
| Network of Victim Assistance (NOVA) 2370 Old York Rd SUITE B1 Jamison, PA 18929 | NONE | Special Program | 15,177 |
| Washington Crossing Council BSA | NONE | Speical Program | 3,500 |

| 2370 Old York Rd SUITE B1 Jamison, PA 18929 | NONE | Special Program | 15,1// |
|--|------|-----------------|--------|
| Washington Crossing Council BSA 1 Scout Way | NONE | Speical Program | 3,500 |

| Jamison, PA 18929 | | | |
|--|------|-----------------|-------|
| Washington Crossing Council BSA 1 Scout Way Doylestown, PA 18901 | NONE | Speical Program | 3,500 |
| | | | |

| 1 Scout Way Doylestown, PA 18901 | NONE | Speical Program | _ |
|----------------------------------|------|-----------------|------------|
| Total | | ▶ 3a | 570,415 |

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 | | | |
|--|------|-----------------|-------|
| Ann Silverman Community Health Clinic 595 W State Street Doyleston, PA 18901 | NONE | Special Program | 8,000 |

| leston, FA 10901 | | |
|---------------------------|------|-----------------|
| ndsteadville Fire Company | NONE | Speical Program |
| 4 Stump Road | | |
| netondville DA 19040 | | |

Total .

| , , | | | |
|------------------------------|------|-----------------|----|
| Plumdsteadville Fire Company | NONE | Speical Program | 3, |
| 5064 Stump Road | | | |
| Plemsteadville, PA 18949 | | | |

| Calcation American N Burnel Charact | NONE | Consider Donas and the | 1 500 |
|---|------|------------------------|-------|
| Plumdsteadville Fire Company 5064 Stump Road Plemsteadville, PA 18949 | NONE | Speical Program | 3,000 |

| 5064 Stump Road Plemsteadville, PA 18949 | | | -, |
|---|------|-----------------|-------|
| Salvation Army701 N Broad Street | NONE | Special Program | 1,500 |

| Plemsteadville, PA 18949 | | | |
|--|------|-----------------|-------|
| Salvation Army701 N Broad Street Philadelphia, PA 19123 | NONE | Special Program | 1,500 |

570,415

■ 3a

| Salvation Army701 N Broad Street | NONE | Special Program | 1,500 |
|----------------------------------|------|-----------------|-------|
| Philadelphia, PA 19123 | | | |

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

recipient

570,415

▶ 3a

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

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

| a Paid during the year | | | |
|--|------|-----------------|-------|
| Legal Aid SEPA625 Swede Street Norristown, PA 19401 | NONE | Speical Program | 1,000 |
| Penn Community Bank Workplace Connections | None | Special Program | 8,750 |

| Connections 219 S 9th Street Perkasie, PA 18944 | | | |
|---|------|-----------------|--|
| CB Cares Educational Foundation | None | Special Program | |

| 219 S 9th Street Perkasie, PA 18944 | | | |
|---|------|-----------------|--|
| CB Cares Educational Foundation 252 W Swano Riad 5 | None | Special Program | |

| 219 S 9th Street Perkasie, PA 18944 | | | |
|---|------|-----------------|------|
| CB Cares Educational Foundation 252 W Swano Riad 5 | None | Special Program | 2,50 |

| Perkasie, PA 18944 | | | |
|---|------|-----------------|-------|
| CB Cares Educational Foundation 252 W Swano Riad 5 Doylestown, PA 18901 | None | Special Program | 2,500 |

| 252 W Swano Riad 5 | | |
|----------------------|--|--|
| Doylestown, PA 18901 | | |

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

or substantial contributor

Name and address (home or business)

Total .

| | or substantial contributor | | |
|---|----------------------------|-----------------|-------|
| a Paid during the year | | | |
| Tabor Services Inc57 E Armat Street Philadelphia, PA 19144 | None | Speical Program | 5,000 |

2,500

| maacipina, i i i i i i i i i i i i i i i i i i i | | | |
|--|------|-----------------|--|
| wilight Wish11 Duane Road oylestown, PA 18901 | None | Speical Program | |
| | | | |

| Doylestown, PA 18901 | | operation of the state of the s | |
|---|------|--|---|
| Children's Development Program 995 Doylestown Pike | None | Special Program | 2 |

| Doylestown, PA 18901 | | | |
|---|------|-----------------|--|
| Children's Development Program 995 Doylestown Pike | None | Special Program | |
| Ouakertown PA 18951 | | | |

| , | | | |
|--------------------------------|------|-----------------|-------|
| Children's Development Program | None | Special Program | 2,100 |
| 995 Doylestown Pike | | - | |
| Quakertown PA 18951 | | | |

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

| New Hone - Solehury Library | None | | Special Program | 1 000 |
|-------------------------------------|--|-----------|-----------------|-------|
| a Paid during the year | | | | |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | |

| 93 W Ferry Street New Hope, PA 18938 | Notice | Special Program | 1,000 |
|--|--------|-----------------|-------|
| Bucks County Health Improvement Partnership | None | Speical Program | 2,500 |

| New Hope, I'M 18550 | | | | |
|---|------|---------------------------------------|---------------------------------------|-------|
| Bucks County Health Improvement Partnership 2546 Knights Read Bensalem, PA 19020 | None | | Speical Program | 2,500 |
| · · · · · · · · · · · · · · · · · · · | · | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | |

| Partnership 2546 Knights Read Bensalem, PA 19020 | | | · |
|---|------|-----------------|-------|
| Bucks County SPCA1665 Street Road New Hope, PA 18938 | None | Special Program | 5,000 |

| Bensalem, PA 19020 | | | |
|---|------|-----------------|-------|
| Bucks County SPCA1665 Street Road New Hope, PA 18938 | None | Special Program | 5,000 |

570,415

Total .

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 | | | |
| Habitat for Humanity - Woodland Park 335 Rose Street | None | Special Program | 80,000 |

| Williamsport, PA 17701 | | | |
|---|------|-----------------|----|
| Pearl S Buck International Inc 520 Dublin Road Perkasie, PA 18944 | None | Speical Program | 5, |

| Pearl S Buck International Inc 520 Dublin Road Perkasie, PA 18944 | None | Speical Program | 5,000 |
|---|------|-----------------|-------|
| Pearl S Buck International Inc (5-Yr Pledge) | None | Special Program | 5,000 |

| Perkasie, PA 18944 | | | |
|---|------|-----------------|-------|
| Pearl S Buck International Inc (5-Yr Pledge) | None | Special Program | 5,000 |
| 520 Dublin Raod Perkasie, PA 18944 | | | |

| Pearl S Buck International Inc (5-Yr Pledge) | None | Special Program | 5,0 |
|--|------|-----------------|-----|
| 520 Dublin Raod Perkasie, PA 18944 | | | |

| Perkasie, PA 18944 | | | |
|--------------------|------|------|---------|
| Total | | ▶ 3a | 570,415 |

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 husiness)

| | Name and address (nome or business) | or substantial contributor | | |
|---|---------------------------------------|----------------------------|-----------------|--------|
| | a Paid during the year | | | |
| 1 | Rolling Harvest Food RescuePO Box 693 | None | Special Program | 15,000 |

| New Hope, PA 18938 | None | Special Frogram | 13,000 |
|--|------|-----------------|--------|
| St Mary's Medical Center Foundation 1201 Langhorne Newtown Road | None | Special Program | 30,000 |

| St Mary's Medical Center Foundation 1201 Langhorne Newtown Road Langhorne, PA 19047 | None | Special Program | 30,000 |
|---|------|-----------------|--------|
| YMCA of Bucks County | None | Special Program | 16.500 |

| Langhorne, PA 19047 | | | |
|---|------|-----------------|--------|
| YMCA of Bucks County 2500 Lower State Road | None | Special Program | 16,500 |

| YMCA of Bucks County 2500 Lower State Road Doylestown, PA 18901 Special Program | 16,500 |
|--|--------|

| 2500 Lower State Road Doylestown, PA 18901 | None | Special Program | 16,500 |
|---|------|-----------------|---------|
| Total | | ▶ 3a | 570,415 |

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

| YMCA of Buck County Capital Campaign 2500 Lower State Road Doylestown, PA 18901 | None | Special Program | 50,000 |
|---|------|-----------------|--------|
| Advocates for Homeless & Those in | NONE | SPECIAL PROGRAM | 1,000 |

| Doylestown, PA 18901 | | | |
|---|------|-----------------|-------|
| Advocates for Homeless & Those in Need PO BOX 184 FAIRLESS HILLS, PA 19030 | NONE | SPECIAL PROGRAM | 1,000 |
| AUTO DEALERS CARING FOR KIDS | NONE | SPECIAL PROGRAM | 2,500 |

| Need PO BOX 184 FAIRLESS HILLS, PA 19030 | NONE | SPECIAL PROGRAM | 1,000 |
|--|------|-----------------|-------|
| AUTO DEALERS CARING FOR KIDS 3311 SWEDE ROAD SUITE A EAST NORRITON, PA 19401 | NONE | SPECIAL PROGRAM | 2,500 |

| FAIRLESS HILLS, PA 19030 | | | |
|--|------|-----------------|-------|
| AUTO DEALERS CARING FOR KIDS 3311 SWEDE ROAD SUITE A EAST NORRITON, PA 19401 | NONE | SPECIAL PROGRAM | 2,500 |
| | | | |

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 | | | |
| BUCKS COUNTY CHORAL SOCIETY | NONE | SPECIAL PROGRAM | 2,500 |

| 252 WEST SWAMP ROAD SUITE 5 DOYLESTOWN, PA 18901 | | | |
|---|------|-----------------|--|
| INTER-FAITH HOUSING ALLIANCE | NONE | SPECIAL PROGRAM | |

| ı | | | | |
|---|---|------|-----------------|--|
| | INTER-FAITH HOUSING ALLIANCE 31 SOUTH SPRING GARDEN STREET AMBLER, PA 19002 | NONE | SPECIAL PROGRAM | |
| 1 | · | | l | |

| AMBLER, PA 19002 | | | |
|--|------|-----------------|---|
| PALISADES COMMUNITY FOUNDATION PO BOX 194 | NONE | SPECIAL PROGRAM | 1 |

Total .

| AMBLER, PA 19002 | | | |
|--|------|-----------------|---|
| PALISADES COMMUNITY FOUNDATION PO BOX 194 | NONE | SPECIAL PROGRAM | 1 |
| (INTNERSVILLE, PA 18930 | | | |

| PALISADES COMMUNITY FOUNDATION | NONE | SPECIAL PROGRAM | 1,000 |
|--------------------------------|------|-----------------|-------|
| PO BOX 194 | | | |
| KINTNERSVILLE, PA 18930 | | | |

3,000

570,415

▶ 3a

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 | | | |
|---------------------------------|------|-----------------|-------|
| GARDEN OF HEALTH361 HIGH STREET | NONE | SPECIAL PROGRAM | 5,000 |

| OUDERTON, PA 18964 | | | |
|---|------|-----------------|--|
| IVENGRIN4833 HULMEVILLE ROAD ENSALEM, PA 19020 | NONE | SPECIAL PROGRAM | |

Total .

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

| LIVENGRIN4833 HULMEVILLE ROAD BENSALEM, PA 19020 | NONE | SPECIAL PROGRAM | Į. |
|---|------|-----------------|----|
| NORTH PENN YMCA | NONE | SPECIAL PROGRAM | į |

| BENSALEM, PA 19020 | | | |
|--|------|-----------------|-------|
| NORTH PENN YMCA 2506 NORTH BROAD STREET SUITE 208 | NONE | SPECIAL PROGRAM | 5,000 |
| COLMAR PA 18915 | | | |

| NORTH PENN YMCA 2506 NORTH BROAD STREET SUITE 208 | NONE | SPECIAL PROGRAM | 5,000 |
|--|------|-----------------|-------|
| COLMAR, PA 18915 | | | |

5,000

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 10,000

| ST LUKE'S UNIVERSITY HEALTH NETWORK | NONE | SPECIAL PROGRAM | |
|--|------|-----------------|---|
| 801 OSTRUM STREET BETHLEHEM, PA 18015 | | | |
| | | | - |

| BETHLEHEM, PA 18015 | | | |
|---|------|-----------------|----|
| UNITE FOR HER 127 EAST CHESTNUT STREET FIRST FLO WEST CHESTER, PA 19380 | NONE | SPECIAL PROGRAM | 4, |
| CONTITION TO SHELTER AND SUBBORT | NONE | SDECTAL DROCRAM | |

| UNITE FOR HER 127 EAST CHESTNUT STREET FIRST FLO WEST CHESTER, PA 19380 | NONE | SPECIAL PROGRAM | 4,000 |
|---|------|-----------------|-------|
| COALITION TO SHELTER AND SUPPORT THE HOMELESS 196 WEST ASHI AND STREET | NONE | SPECIAL PROGRAM | 5,000 |

| WEST CHESTER, PA 19380 | | | |
|---|------|-----------------|-------|
| COALITION TO SHELTER AND SUPPORT THE HOMELESS 196 WEST ASHLAND STREET DOYLESTOWN, PA 18901 | NONE | SPECIAL PROGRAM | 5,000 |

| Total | | ▶ 3a | 570,415 |
|---|------|-----------------|---------|
| THE HOMELESS 196 WEST ASHLAND STREET DOYLESTOWN, PA 18901 | | | |
| COALITION TO SHELTER AND SUPPORT | NONE | SPECIAL PROGRAM | 5,000 |

| efile GRAPHIC print - DO NOT PR | OCESS As Filed D | ata - | D | LN: 93491258001280 | |
|----------------------------------|---------------------|--------------------------|------------------------|---|--|
| TY 2019 Accounting Fees Schedule | | | | | |
| _ | | | | | |
| Name: PENN COMMUNITY FOUNDATION | | | | | |
| | | | 11011 | | |
| | EIN: 23-2984 | 663 | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |
| ACCOUNTING FEES | 13,748 | | | | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491258001280 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2019 Depreciation Schedule Name: PENN COMMUNITY FOUNDATION

EIN: 23-2984663

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491258001280 | | | |
|--------------------------------------|---------------------|---------------------|--|--|--|
| TY 2019 Investments - Other Schedule | | | | | |
| Managar 5 | NENINI CONANALINITE | OV FOLINDATION | | | |

2,734,563

2,467,670

| Name: | PENN COMMUNITY FOUNDATION |
|-------|---------------------------|
| | |

EIN: 23-2984663

EQUITIES

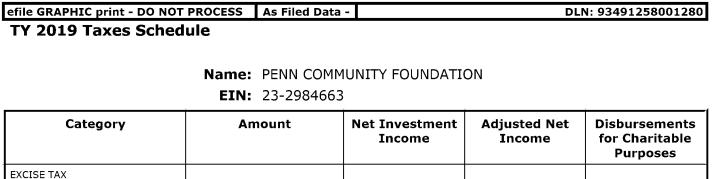
| Investments Other Schedule 2 | | | | | |
|------------------------------|-----------------------|------------|----------------------------------|--|--|
| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value | | |

AT COST

| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value |
|----------------|-----------------------|------------|----------------------------------|
| BONDS | AT COST | 1,738,309 | 1,778,896 |

| Name | | Address | | | |
|--|--|---------|--|--|--|
| EIN: 23-2984663 | | | | | |
| Name: PENN COMMUNITY FOUNDATION | | | | | |
| TY 2019 Substantial Contributors Schedule | | | | | |
| efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491258001280 | | | | | |

219 South Ninth St PO Box 176 Penn Community Bank Perkasie, PA 18944



| efile GRAPHIC print - DC | NOT PROCESS As Filed Data | - | | DLN: 93491258001280 | |
|--|---|--|---|---|--|
| Schedule B | Sche | dule of Contributors | | OMB No. 1545-0047 | |
| (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service | ► Attach to Form 990, 990-EZ, or 990-PF. ► Go to <u>www.irs.gov/Form990</u> for the latest information. | | 2019 | | |
| Name of the organization PENN COMMUNITY FOUND | ATION | | Employer i | dentification number | |
| Organization type (chec | k one). | | 23-2984663 | 3 | |
| | | | | | |
| Filers of: | Section: | | | | |
| Form 990 or 990-EZ | ☐ 501(c)() (enter number |) organization | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | |
| | ☐ 527 political organization | ☐ 527 political organization | | | |
| Form 990-PF | ☑ 501(c)(3) exempt private foundation | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | |
| | 501(c)(3) taxable private foundation | | | | |
| | ion filing Form 990, 990-EZ, or 99 property) from any one contributor. | | | | |
| Special Rules | | | | | |
| under sections 50 received from any | on described in section 501(c)(3) fil 9(a)(1) and 170(b)(1)(A)(vi), that cone contributor, during the year, to 1h, or (ii) Form 990-EZ, line 1. Co | hecked Schedule A (Form 990 otal 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), (tal contributions of more than \$1,0 ne prevention of cruelty to children | 000 <i>exclusively</i> for religious, ch | aritable, scientific, literary, | | |
| during the year, could be during the year. | on described in section 501(c)(7), (contributions exclusively for religious ked, enter here the total contribution mplete any of the parts unless the le, etc., contributions totaling \$5,00 | s, charitable, etc., purposes, bu ons that were received during th General Rule applies to this o | ut no such contributions tot ne year for an e <i>xclusively</i> r rganization because it rece | aled more than \$1,000. eligious, charitable, etc., eived <i>nonexclusively</i> | |
| 990-EZ, or 990-PF), but it | that isn't covered by the General must answer "No" on Part IV, line rt I, line 2, to certify that it doesn't i | e 2, of its Form 990; or check th | ie box on line H of its Form | | |
| For Paperwork Reduction Ac | t Notice, see the Instructions | Cat. No. 30613X | Schedule B (Form 99 | 0, 990-EZ, or 990-PF) (2019) | |

for Form 990, 990-EZ, or 990-PF.

| Name of organizati PENN COMMUNITY | organization DMMUNITY FOUNDATION Employer identification number 23-2984663 | | |
|--------------------------------------|---|----------------------------|--|
| Part I Contributors | Contributors (see instructions). Use duplicate copies of Part I if ad | ditional space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | Penn Community Bank 219 South Ninth St PO Box 176 | \$ 1,180,326 | ✓ Person☐ Payroll☐ Noncash |
| | Perkasie, PA 18944 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$_ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | \$ | Person Payroll Noncash (Complete Part II for noncash |
| | | | contributions.) |

| Schedule | B (Form 990, 990-EZ, or 990-PF) (2019) | | | Page 4 |
|---------------------------|---|--|--|---|
| | rganization IMUNITY FOUNDATION | | | mployer identification number 3-2984663 |
| Part III | than \$1,000 for the year from any one conti | ibutor. Complete co total of exclusively instructions.) > \$ | olumns <mark>(a)</mark> througl religious, charitab | n section 501(c)(7), (8), or (10) that total more h (e) and the following line entry. For ole, etc., contributions of \$1,000 or less for |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held |
| | Transferee's name, address, and ZIP 4 | | nsfer of gift Relatio | enship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held |
| | Transferee's name, address, and Z | onship of transferor to transferee | | |
| (a) No. from Part I | (b) Purpose of gift | c) Use of gift | | (d) Description of how gift is held |
| | Transferee's name, address, and ZIP 4 (e) Transfer of gift Rel | | | onship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | _ (c) Us | e of gift | (d) Description of how gift is held |
| | Transferee's name, address, and Z | | nsfer of gift Relatio | onship of transferor to transferee |
| | | | Sch | nedule B (Form 990, 990-EZ, or 990-PF) (2019) |