

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

Name of foundation MI CHARITABLE FOUNDATION		A Employer identification number 47-2381136	
Number and street (or P.O. box number if mail is not delivered to street address) 650 W MARKET ST		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code GRATZ, PA 17030		B Telephone number (see instructions) (717) 365-2550	
G Check all that apply: <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here..... 2. Foreign organizations meeting the 85% test, check here and attach computation ...	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here .....	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶\$ 2,244,759		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here .....	
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	1,285,932			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . .				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	36,008	36,008		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	12,515			
	b Gross sales price for all assets on line 6a _____ 12,515				
	7 Capital gain net income (from Part IV, line 2) . . .		12,515		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less: Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	504,843	0		
	12 <b>Total.</b> Add lines 1 through 11 . . . . .	1,839,298	48,523		
	13 Compensation of officers, directors, trustees, etc.	0	0		0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .	1,518	759		759
	b Accounting fees (attach schedule) . . . . .	13,050	6,525		6,525
	c Other professional fees (attach schedule) . . . . .	7,364	7,364		0
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . .				
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	302,801	0		302,801
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	324,733	14,648		310,085
	25 Contributions, gifts, grants paid . . . . .	753,607			753,607
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	1,078,340	14,648		1,063,692
	27 Subtract line 26 from line 12:				
	a <b>Excess of revenue over expenses and disbursements</b>	760,958			
	b <b>Net investment income</b> (if negative, enter -0-)		33,875		
c <b>Adjusted net income</b> (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	<b>1</b> Cash—non-interest-bearing . . . . .	8,250	421,976	421,976
	<b>2</b> Savings and temporary cash investments . . . . .	393,982	289,581	289,581
	<b>3</b> Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	946,013	1,533,202	1,533,202
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)				
<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	1,348,245	2,244,759	2,244,759	
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
Net Assets or Fund Balances	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .	1,348,245	2,244,759	
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .			
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund			
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds			
	<b>29</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .	1,348,245	2,244,759	
<b>30</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .	1,348,245	2,244,759		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	1,348,245
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	760,958
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	135,556
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	2,244,759
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	2,244,759

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

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

  

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 12,515			12,515
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			12,515
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	<b>2</b>	12,515
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8		<b>3</b>	

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

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

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

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



Yes



No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	688,805	1,327,095	0.519032
2017	316,583	866,374	0.365411
2016	360,212	432,525	0.832812
2015	202,282	128,583	1.573163
2014			

  

<b>2</b> Total of line 1, column (d)	<b>2</b>	3.290418
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0.822605
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	<b>4</b>	1,739,369
<b>5</b> Multiply line 4 by line 3	<b>5</b>	1,430,814
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	339
<b>7</b> Add lines 5 and 6	<b>7</b>	1,431,153
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	1,063,692

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

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

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	678
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	678
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	678
<b>6</b>	Credits/Payments:		
<b>a</b>	2019 estimated tax payments and 2018 overpayment credited to 2019	<b>6a</b>	262
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	0
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	262
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . ▶	<b>9</b>	416
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . ▶	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> ▶ <b>Refunded</b> ▶	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .		No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .		No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. ▶ \$ _____ <b>(2)</b> On foundation managers. ▶ \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities.</i>		No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .		No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .		No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T.</i>		No
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	Yes	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i> . . . . .	Yes	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ PA _____		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation .</i>	Yes	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i> . . . . .		No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i> . . . . .		No

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

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

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

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . ► <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year . . . . . ► <b>15</b>			
<b>16</b>	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

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

		<b>Yes</b>	<b>No</b>
<b>1a</b>	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . .	<b>1b</b>	<b>No</b>
	Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>		
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? . . . . .	<b>1c</b>	<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b>	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	<b>2b</b>	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.) . . . . .	<b>3b</b>	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	<b>4b</b>	<b>No</b>

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

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

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

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

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

**3** Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. . . . . ►		0

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

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

	Expenses
<b>1</b> DONATION TO FOUR DIAMONDS FUND HELPING TO CONQUER CHILDHOOD CANCER	159,700
<b>2</b> DONATIONS THROUGH OUTREACH COMMITTEES TO BENEFIT THEIR COMMUNITIES	467,032
<b>3</b> DONATION TO ST. JUDES CHILDREN (THROUGH WINDOW WORLD CARES) HELPING TO CONQUER CHILDHOOD CANCER	106,375
<b>4</b> SCHOLARSHIPS AND SPONSORSHIPS	20,500

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

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

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	1,065,597
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	700,260
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	1,765,857
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	1,765,857
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	26,488
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	1,739,369
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	86,968

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

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	86,968
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5. . . . .	<b>2a</b>	678
<b>b</b>	Income tax for 2019. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	678
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	86,290
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	350
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	86,640
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	86,640

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	1,063,692
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	1,063,692
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	1,063,692

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



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				86,640
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only. . . . .			0	
<b>b</b> Total for prior years: 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014. . . . .				
<b>b</b> From 2015. . . . .	195,853			
<b>c</b> From 2016. . . . .	338,599			
<b>d</b> From 2017. . . . .	273,462			
<b>e</b> From 2018. . . . .	622,489			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	1,430,403			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ► \$ <u>1,063,692</u>				
<b>a</b> Applied to 2018, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2019 distributable amount. . . . .				86,640
<b>e</b> Remaining amount distributed out of corpus	977,052			
<b>5</b> Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,407,455			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .		0		
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9</b> <b>Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a. . . . .	2,407,455			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015. . . . .	195,853			
<b>b</b> Excess from 2016. . . . .	338,599			
<b>c</b> Excess from 2017. . . . .	273,462			
<b>d</b> Excess from 2018. . . . .	622,489			
<b>e</b> Excess from 2019. . . . .	977,052			

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

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ▶

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

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

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

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

**1 Information Regarding Foundation Managers:**

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

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

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

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

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

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

**c** Any submission deadlines:

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

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>▶ 3a</b>	753,607
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>▶ 3b</b>	0

Enter gross amounts unless otherwise indicated.

	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) (See instructions.)
<b>1</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .					
<b>4</b> Dividends and interest from securities. . . .			14	36,008	
<b>5</b> Net rental income or (loss) from real estate:					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			14	12,515	
<b>9</b> Net income or (loss) from special events:			01	201,857	
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue:					
<b>a</b> GRANT RETURNED _____				350	
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal. Add columns (b), (d), and (e). . .		0		250,730	0
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . . (See worksheet in line 13 instructions to verify calculations.)			<b>13</b>	250,730	250,730

[illegible]

## Part XVII

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

--	--	--

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

--	--	--

- |              |  |           |
|--------------|--|-----------|
| <b>1b(1)</b> |  | <b>No</b> |
| <b>1b(2)</b> |  | <b>No</b> |
| <b>1b(3)</b> |  | <b>No</b> |
| <b>1b(4)</b> |  | <b>No</b> |
| <b>1b(5)</b> |  | <b>No</b> |
| <b>1b(6)</b> |  | <b>No</b> |

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

value  
ue

[illegible]

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

described in section 501(c) (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule.

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

<p><b>Sign Here</b></p> <p>*****</p> <p>_____</p> <p>Signature of officer or trustee</p>	<p>2020-11-16</p> <p>_____</p> <p>Date</p>	<p>*****</p> <p>_____</p> <p>Title</p>
--	--	--

May the IRS discuss this return with the preparer shown below

(see instr.) ☒ **Yes** ☐ **No**

<b>Paid Preparer Use Only</b>	ALAN B CARMAN CPA		2020-11-16		
	Firm's name ► RKL LLP				Firm's EIN ► 23-2108173
	Firm's address ► 1330 BROADCASTING ROAD PO BOX 7008 WYOMISSING, PA 196106008				Phone no. (610) 376-1595

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
MATT DESOTO	CHAIRMAN 1.00	0	0	0
430 SUMMERS ROAD MILLERSBURG, PA 17061				
KELLY NEIDERER	TREASURER 1.00	0	0	0
281 N OLD STONEHOUSE ROAD CARLISLE, PA 17013				
DAVID TRUSKEY	SECRETARY 1.00	0	0	0
1805 PRIMROSE ROAD DAUPHIN, PA 17018				
MIKE DESOTO	DIRECTOR 1.00	0	0	0
4810 W IRON SPRINGS ROAD PRESCOTT, AZ 86306				
PAUL GARY	DIRECTOR 1.00	0	0	0
3 CENTERPOINTE DRIVE LAKE OSWEGO, OR 97035				
STEVE REHMAN	DIRECTOR 1.00	0	0	0
9221 HARVEST RUSH ROAD OWINGS MILL, MD 21117				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
717 STREET & STRIP CAR SHOW 8133 STATE ROUTE 209 WILLIAMSTOWN, PA 17098		PC	SPONSORSHIP-BENEFIT CHILDRENS MIRACLE NETWORK	1,100
ALEXZANDRIA LESHER 2213 MOUNTAIN RD DALMATIA, PA 17017	NONE	I	HOUSE FIRE, GRATZ OUTREACH	750
ALLEN HELEN MAURER 150 HEBE CHURCH RD HERNDON, PA 17830	NONE	I	MEDICAL-OPS OUTREACH	400
<b>Total . . . . . ▶ 3a</b>				753,607

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AMANDA MORGAN216 WEST LAUREL ST TREMONT, PA 17981	NONE	I	MEDICAL-HEGINS OUTREACH	500
AMERICAN CANCER SOCIETY PO BOX 897 HERSHEY, PA 17033		PC	SPONSOR-UPPER DAUPHIN RELAY FOR LIFE	2,500
AMERICAN LEGION POST 140 120 E ARCH ST FLEETWOOD, PA 19522		PC	LOCAL OUTREACH-PV OUTREACH	500
<b>Total . . . . . ▶ 3a</b>				753,607



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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ANDY RUSSELL CHARITABLE FOUNDATION 11515 VANSTORY DRIVE SUITE 100 HUNTERSVILLE, NC 28078		PC	DONATION-EXECUTIVE	10,000
ANGIE BIXLER1928 EAST GRAND AVE TOWWER CITY, PA 17980	NONE	I	DONATION TO CHINESE AUCTION-PAWS FOR A CAUSE, OPS OUTREACH	250
ANYA WATTS210 S COLLEGE AVE NEWARK, DE 19716	NONE	I	SCHOLARSHIP	1,000
<b>Total . . . . .</b> ► <b>3a</b>				753,607

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BECKY WETZEL219 MILL HILL ROAD PITMAN, PA 17964	NONE	I	ANDREW OXENRIDER MEM TOURNAMENT-HEGINS OUTREACH	50
BELIEVE IN BLESSINGS THRIFT SHOP 22 EAST MAIN STREET ELIZABETHVILLE, PA 17023		PC	ANNUAL SUPPORT-OPS OUTREACH	250
BEN FERREE326 PINE STREET LYKENS, PA 17048	NONE	I	MEDICAL	400
<b>Total . . . . . ▶ 3a</b>				753,607

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BERRYSBURG & COMMUNITY FIRE CO 196 WEST MARKET ST BERRYSBURG, PA 17005		PC	DONATION	5,000
BETHESDA MISSIONPO BOX 3041 HARRISBURG, PA 17105		PC	SUPPORT HOMELESS	500
BILL WHITE4650 MIDDLEWAY PIKE KEARNEYSVILLE, WV 25430	NONE	I	MEDICAL-SALES OUTREACH	500
<b>Total . . . . . ▶ 3a</b>				753,607

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BILLI JO CRISSINGER852 MIDDLE RD HERNDON, PA 17830	NONE	I	MEDICAL	500
BILLY WIEST JR542 MAIN ST LYKENS, PA 17048	NONE	I	HOUSE FIRE-HEGINS	500
BOYS & GIRLS CLUB OF CENTRAL AZ 335 EAST AUBREY STREET PRESCOTT, AZ 86303		PC	DANCING FOR THE STARS SPONSOR-PV OUTREACH	2,500
<b>Total . . . . . ▶ 3a</b>				753,607

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BRADY C LUCAS GOLF OUTING 202 PLAZA DRIVE MANCHESTER, PA 17345		PC	GOLF SPONSORSHIP IN SUPPORT OF FOUR DIAMONDS	2,500
BREAST CANCER RESEARCH FOUNDATION 28 WEST 44TH STREET SUITE 609 NEW YORK, NY 10036		PC	DONATION	26,800
BRENDA HOOVER1928 E GRAND AVE TOWER CITY, PA 17980	NONE	I	HOUSE FIRE-GRATZ OUTREACH	500
<b>Total . . . . . ▶ 3a</b>				753,607

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BRIAN DEITER700 MAHONEY ST TREVORTON, PA 17881	NONE	I	MEDICAL EXP	500
BROCK WELKER103 SHIELDS BUILDING UNIVERSITY PARK, PA 16802	NONE	I	SCHOLARSHIP	1,000
CAMP HEBRON957 CAMP HEBRON RD HALIFAX, PA 17032		PC	SCHOLARSHIP FOR 4 CAMPERS, OPS OUTREACH	4,020
<b>Total . . . . .</b> ► <b>3a</b>				753,607

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CARROLLTON FIRE RESCUE 1945 E JACKSON ROAD CARROLLTON, TX 75011		PC	DONATION	5,000
CASTLE WINDOWS 109 GAITHER DR SUITE 309 MOUNT LAUREL, NJ 08054		PC	CHOP-CHILDREN'S HOSPITAL OF PHILADELPHIA	10,000
CATHOLIC CHARITIES 7555 E STATE RT 69 PRESCOTT VALLEY, AZ 86314		PC	NORTH STAR YOUTH PARTNERSHIP. PV OUTREACH	1,500
<b>Total . . . . . ▶ 3a</b>				753,607

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CENTRAL YAVAPAI FIRE DISTRICT 8555 E YAVAPAI ROAD PRESCOTT VALLEY, AZ 86314		PC	DONATION	5,000
CHACE BUFFINGTON250 CHURCH ST MILLERSBURG, PA 17061	NONE	I	C/O JOEY-MEDICAL, OPS OUTREACH	600
CHARLOTTE SANFILIPPOPO BOX 100 HALIFAX, PA 17032	NONE	I	MEDICAL-GRATZ OUTREACH	500
<b>Total . . . . . ▶ 3a</b>				753,607



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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHILDREN'S CANCER RESEARCH FUND 7301 OHMS LANE SUITE 355 MINNEAPOLIS, MN 55439		PC	NORTH STAR YOUTH PARTNERSHIP. PV OUTREACH	500
CHILDREN'S MEDICAL CENTER FOUNDATION 2777 NORTH STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207		PC	RED BALLOON RUN & RIDE TEAM TENT	9,000
CHRIS PINNPO BOX 82 ALVORD, TX 76225	NONE	I	WIFE-MEDICAL, TX OUTREACH	500
<b>Total . . . . .</b> ► <b>3a</b>				753,607

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHRISTIAN COMMUNITY ACTION 200 SOUTH MILL COURT LEWISVILLE, TX 75057		PC	DONATION TO SCHOOL SUPPLIES DRIVE & FOOD BANK-TX OUTREACH	1,500
CHRISTIN MILLER520 S MARKET ST MILLERSBURG, PA 17061	NONE	I	BOY, LEVI, W/MEDICAL ISSUES. OPS OUTREACH	400
CLIFFORD BAKER 6414 SOUTH CAMERON AVE TAMPA, FL 33616	NONE	I	MEDICAL-GRATZ OUTREACH	500
<b>Total . . . . . ▶ 3a</b>				753,607

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COLEMAN'S MILITARY SURPLUS 360 KLINGER RD MILLERSBURG, PA 17061		PC	DD-CUP SPONSORSHIP, OPS OUTREACH	250
CORY GRUSZEWSKI303 WEBSTER ST RANSHAW, PA 17866	NONE	I	PROCEEDS FROM WALKING TACO SALE-MEDICAL EXP, HEGINS OUTREACH	998
COURTNEY KIEFFER 101 NORTH COLLEG AVE ANNEVILLE, PA 17003	NONE	I	SCHOLARSHIP	1,000
<b>Total . . . . . ▶ 3a</b>				753,607

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DAN CAROLINE BINGAMAN 334 BERRYSBURG RD MILLERSBURG, PA 17061	NONE	I	HOUSE FIRE-OPS OUTREACH	400
DANIEL KOPPENHAVER 1135 WEST MAPLE ST VALLEY VIEW, PA 17983	NONE	I	HOUSE FIRE-GRATZ OUTREACH	500
DAVID A LUCAS BENEFIT FUND PO BOX 159 GRATZ, PA 17032		PC	MEDICAL EXP-OPS OUTREACH	1,100
<b>Total . . . . . ▶ 3a</b>				753,607

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DEANNA YOCUM2650 STAE RT 225 HERNDON, PA 17830	NONE	I	BABY HAS MEDICAL ISSUES- HEGINS OUTREACH	500
DEB CAMPBELL153 PINE ST MILLERSBURG, PA 17061	NONE	I	GOLF TOURNAMENT--NATIONAL GUARD, PROFILES OUTREACH	500
DEB JACKSON1900 LAKESIDE PKWY FLOWER MOUND, TX 75028	NONE	I	REIMBURSE-GROCERIES AT RONALD MCDONALD HOUSE-TX OUTREACH	208
<b>Total . . . . . ▶ 3a</b>				753,607

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DENISE JAMES6821 WAGONETTE DR FT WORTH, TX 76140	NONE	I	MEDICAL-TX OUTREACH	750
DENNIS WATKINS134 EAST BROAD ST WILLAMSTOWN, PA 17048	NONE	I	GOLF OUTING-SCHUYKILL LIFE SKILLS PROM-HEGINS OUTREACH	300
DENNY PARISON33 ALDHAM ROAD PHOENIXVILLE, PA 19460	NONE	I	MEDICAL-GRATZ OUTREACH	500
<b>Total . . . . . ▶ 3a</b>				753,607

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DIABETES CAMPING & EDUCATIONAL SERVICES 12045 WATERFRONT DR LOS ANGELES, CA 90094		PC	DONATION FOR GALA-HELPS CHILDREN W.DIABETES-EX COMMITTEE	3,000
DONALD DITMER928 N HIGH ST DUCANNON, PA 17020	NONE	I	MEDICAL-GRATZ OUTREACH	1,500
DONALD MARKEL4546 RT 209 ELIZABETHVILLE, PA 17023	NONE	I	MEDICAL, GRATZ OUTREACH	600
<b>Total . . . . . ▶ 3a</b>				753,607

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DORIS CARR525 CHESTNUT ST MILLERSBURG, PA 17061	NONE	I	C/O LENNY CARR	720
DUTCAVICH FUNERAL HOME 200 SUNBURY ST MINERSVILLE, PA 17954		PC	C/O SETH M. KNARR ESTATE, HEGINS OUTREACH	500
EDDIE JAMES6821 WAGONETTE DR FT WORTH, TX 76140	NONE	I	MEDICAL-TX OUTREACH	750
<b>Total . . . . . ▶ 3a</b>				753,607



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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
EDWIN BARRY521 PINE DRIVE SACRAMENTO, PA 17968	NONE	I	DEATH IN FAMILY-GRATZ OUTREACH	1,225
ERIC ERDMAN4 TANDY LANE MILLERSBURG, PA 17061	NONE	I	ERIC'S CARD-\$1 PER SIGNATURE	1,250
FLOWER MOUND FIRE DEPT 3911 S BROADWAY AVE FLOWER MOUND, TX 75028		PC	DONATION	5,000
<b>Total . . . . . ▶ 3a</b>				753,607

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FLOWER MOUND POLICE ASSOC PO BOX 271184 FLOWER MOUND, TX 75027		PC	DONATION AND SANTA COPS PROGRAM, TX OUTREACH	2,500
FMCPAAA4150 KIRKPATRICK LNAE FLOWER MOUND, TX 75028		PC	SUPPORT-CASINO NIGHT	500
FOUR DIAMONDS FUND PENN STATE UNIVERSITY STATE COLLEGE, PA 16801		PC	DONATION PLEDGE	159,700
<b>Total . . . . . ▶ 3a</b>				753,607

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FRANK WIKE367 DAYTON ST WILLAMSTOWN, PA 17098	NONE	I	MEDICAL-GRATZ OUTREACH	750
GARY LUCAS540 WEST CENTER ST DONALDSON, PA 17981	NONE	I	MEDICAL-GRATZ OUTREACH	500
GEIGERPO BOX 712144 CINCINNATI, OH 45271		PC	SHIRT SALE, HEGINS OUTREACH	3,109
<b>Total . . . . . ▶ 3a</b>				753,607

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GIVE A CHILD A VOICE 5531 SOUTH NEWTON AVENUE SPRINGFIELD, MO 65810		PC	SPONSOR-1ST ANNUAL CHARITY CAR SHOW	5,500
GRACEFUL ACRES193 RIDGE ROAD HALIFAX, PA 17032		PC	DONATION-GRATZ OUTREACH-PROCEEDS FROM GOLF OUTING	10,000
GRATZ AREA FIRE COMPANY #1 202 SOUTH CENTER ST GRATZ, PA 17030		PC	DONATION	5,000
<b>Total . . . . . ▶ 3a</b>				753,607

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GRATZ PARKS & RECREATION 625 WEST MARKET ST GRATZ, PA 17030		PC	DONATION TO MOMMY AND ME PROGRAM. OPS OUTREACH	250
GRATZ VFW AUXILLARY 406 W 34TH ST 10TH FLOOR KANSAS CITY, MO 64111		PC	CHINESE AUCTION-OPS OUTREACH	250
GUMC HEARTS OF GRACE 982 MEDICAL ROAD MILLERSBURG, PA 17061		PC	JIFF PAK PROGRAM-OPS OUTREACH	1,000
<b>Total . . . . .</b> ► <b>3a</b>				753,607

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HAILEY SHADE1 HACC DR HARRISBURG, PA 17110	NONE	I	SCHOLARSHIP	1,000
HALI WHITE300 SPURLOCK LANE KRUM, TX 76249	NONE	I	MEDICAL-TX OUTREACH	1,000
HALIFAX FIRE DEPARTMENT 22 S RIVER ROAD HALIFAX, PA 17032		PC	DONATION-SMOKE DETECTORS, PROFILES OUTREACH	250
<b>Total . . . . . ▶ 3a</b>				753,607

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HALIFAX GIRLS SOFTBALL LEAGUE KINSINGER RD HALIFAX, PA 17032		PC	DAMAGE TO FIELDS-GRATZ OUTREACH	1,000
HALIFAX HS STUDENT COUNCIL 3940 PETERS MOUNTAIN ROAD HALIFAX, PA 17031		PC	SUPPORT OF MINI-THON, EX COMMITTEE	1,000
HALIFAX WILDLIFE EDUCATION FOUNDATION 3940 PETERS MOUNTAIN ROAD HALIFAX, PA 17032		PC	GOLF TOURNEY SPONSOR	590
<b>Total . . . . . ▶ 3a</b>				753,607

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HEGINS AREA AMBULANCE ASSOC 352 GAP ROAD HEGEINS, PA 17983		PC	DONATION-HEGINS OUTREACH	1,000
HEGINS VALLEY FIRE RESCUE 720 CHESTNUT STREET HEGINS, PA 17938		PC	DONATION	5,000
HERITAGE PARK ZOO 1403 HERITAGE PARK RD PRESCOTT, AZ 86301		PC	SPONSOR-EDUCATION PROGRAM, PV OUTREACH	5,000
<b>Total . . . . . ▶ 3a</b>				753,607



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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HOMES FOR OUR TROOPS6 MAIN ST TAUNTON, MA 02780		PC	SPONSORSHIP-GOLF OUTING	6,000
HOOVER BOYER FUNERAL HOME 118 SOUTH MARKET ST MILLERSBURG, PA 17061		PC	FUNERAL EXP-LEONARD CARR JR-HEGINS OUTREACH	500
HOSPICE OF CENTRAL PA 1320 LINGLESTOOWN RD HARRISBURG, PA 17110		PC	CAMP DRAGON FLY-OPS OUTREACH	1,000
<b>Total . . . . . ▶ 3a</b>				753,607

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<b>a</b> <i>Paid during the year</i>				
HUMBOLT EDUCATION FOUNDATION PO BOX 25606 PRESCOTT VALLEY, AZ 86312		PC	TEACHER OF THE YEAR BANQUET-PV OUTREACH	500
HURRICANE CREATIONS 501 E MAIN STREET SCHUYLKILL HAVEN, PA 17972		PC	SPONSOR-GOLF OUTING, HEGNS OUTREACH	200
JAMES PAUL103 SHIELDS BUILDING UNIVERSITY PARK, PA 16802	NONE	I	SCHOLARSHIP	1,000
<b>Total . . . . . ▶ 3a</b>				753,607

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JANINE LEREW1361 N QUARTZ RD PRESCOTT, AZ 86303	NONE	I	EMPLOYEE WELFARE	1,500
JAVIER GOMEZ-HERNANDEZ 345 BUSH HEAD RD DORNSIFE, PA 17823	NONE	I	FUNERAL EXP-HEGINS OUTREACH	500
JENNA STONEROAD5600 CITY AVE PHILADELPHIA, PA 19131	NONE	I	SCHOLARSHIP	1,000
<b>Total . . . . . ▶ 3a</b>				753,607

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

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JENNIFER ADULEIT400 PINE ST LYKENS, PA 17048	NONE	I	MEDICAL-OPS OUTREACH	750
JENNIFER MILLER 298 DIVIDING RIDGE ROAD HALIFAX, PA 17032	NONE	I	MEDICAL, HEGINS OUTREACH	250
JEROME FAMILY BENEFIT FUND 1625 W MAIN ST VALLEY VIEW, PA 17983	NONE	I	FATHER-MEDICAL ISSUES-OPS OUTREACH	400
<b>Total . . . . . ▶ 3a</b>				753,607

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<b>a</b> <i>Paid during the year</i>				
JERRY SMITH2613 ASPEN DR DALLAS, TX 75227	NONE	I	ASSISTANCTX OUTREACH	250
JESSICA LEE CINQMARS315 JULIAN ST WILLAMSTOWN, PA 17098	NONE	I	MEDICAL-GRATZ OUTREACH	1,500
JESUS CASTREJON 7420 E SPOSE N DR 2 PRESCOTT VALLEY, AZ 86314	NONE	I	EMPLOYEE WELFARE-PV OUTREACH	1,500
<b>Total . . . . . ▶ 3a</b>				753,607

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JIMMY JOHNSON309 W AVE I MIDLOTHIAN, TX 76065	NONE	I	FAMILY MEDICAL-TX OUTREACH	400
JOEY MACE 3235 SCHWABEN CREEK ROAD REBUCK, PA 17867	NONE	I	HOUSE FIRE-OPS OUTREACH	600
JOSEPH MARTIN1648 PULASKI AVE NORTHCUMBERLAND, PA 17866	NONE	I	DEATH OF NEWBORN CHILD, GRATZ OUTREACH	500
<b>Total . . . . . ▶ 3a</b>				753,607

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<b>a</b> <i>Paid during the year</i>				
JOSHUA JONKER302 SPURLOCK DR KELLER, TX 76249	NONE	I	REIMBURSE-DONATION TO HOMES FOR OUR TROOPS	1,000
JOY MARTZ MEMORIALPO BOX 511 HERNDON, PA 17830	NONE	I	"TIARA TROT FOR JOY"-OPS OUTREACH	600
JUST 4 VETS8911 DANIELS PKWY FORT MYERS, FL 33912		PC	SUPPORT VETERANS HUNT-HEGINS OUTREACH	500
<b>Total . . . . . ▶ 3a</b>				753,607

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
KADENCE JAE FOUNDATION 45 SUFFOLK ROAD HARRISBURG, PA 17112		PF	GOLD SPONSOR-OPS OUTREACH	500
KATINA SCHOFFSTALL631 MILL DR HALIFAX, PA 17032	NONE	I	MEDICAL	500
KENNY MILLER298 DIVIDING RIDGE RD HALIFAX, PA 17032	NONE	I	CELEBRATION OF LIFE-JEN MILLER	400
<b>Total . . . . . ▶ 3a</b>				753,607



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<b>a</b> <i>Paid during the year</i>				
KIWANIS CLUB OF PRESCOTT 824 E GURLEY ST PRESCOTT, AZ 86301		PC	DONATION-MIKE D. REQUEST	3,000
KOURTNEY RHOADS257 UNION STREET MILLERSBURG, PA 17061	NONE	I	FAMILY SUPPORT-PROFILES OUTREACH	500
LACY STRAIT1 S GEORGE ST MILLERSVILLE, PA 17551	NONE	I	SCHOLARSHIP	1,000
<b>Total . . . . . ▶ 3a</b>				753,607

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LANCE SCHULTZ757 E MAIN ST HEGEINS, PA 17938	NONE	I	FAMILY ISSUE-HEGINS OUTREACH	500
LAUREN WIEST301 LAKE ST DALLAS, PA 18612	NONE	I	SCHOLARSHIP	1,000
LEA LENKER103 SHIELDS BUILDING UNIVERSITY PARK, PA 16802	NONE	I	SCHOLARSHIP	1,000
<b>Total . . . . . ▶ 3a</b>				753,607

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<b>a</b> <i>Paid during the year</i>				
LEADER DOGS1039 S ROCHESTER RD ROCHESTER HISS, MI 48307		PC	FUNDRAISED BY BREANNA DAVIS-DOGS FOR THE BLIND	1,000
LEONARD J LUCAS FUNERAL HOME 120 S MARKET ST SHAMOKIN, PA 17872	NONE	I	C/O JESSE MILLER, HEGINS OUTREACH	500
LIBERTY HOSE CO NO #2559 S 2ND ST LYKENS, PA 17048		PC	BASKET BINGO FUNDRAISER & BLOCK PARTY, OPS OUTREACH	300
<b>Total . . . . . ▶ 3a</b>				753,607

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LIFELINE PREGNANCY CENTER 612 READING AVE WEST READING, PA 19611		PC	DONATION	10,500
LINDA TALLONPO BOX 152 GRATZ, PA 17030	NONE	I	MEDICAL-GRATZ OUTREACH	500
LINE MTN NOURISHING EAGLES TO SOAR 115 CIDER PRESS ROAD KLINGERSTOWN, PA 17941		PC	SNACK PACK PROGRAM-OPS OUTREACH	1,000
<b>Total . . . . . ▶ 3a</b>				753,607

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LONNIE WEAVER1122 ENDERS RD HALIFAX, PA 17032	NONE	I	HOUSE FIRE	500
LORI HARMAN644 N 2ND ST LYKENS, PA 17048	NONE	I	MEDICAL-GRATZ OUTREACH	500
LYNETTE MILLER 305 E/ WICONISCO AVE TOWER CITY, PA 17980	NONE	I	HUSBAND-MEDICAL, HEGINS OUTREACH	500
<b>Total . . . . . ▶ 3a</b>				753,607

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<b>a</b> <i>Paid during the year</i>				
LYNN GROSSER 670 MOUNTAIN HOUSE RD HALIFAX, PA 17032	NONE	I	TEAM MEMBER-MEDICAL	750
MAINSTREET MATTRESS & FURNITURE 10 E MAIN ST ELIZABETHVILLE, PA 17023		PC	SUPPLY 5 BEDS-GRATZ OUTREACH	1,272
MAKE A WISH-NORTH TEXAS 6655 DESEO IRVING, TX 75039		PC	DONATION	10,000
<b>Total . . . . . ▶ 3a</b>				753,607

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MANIYA ERDMAN BORDER 103 SHIELDS BUILDING UNIVERSITY PARK, PA 16802	NONE	I	SCHOLARSHIP	1,000
MARK LENKER984 STATE ROUTE 209 MILLERSBURG, PA 17061	NONE	I	MEDICAL-PROFILES OUTREACH	500
MARK WOLFE409 DIETRICH AVE TOWER CITY, PA 17980	NONE	I	SON LOGAN, MEDICAL, GRATZ OUTREACH	1,500
<b>Total . . . . . ▶ 3a</b>				753,607

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MATTHEW JONKERS302 SPURLOCK DR KRUM, TX 76249	NONE	I	MEDICAL-TX OUTREACH	250
MATTHEW KENNO115 MOHR RD MILLERSBURG, PA 17061	NONE	I	MEDICAL EXP	500
MEGHAN LAUDENSLAGER 779 PUMPKIN CENTER RD KLINGERSTOWN, PA 17941	NONE	I	MEDICAL-GRATZ OUTREACH	500
<b>Total . . . . . ▶ 3a</b>				753,607



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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MICHAEL BORDNER55 VISTA RD KLINGERSTOWN, PA 17941	NONE	I	MEDICAL-GRATZ OUTREACH	1,500
MICHAEL COTNER292 RIVERSIDE LANE HERNDON, PA 17830	NONE	I	FAMILY MEDICAL-HEGINS OUTREACH	500
MICHELLE RAMERPO BOX 584 GRATZ, PA 17030	NONE	I	MEDICAL-GRATZ OUTREACH	500
<b>Total . . . . . ▶ 3a</b>				753,607

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MIKE MIONE413 REINERS SCHOOL RD TOWER CITY, PA 17980	NONE	I	MEDICAL	500
MILLERSBURG AREA AMBULANCE ASSOC 331 UNION ST MILLERSBURG, PA 17061	NONE	I	DONATION-PROFILES OUTREACH	1,000
MILLERSBURG ACTIVITY FUND 799 CENTER ST MILLERSBURG, PA 17061		PC	MILLERSBURG MINI-THON	1,000
<b>Total . . . . . ▶ 3a</b>				753,607

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MILLERSBURG FERRY BOAT ASSOCIATION PO BOX 93 MILLERSBURG, PA 17061		PC	FUNDRAISER EVENT-OPS OUTREACH	250
MILLERSBURG FIRE COMPANY PO BOX 151 MILLERSBURG, PA 17061		PC	DONATION	5,000
MILLERSBURG ROTARY CLUB 277 UNION ST MILLERSBURG, PA 17061		PC	IN SUPPORT OF MYO PARK, OPS OUTREACH	250
<b>Total . . . . . ▶ 3a</b>				753,607

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MINNICH FUNERAL103 W MAIN ST ELIZABETHVILLE, PA 17023		PC	C/O BRIANNE KOSIER-OPS OUTREACH	3,755
MORGAN SHAFFER 396 POTTSVILLE SAINT CLAIR HWY POTTSVILLE, PA 17901	NONE	I	SCHOLARSHIP	1,000
MRM GOLF OUTING 1517 STATE ROUTE 209 MILLERSBURG, PA 17061		PC	PLATINUM SPONSOR-GOLF OUTING-SUPPORTS RONALD MCDONALD HOUSE	2,000
<b>Total . . . . . ▶ 3a</b>				753,607

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MSRC DELTA WATERFOWL202 3RD ST MILLERSBURG, PA 17061		PC	DONATION-MENTOR YOUTH & VETERANS, PROFILES OUTREACH	1,000
MURPHY CANADA 14500 MARSH LANE 242 ADDISON, TX 75001		PC	CHILDHOOD CANCER-TX OUTREACH	600
NADINE BUGGY MILLER SCHOLARSHIP 209 E WICONISCO ST MUIR, PA 17957		PC	IN SUPPORT AGAINST BREAST CANCER-OPS OUTREACH	250
<b>Total . . . . . ▶ 3a</b>				753,607

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NATE HUBLER7857 STATE RT 209 WILLAMSTOWN, PA 17098	NONE	I	WIFE-MEDICAL, PROFILES OUTREACH	1,400
NATIONAL BREAST CANCER FOUNDATION INC 2600 NETWORK BLVD SUITE 300 FRISCO, TX 75034		PC	DONATION	26,800
NED SMITH CENTERPO BOX 33 MILLERSBURG, PA 17061		PC	GENERAL SEASON SUPPORT	7,500
<b>Total . . . . . ▶ 3a</b>				753,607

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NICHOLAS WOLFF FOUNDATION INC 58 CAMP VICTORY RD MILLVILLE, PA 17846		PC	CORP CONTRIBUTOR-CAMP FOR KIDS W/HEALTH ISSUES	1,000
NORTHERN DAUPHIN CO BRANCH YMCA 500 NORTH CHURCH ST ELIZABETHVILLE, PA 17023		PC	BRONZE SPONSOR-GOLF OUTING, OPS OUTREACH	500
NORTHERN DAUPHIN LIBRARY 683 MAIN ST LYKENS, PA 17048		PC	"CORKER" SPONSOR, OPS OUTREACH	500
<b>Total . . . . . ▶ 3a</b>				753,607

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PAM HUHN PARK LANE HEGEINS, PA 17938	NONE	I	PROCEEDS FROM RAFFLE-MEDICAL, HEGINS OUTREACH	850
PAM MALLARD76 VINE STREET ELIZABETHVILLE, PA 17023	NONE	I	FAMILY MEDICAL-GRATZ OUTREACH	500
PAMELA MINOR 2228 EAST MAIN STREET SACRAMENTO, PA 17968	NONE	I	MEDICAL-HEGINS OUTREACH	500
<b>Total . . . . . ▶ 3a</b>				753,607



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PAT HARNER2793 WEST MAIN ST SPRING GLEN, PA 17978	NONE	I	MEDICAL-OPS OUTREACH	750
PATRICIA HNEM PAR 1595 S OLD ORCHARD LANE723 LEWISVILLE, TX 75067	NONE	I	DEATH IN TM FAMILY-TX OUTREACH	600
PAULA HARNER1108 FOREST ST LEBANON, PA 17046	NONE	I	MEDICAL, GRATZ OUTREACH	500
<b>Total . . . . . ▶ 3a</b>				753,607

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PAYGE ESSCHBACH 1368 ARMSTRONG VALLEY ROAD HALIFAX, PA 17032	NONE	I	MEDICAL-OPS OUTREACH	400
PCC CORNER OF LIFE150 S MARKET ST SHAMOKIN, PA 17872		PC	SUPPORT WALK OF LFE-OPS OUTREACH	250
PEOPLE WHO CAREPO BOX 12977 PRESCOTT VALLEY, AZ 86304		PC	BRZ SPONSORSHIP-PV OUTREACH	1,000
<b>Total . . . . . ▶ 3a</b>				753,607

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PHOENIX CHILDRENS HOSPITAL FOUNDATION 2929 E CAMELBACK RD STE 122 PHOENIXVILLE, AZ 85016		PC	GULF TOURNAMENT BENEFIT & IGNITE HOPE WALK	53,180
PILLOW FIRE COMANY NO 1 182 MARKET ST PILLOW, PA 17079		PC	IN SUPPORT OF CARNIVAL-OPS OUTREACH	100
PILLOW HISTORICAL SOCIETY PO BOX 193 PILLOW, PA 17080	NONE	I	SUPPORT-DOG DAYS OF PILLOW	100
<b>Total . . . . . ▶ 3a</b>				753,607

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PRESCOTT AREA HABITAT FOR HUMANITY 1230 WILLOW CREEK ROAD PRESCOTT, AZ 86301		PC	LEAD CONTRACTOR SPONSOR-GOLF TOURNAMENT	25,000
PRESCOTT CREEKS 1801 N STATE ROUTE 89 PRESCOTT VALLEY, AZ 86301		PC	COMMUNITY CLEAN-UP, PV OUTREACH	1,000
PRESTON LESHER2213 MOUNTAIN RD DALMATIA, PA 17017	NONE	I	HOUSE FIRE	500
<b>Total . . . . . ▶ 3a</b>				753,607

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PREVENT SUICIDE PA525 S 29TH ST HARRISBURG, PA 17104		PC	DONATION-PROCEEDS FROM RAFFLE, OPS OUTREACH	1,500
PROSTATE CANCER FOUNDATION 1250 4TH ST SANTA MONICA, CA 90401		PC	DONATION-NO SHAVE IN NOVEMBER, OPS OUTREACH	101
PV BROADCASTINGBOX 26523 PRESCOTT VALLEY, AZ 86312		PC	WINDOW TO OUR COMMUNITY SPONSOR, PV OUTREACH	2,092
<b>Total . . . . . ▶ 3a</b>				753,607

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PV POLICE DEPT-YOUTH OUTREACH 50 WEST KING STREET YORK, PA 17401		PC	FUNDRAISER-PV OUTREACH	500
QUEEN B PROJECTPO BOX 9 MARYSVILLE, PA 17053		PC	THE JAXON PROJECT-OPS OUTREACH	600
RANDY GILLIGBAUER 225 NORTH TUNNEL ST WILLAMSTOWN, PA 17098	NONE	I	CAR ACCIDENT-MEDICAL-GRATZ OUTREACH	750
<b>Total . . . . . ▶ 3a</b>				753,607

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
RANDY SWEIGARD 622 E GRAND AVENUE TOWER CITY, PA 17980	NONE	I	TEAM MEMBER FATHER-MEDICAL, HEGINS OUTREACH	500
REBECCA RENN282 RENNS ROAD PAXINOS, PA 17860	NONE	I	MEDICAL-GRATZ OUTREACH	750
REBEKAH PARTIN220 GROVE AVE PRESCOTT, AZ 86301	NONE	I	SCHOLARSHIP	1,000
<b>Total . . . . . ▶ 3a</b>				753,607

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
REID TOVAR1525 W CALIFORNIA ST GAINESVILLE, TX 76240	NONE	I	SCHOLARSHIP	1,000
RICHARD TROUTMAN 165 CREEK HILL ROAD GRATZ, PA 17030	NONE	I	MEDICAL, GRATZ OUTREACH	750
RICK KLINE MEMORIAL SLOWPITCH 234 EAST MAIN ST HEGEINS, PA 17938	NONE	I	GOLD SPONSOR-SOFTBALL TOURNEY, HEGINS OUTREACH	500
<b>Total . . . . . ▶ 3a</b>				753,607



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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
RICK YEAGLEY2022 E CENTER ST TREMONT, PA 17981	NONE	I	MEDICAL-GRATZ OUTREACH	500
ROBERT BROWNING262 GREENHILL RD FLORENCE, MS 39703	NONE	I	MEDICAL	500
ROBYN ANDERSON320 RIVER ROAD DALMATIA, PA 17017	NONE	I	MEDICAL-GRATZ OUTREACH	1,500
<b>Total . . . . . ▶ 3a</b>				753,607

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
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Name and address (home or business)				
<b>a</b> Paid during the year				
ROD NEIMAN1745 MADISON AVE TOWER CITY, PA 17980	NONE	I	TEAM MEMBER-MEDICAL, HEGINS OUTREACH	500
RONALD MCDONALD HOUSE OF CENTRAL PA 745 W GOVERNOR RD HERSHEY, PA 17033		PC	DONATION TOWARDS STOVE- OPS OUTREACH	5,000
ROSA MARTINEZ 247 ECORPORATE DR 724 LEWISVILLE, TX 75067	NONE	I	EMPLOYEE WELFARE-TX OUTREACH	750
<b>Total . . . . . ▶ 3a</b>				753,607

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
RUBERTO RODRIGUEZ 3760 HIGH GROVE DR DALLAS, TX 75220	NONE	I	MEDICAL-TX OUTREACH	1,079
RUTH FETTERHOFF423 N 2ND ST LYKENS, PA 17048	NONE	I	MEDICAL	500
SACRAMENTO COMMUNITY FIRE COMPANY 2206 EAST MAIN ST SACRAMENTO, PA 17968		PC	DONATION	5,000
<b>Total . . . . . ▶ 3a</b>				753,607

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SAMBA650 WEST MARKET ST GRATZ, PA 17030		PC	BUILD BIKE TRAILS-GRATZ OUTREACH	1,000
SCHUYKILL CONSERVATION DISTRICT 1537 PANTHER VALLEY RD PINE GROVE, PA 17963		PC	COMMUNITY EVENT-HEGINS OUTREACH	500
SCOTTISH RITE HOSPITAL FOR CHILDREN 222 WELBORN STREET DALLAS, TX 75219		PC	DONATION, TX OUTREACH	3,000
<b>Total . . . . . ▶ 3a</b>				753,607

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SHARON MILLER750 STATE ST MILLERSBURG, PA 17061	NONE	I	MEDICAL-PROFILES OUTREACH	500
SPECIAL OLYMPICS TEXAS 1804 RUTHERFORD LN AUSTIN, TX 78754		PC	DONATION-TX OUTREACH	500
ST JUDE CHILDREN RES HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105		PC	RAFFLE PROCEEDS	6,375
<b>Total . . . . . ▶ 3a</b>				753,607

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
STEPHEN BLAIN151 BOLTON CIRCLE MILLERSBURG, PA 17061	NONE	I	FROZEN PIPE DAMAGE-HEGINS OUTREACH	500
STEVE SIGMON2854 WINFIELD ROAD ST ALBANS, WV 25177	NONE	I	MEDICAL, SALES OUTREACH	500
SUSAN REX650 WEST MARKET ST GRATZ, PA 17030	NONE	I	TEAM MEMBER SON-MEDICAL- OPS	750
<b>Total . . . . .</b> ► <b>3a</b>				753,607

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TEAM BECCA GUILD7424 124TH AVE NE KIRKLAND, WA 98033	NONE	I	PLATINUM SPONSOR SUPPORTING FIGHT OF CHILDHOOD CANCER-EX COMMITTEE	2,500
TEAM LYMAN18800 WEST 78TH STREET CHANHASSEN, MN 55317		PC	RIDE FOR MS CHARITY, SALES OUTREACH	600
TEK FOUNDATION CC INC4 TANDY LANE MILLERSBURG, PA 17061		PF	DIAMOND LEVEL PARTNERSHIP	35,000
<b>Total . . . . . ▶ 3a</b>				753,607

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THERESA HINES1259 PULASKI AVE COAL TOWNSHIP, PA 17866	NONE	I	BATTLING CANCER-HEGINS OUTREACH	500
THINKBIG335 MARKET ST LEWISBURG, PA 17837		PC	HOLE SPONSOR, GRATZ OUTREACH	100
TOM BRUNERPO BOX 270 BERRYSBURG, PA 17005	NONE	I	MEDICAL-GRATZ OUTREACH	500
<b>Total . . . . . ▶ 3a</b>				753,607



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TOM SHRAWDER2268 SUNBURY ST DALMATIA, PA 17017	NONE	I	MEDICAL-GRATZ OUTREACH	1,500
TONY BALONIS862 WEST WALNUT ST COAL TOWNSHIP, PA 17866	NONE	I	MEDICAL-OPS OUTREACH	400
TRI-VALLEY YOUTH ACTIVITIES FUND 2 FEARNOT ROAD SACRAMENTO, PA 17968		PC	TRUNK OR TREAT SPONSORCHIP-HEGINS OUTREACH	500
<b>Total . . . . . ▶ 3a</b>				753,607

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TULSA COMMUNITY FOUNDATION 7030 S YALE AVE STE 600 TULSA, OK 74136		PC	DISASTER REILEF FOR EASTERN OK-TX OUTREACH	2,000
TWIN VALLEY PLAYERS269 CENTER ST MILLERSBURG, PA 17061		PC	DRAMA CAMP-OPS OUTREACH	500
UDA ELEMENTARY SNACK PACK 5668 STATE ROUTE 209 LYKENS, PA 17048		PC	SNACK PROGRAM-HEGINS OUTREACH	500
<b>Total . . . . . ▶ 3a</b>				753,607

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UPPER DAUPHIN HUMAN SVCS CENTER 517 MAIN ST LYKENS, PA 17049		PC	DONATIONS - EXEC COMMITTEE, BOARD APPROVED, FUNDING SUPPORT	26,533
VFW POST #2385550 COLUMBIA AVE SINKING SPRING, PA 19608		PC	DONATION-PROCEEDS FROM MEAT RAFFLE-OPS OUTREACH	3,250
VICKIE JONESPO BOX 26 GRATZ, PA 17030	NONE	I	HUSBAND, ROBERT PASSED AWAY-OPS OUTREACH	1,500
<b>Total . . . . . ▶ 3a</b>				753,607

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
VICKIE'S ANGELSPO BOX 44 MILLERSBURG, PA 17061	NONE	I	TEA EVENT-CANCER FUNDRAISER-OPS OUTREACH	250
WARREN MORRIS106 S 6TH ST TOWER CITY, PA 17980	NONE	I	MEDICAL EXPENSES-HEGINS OUTREACH	500
WEEKEND SNACK PACK PROGRAM PO BOX 270 BERRYSBURG, PA 17005		PC	WEEK-END SNACK PROGRAM- OPS OUTREACH	1,000
<b>Total . . . . . ▶ 3a</b>				753,607

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WENDY WALTER545 LEBO ST MILLERSBURG, PA 17061	NONE	I	MEDICAL-GRATZ OUTREACH	500
WEST YAVAPAI GUIDANCE CLINIC FOUNDATION 3343 N WINDSONG DR PRESCOTT VALLEY, AZ 86314		PC	DONATION-MURDER MYSTERY DINNER	2,000
WILLIAM BRESSI405 WEST PINE ST SHAMOKIN, PA 17872	NONE	I	MEDICAL-HEGINS OUTREACH	500
<b>Total . . . . . ▶ 3a</b>				753,607

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WILLIAMSTOWN AREA EMSPO BOX 74 WILLAMSTOWN, PA 17098		PC	DONATION-AT SUMMER CONCERT/SPEAKERS	2,500
WINDOW WORLD CARES 118 SHAVER STREET NORTH WILKESBORO, NC 28659		PC	ST JUDE COMMITTMENT	100,000
WYGC FOUNDATION 3343 N WINDSONG DR PRESCOTT VALLEY, AZ 86314		PF	FUNDRAISER-W,YAVAPAI GUIDANCE CLINIC-PV OUTREACH	3,000
<b>Total . . . . . ▶ 3a</b>				753,607

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
YAVAPAI BIG BOTHER BIG SISTER 3208 LAKESIDE VLG PRESCOTT VALLEY, AZ 86301		PC	FUND RAISER-PV OUTREACH	500
YAVAPAI FAMILY ADVOCACY CENTER PO BOX 26495 PRESCOTT VALLEY, AZ 86312		PC	FUNDRAISER EVENT-PV OUTREACH	1,550
<b>Total . . . . . ▶ 3a</b>				753,607

**TY 2019 Accounting Fees Schedule****Name:** MI CHARITABLE FOUNDATION**EIN:** 47-2381136

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	13,050	6,525		6,525



**TY 2019 Investments Corporate Stock Schedule****Name:** MI CHARITABLE FOUNDATION**EIN:** 47-2381136**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
CHARLES SCHWAB	1,533,202	1,533,202

**TY 2019 Legal Fees Schedule****Name:** MI CHARITABLE FOUNDATION**EIN:** 47-2381136

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
LEGAL FEES	1,518	759		759

**TY 2019 Other Expenses Schedule****Name:** MI CHARITABLE FOUNDATION**EIN:** 47-2381136**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LICENSES	125	0		125
SPECIAL EVENT EXPENSES	230,486	0		230,486
OUTREACH COMMITTEE EXPENSES	72,150	0		72,150
BUSINESS EXPENSES	40	0		40

**TY 2019 Other Income Schedule****Name:** MI CHARITABLE FOUNDATION**EIN:** 47-2381136**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
GRANT RETURNED	350		350
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	504,493		504,493

**TY 2019 Other Increases Schedule**

**Name:** MI CHARITABLE FOUNDATION  
**EIN:** 47-2381136

Description	Amount
UNREALIZED GAIN	135,556

**TY 2019 Other Professional Fees Schedule****Name:** MI CHARITABLE FOUNDATION**EIN:** 47-2381136

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	2,237	2,237		0
BANK FEES	5,127	5,127		0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491321043500	
<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		<b>Schedule of Contributors</b>  ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.			OMB No. 1545-0047  <b>2019</b>
Name of the organization MI CHARITABLE FOUNDATION				Employer identification number 47-2381136	

Organization type (check one):

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

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

**General Rule**

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

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

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

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



Name of organization MI CHARITABLE FOUNDATION	Employer identification number 47-2381136
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

47-2381136

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Additional Data

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	AMESBURY TRUTH HARDWARE	\$ 5,000	Person <input checked="" type="checkbox"/>
	700 W BRIDGE ST		Payroll <input type="checkbox"/>
	OWATONNA, MN 55060		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>2</u>	AMY LAROSE	\$ 14,000	Person <input checked="" type="checkbox"/>
	238 WESTWOOD RD		Payroll <input type="checkbox"/>
	ANNAPOLIS, MD 21401		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>3</u>	ANNANDALE MILLWORK	\$ 5,000	Person <input checked="" type="checkbox"/>
	PO BOX 2600		Payroll <input type="checkbox"/>
	WINCHESTER, VA 22604		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>4</u>	AURORA PLASTICS	\$ 24,800	Person <input checked="" type="checkbox"/>
	9280 JEFFERSON ST		Payroll <input type="checkbox"/>
	STREETSBORO, OH 44241		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>5</u>	BULLDOG POLYMERS	\$ 5,000	Person <input checked="" type="checkbox"/>
	10 JEFFREY WAY		Payroll <input type="checkbox"/>
	NORWALK, OH 44857		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>6</u>	CALDWELL MANUFACTURING	\$ 5,000	Person <input checked="" type="checkbox"/>
	PO BOX 92891		Payroll <input type="checkbox"/>
	ROCHESTER, NY 146928991		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	CAFFES STEEL	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/>
	6623 MID CITIES AVE		<b>Payroll</b> <input type="checkbox"/>
	BELTSVILLE, MD 20705		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>8</u>	CARDINAL GLASS	\$ 38,300	<b>Person</b> <input checked="" type="checkbox"/>
	775 PRAIRIE CENTER DR SUITE 200		<b>Payroll</b> <input type="checkbox"/>
	EDEN PRAIRIE, MN 55344		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>9</u>	CHESCO SALES	\$ 43,900	<b>Person</b> <input checked="" type="checkbox"/>
	103 FOX BRIAR LANE		<b>Payroll</b> <input type="checkbox"/>
	CARY, NC 27518		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>10</u>	DARRIN JACKSON	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/>
	12027 EAST 51ST ST SUITE 48		<b>Payroll</b> <input type="checkbox"/>
	TULSA, OK 74146		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>11</u>	FELDCO FACTORY DIRECT	\$ 18,000	<b>Person</b> <input checked="" type="checkbox"/>
	125 EAST OAKTON ST		<b>Payroll</b> <input type="checkbox"/>
	DES PLAINES, IL 60018		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>12</u>	FLYOVER ENTERPRISES	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/>
	1068 CHIPMUNK LN		<b>Payroll</b> <input type="checkbox"/>
	PENDLETON, IN 46064		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	GAMMCO SALES	\$ 5,100	<b>Person</b> <input checked="" type="checkbox"/>
	917 RIVERCHASE PKWY WEST		<b>Payroll</b> <input type="checkbox"/>
	BIRMINGHAM, AL 35244		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
14	GERALD MEYER	\$ 9,000	<b>Person</b> <input checked="" type="checkbox"/>
	PO BOX 494		<b>Payroll</b> <input type="checkbox"/>
	GRATZ, PA 17030		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
15	GRATZ OUTREACH	\$ 38,519	<b>Person</b> <input checked="" type="checkbox"/>
	650 WEST MARKET ST		<b>Payroll</b> <input type="checkbox"/>
	GRATZ, PA 17030		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
16	GUARDIAN	\$ 35,600	<b>Person</b> <input checked="" type="checkbox"/>
	2300 HARMON ROAD		<b>Payroll</b> <input type="checkbox"/>
	AUBURN HILLS, MI 48326		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
17	HB MCCLURE	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/>
	600 S 17TH STREET		<b>Payroll</b> <input type="checkbox"/>
	HARRISBURG, PA 17105		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
18	HEGINS OUTREACH	\$ 16,072	<b>Person</b> <input checked="" type="checkbox"/>
	650 WEST MARKET ST		<b>Payroll</b> <input type="checkbox"/>
	GRATZ, PA 17030		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	HUNTER COLLINS	\$ 54,200	Person <input checked="" type="checkbox"/>
	833 N WALTON LAKESHORE DR		Payroll <input type="checkbox"/>
	PANAMA CITY BEACH, FL 32413		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
20	HUGH GIORGIO	\$ 10,100	Person <input checked="" type="checkbox"/>
	25 S CHARLES ST		Payroll <input type="checkbox"/>
	BALTIMORE, MD 21201		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
21	INTERRUPT INC	\$ 5,000	Person <input checked="" type="checkbox"/>
	6622 MAPLEWOOD AVE		Payroll <input type="checkbox"/>
	SYLVANIA, OH 43560		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
22	JASON GLATT	\$ 10,000	Person <input checked="" type="checkbox"/>
	4635 WEDGEWOOD BLVD SUITE 113		Payroll <input type="checkbox"/>
	FREDERICK, MD 21703		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
23	JASON PROLY	\$ 7,000	Person <input checked="" type="checkbox"/>
	3928 CHARTER HOUSE DRIVE		Payroll <input type="checkbox"/>
	JACKSONVILLE, FL 32224		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
24	JEFF UMOSELLA	\$ 110,000	Person <input checked="" type="checkbox"/>
	30 WATERFRONT WAY		Payroll <input type="checkbox"/>
	HAMMONTON, NJ 08037		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	JOSEPH MACHINES	\$ 5,700	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	PO BOX 121		
	DILLSBURG, PA 17019		
26	JOSH CAIN	\$ 10,253	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	73 KINGSBROOKE CIRCLE		
	PALMETTO, GA 30268		
27	KEVIN COOGAN	\$ 5,400	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	12709 RIDGEVIEW CT		
	DADE CITY, FL 33525		
28	KEVIN SPONSLER	\$ 7,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	1517 RT 209		
	MILLERSBURG, PA 17061		
29	JOHN BOTT	\$ 5,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	2510 SCOTT RD		
	WALL, NJ 07719		
30	MERCHANT FASTENER	\$ 6,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	4518 COURT SQ		
	LONG ISLAND CITY, NY 11101		

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>31</u>	MID-PENN BANK	\$ 5,300	<b>Person</b> <input checked="" type="checkbox"/>
	4200 N 5TH ST HIGHWAY		<b>Payroll</b> <input type="checkbox"/>
	TEMPLE, PA 19560		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>32</u>	MARC HEMBROUGH	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/>
	468 NANTMEAL ROAD		<b>Payroll</b> <input type="checkbox"/>
	GLENMOORE, PA 193432621		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>33</u>	MIKE DESOTO	\$ 15,100	<b>Person</b> <input checked="" type="checkbox"/>
	4910 W IRON SPRINGS RD		<b>Payroll</b> <input type="checkbox"/>
	PRESCOTT VALLEY, AZ 863055194		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>34</u>	MATT DESOTO	\$ 23,100	<b>Person</b> <input checked="" type="checkbox"/>
	650 W MARKET ST		<b>Payroll</b> <input type="checkbox"/>
	GRATZ, PA 17030		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>35</u>	MIWD	\$ 325,924	<b>Person</b> <input checked="" type="checkbox"/>
	650 WEST MARKET ST		<b>Payroll</b> <input type="checkbox"/>
	GRATZ, PA 17030		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>36</u>	MOUNTAIN RIDGE METALS LLC	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/>
	1517 STATE ROUTE 209		<b>Payroll</b> <input type="checkbox"/>
	MILLERSBURG, PA 17061		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)



(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>37</u>	OPS OUTREACH	<u>\$ 7,252</u>	<b>Person</b> <input checked="" type="checkbox"/>
	650 WEST MARKET ST		<b>Payroll</b> <input type="checkbox"/>
	GRATZ, PA 17030		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>38</u>	PATTON LOGISTICS	<u>\$ 8,000</u>	<b>Person</b> <input checked="" type="checkbox"/>
	60 BELFORD BLVD		<b>Payroll</b> <input type="checkbox"/>
	MILTON, PA 17847		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>39</u>	PHTECH	<u>\$ 8,200</u>	<b>Person</b> <input checked="" type="checkbox"/>
	60 BELFORD BLVD		<b>Payroll</b> <input type="checkbox"/>
	, QUEBECG6V 9G9 CA		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>40</u>	PETER DESOTO	<u>\$ 10,000</u>	<b>Person</b> <input checked="" type="checkbox"/>
	1180 GULF BLVD APT 101		<b>Payroll</b> <input type="checkbox"/>
	CLEARWATER BEACH, FL 33767		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>41</u>	PHIFER	<u>\$ 5,000</u>	<b>Person</b> <input checked="" type="checkbox"/>
	4400 KAULOOSA AVE		<b>Payroll</b> <input type="checkbox"/>
	TUSCALOOSA, AL 35401		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>42</u>	QUANEX IG	<u>\$ 11,100</u>	<b>Person</b> <input checked="" type="checkbox"/>
	388 S MAIN STREET SUITE 700		<b>Payroll</b> <input type="checkbox"/>
	AKRON, OH 44311		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	ROSCOM INC	\$ 9,200	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	2925 STATE ROAD		
	CROYDON, PA 19021		
44	ROYAL FORKLIFT	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	6 HETZELS CHURCH RD		
	PINE GROVE, PA 17963		
45	RSM US LLP	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	518 TOWNSHIP LINE RD STE 300		
	BLUE BELL, PA 19422		
46	SALEM NATIONALEASE CORP	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	175 CHARLOIS BLVD		
	WINSTONSALEM, NC 27103		
47	SPECIALITY SCREEN AND WINDOW COMPANY	\$ 45,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	111 WESTMINSTER PIKE		
	REISTERSTOWN, MD 21136		
48	SPECIALTY INDUSTRIES	\$ 5,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	175 E WALNUT ST		
	RED LION, PA 17356		

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	STEPHEN REHMAN	\$ 12,877	<b>Person</b> <input checked="" type="checkbox"/>
	9221 HARVEST RUSH ROAD		<b>Payroll</b> <input type="checkbox"/>
	OWING MILLS, MD 21117		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
50	STEVEN STARKEY	\$ 7,000	<b>Person</b> <input checked="" type="checkbox"/>
	5128 COMMISSIONERS DRIVE		<b>Payroll</b> <input type="checkbox"/>
	JACKSONVILLE, FL 32224		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
51	STEVENS & LEE	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/>
	PO BOX 679		<b>Payroll</b> <input type="checkbox"/>
	READING, PA 19603		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
52	TEXAS OUTREACH	\$ 7,282	<b>Person</b> <input checked="" type="checkbox"/>
	1900 LAKESIDE PARKWAY		<b>Payroll</b> <input type="checkbox"/>
	FLOWER MOUND, TX 75028		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
53	TOM BROWN INC	\$ 8,000	<b>Person</b> <input checked="" type="checkbox"/>
	224 GEORGETOWN RD		<b>Payroll</b> <input type="checkbox"/>
	LAWRENCE, PA 15055		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
54	TW PERRY ENTERPRISES	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/>
	8101 SNOUFFER SCHOOL RD		<b>Payroll</b> <input type="checkbox"/>
	GAITHERSBURG, MD 20879		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>55</u>	THE GARY LAW GROUP	\$ 10,700	<b>Person</b> <input checked="" type="checkbox"/>
	221 SE OSCEOLA ST		<b>Payroll</b> <input type="checkbox"/>
	STUART, FL 34994		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>56</u>	TWENTY-FOUR SEVEN	\$ 51,122	<b>Person</b> <input checked="" type="checkbox"/>
	9221 HARVEST RUSH ROAD		<b>Payroll</b> <input type="checkbox"/>
	OWING MILLS, MD 21117		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>57</u>	VALLEY FORGE FINANCIAL GROUP	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/>
	1030 OLD VALLEY FORGE RD		<b>Payroll</b> <input type="checkbox"/>
	KING OF PRUSSIA, PA 19406		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>58</u>	WILLIS TOWER WATSON	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/>
	26 CENTURY BLVD		<b>Payroll</b> <input type="checkbox"/>
	NASHVILLE, TN 37214		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>59</u>	VEKA	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/>
	100 VEKA DR		<b>Payroll</b> <input type="checkbox"/>
	FOMBELL, PA 16123		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>60</u>	VISION IND	\$ 20,000	<b>Person</b> <input checked="" type="checkbox"/>
	500 METUCHEN RD		<b>Payroll</b> <input type="checkbox"/>
	SOUTH PLAINFIELD, NJ 07080		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>61</u>	WATSONTOWN TRUCKING	<u>\$ 65,000</u>	<b>Person</b> <input checked="" type="checkbox"/>
	60 BELFORD BLVD		<b>Payroll</b> <input type="checkbox"/>
	MILTON, PA 17847		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>62</u>	WESTERN REFLECTIONS	<u>\$ 5,000</u>	<b>Person</b> <input checked="" type="checkbox"/>
	261 COMMERCE WAY		<b>Payroll</b> <input type="checkbox"/>
	GALLATIN, TN 37066		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>63</u>	WINDOW WORLD INC	<u>\$ 35,167</u>	<b>Person</b> <input checked="" type="checkbox"/>
	118 SHAVER STREET		<b>Payroll</b> <input type="checkbox"/>
	N WILKESBORO, NC 28659		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>64</u>	KEY BANK	<u>\$ 5,000</u>	<b>Person</b> <input checked="" type="checkbox"/>
	205 SHOEMAKER RD		<b>Payroll</b> <input type="checkbox"/>
	POTTSTOWN, PA 19464		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)