efile GRAPHIC print - DO NOT PROCESS As Filed Data -

## DLN: 93491121007020 OMB No 1545-0052

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

2019

## **Return of Private Foundation**

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

Open to Public Inspection

		ndar year 2019, or tax year	beginning 02-01-20	)19 , aı	nd er	ding 01-31-	2020 entification numbe	ır		
		SCHAUTZ FOUNDATION				24-6018362	onemederon numbe			
Num	ber and	I street (or P O box number if mail is no	ot delivered to street address)	Room/suite		P Tolonhono nu	mbor (ago instructio			
1	150 EAST GROVE STREET						<b>B</b> Telephone number (see instructions) (570) 344-1174			
		, state or province, country, and ZIP or	foreign postal code			` ′				
SCR	ANTON,	PA 18510				C If exemption	application is pendin	g, check here		
G Ch	eck al	l that apply Initial return	Initial return of a	former public charity		<b>D 1.</b> Foreign or	ganızatıons, check he	ere 🕨 🔲		
		☐ Final return	Amended return				ganizations meeting k here and attach co			
		Address chang				·	ındatıon status was i	· -		
		pe of organization   🗹 Section 5 i 4947(a)(1) nonexempt charitable	501(c)(3) exempt private to	foundation e private foundation			n 507(b)(1)(A), chec			
		ket value of all assets at end		Cash Accru	ıal	F If the founds	ition is in a 60-mont	h termination 🖂		
of '	year (f	rom Part II, col (c), \$ 8,815,640	Other (specify)  (Part I, column (d) must		<b>.</b>		n 507(b)(1)(B), chec			
Pa	rt I	Analysis of Revenue and	Fynenses (The total					(d) Disbursements		
		of amounts in columns (b), (c), and (	•	(a) Revenue and expenses per	(b)	Net investment income	(c) Adjusted net income	for charitable purposes		
		equal the amounts in column (a) (see	* '	books		meenie	meome	(cash basis only)		
	1	Contributions, gifts, grants, etc , schedule)	received (attach	50,000						
	2	Check $\triangleright \square$ if the foundation is $\mathbf{r}$	not required to attach							
	_	Sch B				2.4				
	3 4	Interest on savings and temporal Dividends and interest from secu	•	250,359		250,359				
	-4 5а	Gross rents		230,333	1	230,339				
	ь	Net rental income or (loss)		L						
<u>e</u>	6a	Net gain or (loss) from sale of as	sets not on line 10	257,919	)					
Revenue	b	Gross sales price for all assets or								
Rev	7	Capital gain net income (from Pa	1,496,882 rt IV. line 2)			257,919				
	8	Net short-term capital gain .	,			<u> </u>				
	9	Income modifications								
	10a	Gross sales less returns and allow	vances							
	b	Less Cost of goods sold Gross profit or (loss) (attach sche	· ·							
	с 11	Other income (attach schedule)	edule)							
	12			558,302	,	508,302				
	13	Compensation of officers, directo		000,000		0		0		
	14	Other employee salaries and wag								
S	15	Pension plans, employee benefits								
Su	16a	Legal fees (attach schedule) .								
Expenses	b	Accounting fees (attach schedule		3,250		1,625		1,625		
	С	Other professional fees (attach so	•							
ati	17	Interest		06.1						
Administrative	18 19	Taxes (attach schedule) (see inst Depreciation (attach schedule) ar	,	4,440	1	0		0		
Ē	20	Occupancy	·							
Ad	21	Travel, conferences, and meeting			+					
and	22	Printing and publications								
bu	23	Other expenses (attach schedule	)	16,831		8,415		8,416		
atı	24	Total operating and administr	ative expenses.							
Operatıng		Add lines 13 through 23		24,521	-	10,040		10,041		
ں	25	Contributions, gifts, grants paid		390,500				390,500		
	26	<b>Total expenses and disbursen</b> 25	nents. Add lines 24 and	415,021	L	10,040		400,541		
	27	Subtract line 26 from line 12		·	1					
	а	Excess of revenue over expen disbursements	ses and	143,281	L					
	b	Net investment income (If neg	atıve, enter -0-)			498,262				
	С	Adjusted net income (if negative	· ·							
or	Paper	work Reduction Act Notice, see	instructions.			Cat No 11289	For	m <b>990-PF</b> (2019)		

4,682,604

4,723,330

4,723,330

4,723,330

4,723,330

0

4,841,920

4,866,611

4,866,611

4,866,611

4,866,611

4,723,330

4,866,611

4,866,611 Form **990-PF** (2019)

143,281

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8,790,949

8.815.640

Receivables due from officers, directors, trustees, and other

Prepaid expenses and deferred charges . . . . . .

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule) ▶

Investments—other (attach schedule) . . . .

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

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions . . . Net assets with donor restrictions . . .

and complete lines 26 through 30.

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

Decreases not included in line 2 (itemize)

Other increases not included in line 2 (itemize) -

Other assets (describe > .

Other liabilities (describe -

Grants payable

Less accumulated depreciation (attach schedule)

Foundations that follow FASB ASC 958, check here ▶

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

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

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

Retained earnings, accumulated income, endowment, or other funds

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

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

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

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

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

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

Less allowance for doubtful accounts ▶

disqualified persons (attach schedule) (see instructions) . . . . . . . . Other notes and loans receivable (attach schedule) ▶

Investments—U S and state government obligations (attach schedule)

Investments—corporate stock (attach schedule) . . . . . . .

Investments—corporate bonds (attach schedule) . . . . . . .

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Assets	9
As	10a
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Part III

2

3

Liabilities

Fund Balances

ö

Assets

Net

	e the kınd(s) of property sold (e g , irehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1aSee Additional Data Tabl	e				
b					
C					
d					
	(f)		(a)	+ ,	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basıs ense of sale	Gain o	<b>h)</b> r (loss) ) mınus (g)
a See Additional Data Tabl	e				
b					
c					
d					
e					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69	(	I)
(i) F M V as of 12/31/69	(j) Adjusted basis	Excess	( <b>k)</b> of col (ı)	Gains (Col ( col (k), but not	h) gain minus less than -0-) <b>or</b> om col (h))
a See Additional Data Tabl	as of 12/31/69	over coi	(j), if any	Lusses (III	om cor (11))
b					
C					
d					
e		If gain, also enter in P			
·	gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi			3	257,919
Part V Qualification U	Jnder Section 4940(e) for Re	duced Tax on Net	Investment I	Income	
-	rivate foundations subject to the sec				
, , ,	·	scion 15 to(a) tax on no	e investment me	one )	
If section 4940(d)(2) applies, le	eave this part blank				
	e section 4942 tax on the distributal of qualify under section 4940(e) Do		in the base perio	od? D Y	es 🔽 No
1 Enter the appropriate an	nount in each column for each year,	see instructions before	making any entr	ıes	
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	<b>(d)</b> Distribution rat (col (b) divided by c	ol (c))
2018	367,196		7,112,583		0 051626
2017	598,797		7,221,626		0 082917
2016	335,771		6,442,688		0 052117
2015	322,912		6,597,431		0 048945
2014	340,469		6,885,741		0 049446
2 Total of line 1, column (	d)		2	!	0 285051
number of years the four	o for the 5-year base period—divide indation has been in existence if less	than 5 years			0 057010
	ncharitable-use assets for 2019 fron				8,020,903
			5		457,272
	ent income (1% of Part I, line 27b)		6		4,983
					462,255
	ons from Part XII, line 4 ,				400,541
	eater than line 7, check the box in Pa	art VI, line 1b, and com	plete that part u	sing a 1% tax rate Se	e the Part VI
Instructions				Fo	orm <b>990-PF</b> (2019)

Page **6** 

Form	990-PF (2019)								F	age <b>(</b>
Pai	rt VII-B Statements Regar	ding	Activities for Which	Form 4720 May Be	Required (continu	ied)				
5a	During the year did the foundation	pay or	ncur any amount to						Yes	No
	(1) Carry on propaganda, or other	wise at	ttempt to influence legisla	te legislation (section 4945(e))?						
	(2) Influence the outcome of any specific public election (see section 4955), or to carry						110			
	on, directly or indirectly, any voter registration drive?						No			
	(3) Provide a grant to an individua	l for tr	avel, study, or other sımı	ar purposes?	☐ Yes		No			
	(4) Provide a grant to an organization			· -						
	in section 4945(d)(4)(A)? See				· · 🗌 Yes	, <b>~</b>	No			
	(5) Provide for any purpose other		- ·	• • • • • • • • • • • • • • • • • • • •						
	educational purposes, or for th	•	•		⊔ Yes	, <b>~</b>	No			
b	If any answer is "Yes" to 5a(1)-(5)	•	•	' '	'			-1		
	Regulations section 53 4945 or in a Organizations relying on a current					. —	⊦	5b		
С	If the answer is "Yes" to question 5									
·	tax because it maintained expendit			•						
	If "Yes," attach the statement requ				· · Ye	s 📙	No			
<b>6</b> a	Did the foundation, during the year		-		me on					
0a	a personal benefit contract?	-			_					
ь	Did the foundation, during the year				⊔ Yes	s <b>✓</b>	No	6b		No
_	If "Yes" to 6b, file Form 8870	, , ,	premianis, aneser, or mai	rectiff on a personal per	iene contract i i i	•	t			-110
7a	At any time during the tax year, w	as the	foundation a party to a pi	ohibited tax shelter tran	saction?					
	If "Yes", did the foundation receive				⊔ Yes	s <b>⊻</b>	No	7b		
8	Is the foundation subject to the sea		•				Ī			
	excess parachute payment during	the yea	ar?		· · 🔲 Yes	. <b>~</b>	Na			
	Information About	Office	ers, Directors, Trust	ees. Foundation Ma				ees.		
Pai	and Contractors		, ,	,	<i>3</i> , <i>3</i> ,		. ,	•		
1	List all officers, directors, truste	ees, fo	undation managers an	d their commencetion	See instructions					
			unuation manayers an	u their compensation.	occ monachons					
			<b>b)</b> Title, and average	(c) Compensation (If	(d) Contributions		(e)	Exper	ise acc	ount
	(a) Name and address		<b>b)</b> Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions employee benefit pla	ns and			ise acc	
WALT	(a) Name and address	(	<ul> <li>b) Title, and average hours per week devoted to position</li> </ul>	(c) Compensation (If not paid, enter -0-)	(d) Contributions employee benefit pla deferred compens	ns and				
		(	<b>b)</b> Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions employee benefit pla deferred compens	ns and				
150 E SCRA	(a) Name and address  ER SCHAUTZ  AST GROVE STREET NTON, PA 18510	PRESI 0 00	b) Title, and average hours per week devoted to position IDENT/TREASURER	(c) Compensation (If not paid, enter -0-)	(d) Contributions employee benefit pla deferred compens	ins and ation 0	ot			
150 E SCRA DEBO	(a) Name and address  ER SCHAUTZ  AST GROVE STREET NTON, PA 18510  RAH RABAN	PRESI 0 00	<ul> <li>b) Title, and average hours per week devoted to position</li> </ul>	(c) Compensation (If not paid, enter -0-)	(d) Contributions employee benefit pla deferred compens	ns and	ot			
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150 E SCRA DEBO 150 E SCRA	(a) Name and address  ER SCHAUTZ  AST GROVE STREET NTON, PA 18510  RAH RABAN  AST GROVE STREET	PRESI 0 00 SECRI 0 00	b) Title, and average hours per week devoted to position IDENT/TREASURER	(c) Compensation (If not paid, enter -0-)	(d) Contributions employee benefit pla deferred compens	ins and ation 0	ot			
150 E SCRA DEBO 150 E SCRA JAMES 150 E	(a) Name and address  ER SCHAUTZ  AST GROVE STREET NTON, PA 18510  RAH RABAN  AST GROVE STREET NTON, PA 18510  S REID  AST GROVE STREET	PRESI 0 00 SECRI 0 00	b) Title, and average hours per week devoted to position IDENT/TREASURER	(c) Compensation (If not paid, enter -0-)	(d) Contributions employee benefit pla deferred compens	ins and ation 0	ot			
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150 E SCRA DEBO 150 E SCRA JAMES 150 E SCRA 2	(a) Name and address  ER SCHAUTZ  AST GROVE STREET NTON, PA 18510  RAH RABAN AST GROVE STREET NTON, PA 18510  S REID  AST GROVE STREET NTON, PA 18510  Compensation of five highest-pa	PRESI 0 00 SECR 0 00 TRUS 0 00	b) Title, and average hours per week devoted to position IDENT/TREASURER  ETARY  TEE	(c) Compensation (If not paid, enter -0-)  0	(d) Contributions employee benefit pla deferred compens.  -see instructions).  (d) Contributions employee benefit plans and deferred	ons and ation 0  O  If nor it it ed	ne, en	nter "	NONE	(
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Form 990-PF (2019)		Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	id Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		·
List the foundation's four largest direct charitable activities during the tax year. Include rele- organizations and other beneficiaries served, conferences convened, research papers produc		of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see II	nstructions)	
Describe the two largest program-related investments made by the foundation during th	<u> </u>	Amount
1	,	
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		• 0
		Form <b>990-PF</b> (2019)

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

3a 3h

4

5

400.541

400.541

Form **990-PF** (2019)

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

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

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

4

5

Page 9

391,080

391.080

Form **990-PF** (2019)

0

,	
XIII	

Part

## Form 990

-PF (20	019)		
(111)	Undistributed Income	(see instructions)	

a From 2014. . . . .

e From 2018. . . . .

**b** From 2015. . . . c From 2016. . .

**d** From 2017. . . .

e Remaining amount distributed out of corpus

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

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . . f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2014 not

indicated below:

**5** Excess distributions carryover applied to 2019

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

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

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

9 Excess distributions carryover to 2020.

10 Analysis of line 9 a Excess from 2015. . **b** Excess from 2016. .

c Excess from 2017. . . .

d Excess from 2018. .

e Excess from 2019. . .

same amount must be shown in column (a) )

1 Distributable amount for 2019 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2019 a Enter amount for 2018 only. . . . . . **b** Total for prior years

Excess distributions carryover, if any, to 2019

6.667 26 231

248.789 15,976

f Total of lines 3a through e. . . . . . . .

4 Qualifying distributions for 2019 from Part

XII, line 4 🕨 \$

a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election 

**d** Applied to 2019 distributable amount. . . . .

26,231 248.789

15,976

9.461

297,663

9.461

307,124

6.667

300,457

0

(a)

Corpus

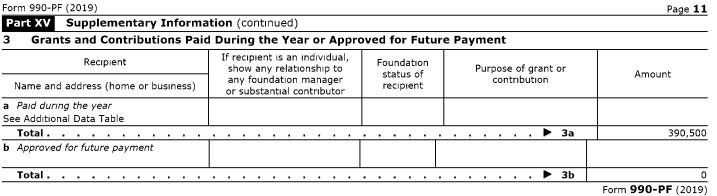
(b)

Years prior to 2018

(c)

2018

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors NO



Enter gross amounts unless otherwise indicated		Unrelated b	usiness income	Excluded by section	(e) Related or exemp		
		service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )
е							
		and contracts from government agencies					
<b>3</b> I		ship dues and assessments on savings and temporary cash ents				24	
		ds and interest from securities			14	24 250,359	
		tal income or (loss) from real estate				200,000	
		inanced property					
		ebt-financed property					
		tal income or (loss) from personal property					
		vestment income					
	iain or iventor	(loss) from sales of assets other than			10	257,919	
		ome or (loss) from special events			18	257,919	
		rofit or (loss) from sales of inventory					
11 (	ther re	evenue a					
_		al Add columns (b), (d), and (e).				F00 202	
	uptota	ii Add columns (b), (d), and (e)		0		508,302	
12 T					4.5	•	508 302
13 T (5	otal. /	Add line 12, columns (b), (d), and (e)	lations )		13	3	508,302
(5	<b>otal.</b> A See wo		lations )			3	508,302
Par Line	<b>otal.</b> A See wo	Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu	lations ) le Accomplish income is report	nment of Exempled in column (e) of	<b>pt Purposes</b> F Part XVI-A contribu	ted importantly to	508,302
Par Line	otal. A See wo t XVI e No.	Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations ) le Accomplish income is report	nment of Exempled in column (e) of	<b>pt Purposes</b> F Part XVI-A contribu	ted importantly to	508,302
Par Line	otal. A See wo t XVI e No.	Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations ) le Accomplish income is report	nment of Exempled in column (e) of	<b>pt Purposes</b> F Part XVI-A contribu	ted importantly to	508,302
Par Line	otal. A See wo t XVI e No.	Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations ) le Accomplish income is report	nment of Exempled in column (e) of	<b>pt Purposes</b> F Part XVI-A contribu	ted importantly to	508,302
Par Line	otal. A See wo t XVI e No.	Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations ) le Accomplish income is report	nment of Exempled in column (e) of	<b>pt Purposes</b> F Part XVI-A contribu	ted importantly to	508,302
Par Line	otal. A See wo t XVI e No.	Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations ) le Accomplish income is report	nment of Exempled in column (e) of	<b>pt Purposes</b> F Part XVI-A contribu	ted importantly to	508,302
Par Line	otal. A See wo t XVI e No.	Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations ) le Accomplish income is report	nment of Exempled in column (e) of	<b>pt Purposes</b> F Part XVI-A contribu	ted importantly to	508,302
Par Line	otal. A See wo t XVI e No.	Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations ) le Accomplish income is report	nment of Exempled in column (e) of	<b>pt Purposes</b> F Part XVI-A contribu	ted importantly to	508,302
Par Line	otal. A See wo t XVI e No.	Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations ) le Accomplish income is report	nment of Exempled in column (e) of	<b>pt Purposes</b> F Part XVI-A contribu	ted importantly to	508,302
Par Line	otal. A See wo t XVI e No.	Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations ) le Accomplish income is report	nment of Exempled in column (e) of	<b>pt Purposes</b> F Part XVI-A contribu	ted importantly to	508,302
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Par Line	otal. A See wo t XVI e No.	Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations ) le Accomplish income is report	nment of Exempled in column (e) of	<b>pt Purposes</b> F Part XVI-A contribu	ted importantly to	508,302
Par Line	otal. A See wo t XVI e No.	Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations ) le Accomplish income is report	nment of Exempled in column (e) of	<b>pt Purposes</b> F Part XVI-A contribu	ted importantly to	508,302
Par Line	otal. A See wo t XVI e No.	Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations ) le Accomplish income is report	nment of Exempled in column (e) of	<b>pt Purposes</b> F Part XVI-A contribu	ted importantly to	508,302
Par Line	otal. A See wo t XVI e No.	Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations ) le Accomplish income is report	nment of Exempled in column (e) of	<b>pt Purposes</b> F Part XVI-A contribu	ted importantly to	508,302
Par Line	otal. A See wo t XVI e No.	Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations ) le Accomplish income is report	nment of Exempled in column (e) of	<b>pt Purposes</b> F Part XVI-A contribu	ted importantly to	508,302
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Form 990-PF (2019)					
	Part XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations	able		
1		ization directly or indirectly engage in any of the following with any other organization described in section 501 in section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	

		- Exempt Organ	124110113										
		anization directly or in								ion 501		Yes	No
		han section 501(c)(3)	-	•				-	57			163	-110
		om the reporting four				, ,					1-/1)		N <sub>0</sub>
				•			•			•	1a(1) 1a(2)		No No
(2) Other assets										10(2)		NO	
		of assets to a noncha	ritable evemn	t orda	nization						1b(1)		No
		ases of assets from a	•	_							1b(2)		No
		of facilities, equipme								1	1b(3)		No
		ursement arrangeme	•							1	1b(4)		No
		or loan guarantees.									1b(5)		No
		nance of services or n									1b(6)		No
c Shari	ing of t	facilities, equipment,	mailing lists,	other	assets, or	paid employees.				1	1c		No
	-	er to any of the above			-						alue		
of the	e good	ls, other assets, or se saction or sharing arr	rvices given b	y the	reporting	foundation If th	e fo	oundation receive	d less than fair ma	ırket valu			
		-			•	,		•	·				
a) Line N	No	(b) Amount involved	(c) Name of	nonch	arıtable exe	mpt organization		(d) Description of	transfers, transaction	s, and shar	ıng arrar	ngemen	ts
			+										
	-												
			1										
			1										
			+										
a Ic th	o found	dation directly or indi	coethy affiliato	ط در در ام	or rolato	d to one or mor	+-	av avamnt argan	zations				
		n section 501(c) (othe	•							/ <b>.</b>	No		
				1 501(	(c)(3)) or i	in section 52/7.	•		⊔	res 🗷	1 1/10		
D IT YE	es, co	mplete the following s  (a) Name of organizat			1 4	) Type of organiza	ation	, I	(c) Descriptio	n of relatio	nchin		
		(a) Name of organizat	1011		(,	) Type of organiza	ition		(c) Description	il of relacio	пэшр		
		r penalties of perjury,											
		/ knowledge and belie n preparer has any kn		orrect	, and com	plete Declaratio	n of	f preparer (other	than taxpayer) is b	pased on a	all infor	mation	n of
Sign	WITTE	i preparer nas any kii	owieage			I				May th	e IRS dı	cues th	uc.
lere	*	****				2020-04-28		*****		return			
	<b>)</b> –					l		— <b>)</b> ———		with th below	e prepar	er show	vn
	S	ignature of officer or	trustee			Date		Title			str) 🔽	Yes [	] No
		Τ		l					I	(3.2.2.1.1	/		
		Print/Type preparer'	s name	Prep	arer's Sıgr	nature		Date	Check if self-	PTIN			
									employed ▶ □		P01201	089	
\_:_		DAVID P RUDIS C	:PA					2020-04-27	employed F 🗀				
Paid	<b>.</b>												
repa		Firm's name ► SN\	DER & CLEME	ENTE						Firm's El	N ▶23-	- -25358	312
Jse O	עוחי	Europia address N = E	75 DIEDOE OT	DECT	CUITE 400	2							
		Firm's address ► 5	75 PIERCE ST	KEEI	SULTE 400	J				 	/==-		
		K	INGSTON, PA	1870	04					Phone no	(570)	288-6	5464
		I											

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (c) (d) (b) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation 500 SHARES HONEYWELL INTL INC 2014-07-01 2019-06-06 1500 SHARES MERCK & CO 2011-05-01 2019-06-06 1000 SHARES WELLTOWER INC 2013-07-01 2019-06-06 1264 SHARES CORTEVA INC 2019-06-01 2019-07-31 1264 SHARES DOW INC 2019-04-01 2019-07-31 1000 SHARES JOHNSON AND JOHNSON 2015-07-01 2019-07-31 100 SHARES BLACKROCK 2019-04-01 2019-09-10 1264 SHARES DUPONT DE NEMOURS INC 2019-06-01 2019-09-10 785 SHARES FEDEX CORP 2019-07-01 2019-09-10 570 SHARES PPL CORP 2017-06-01 2019-09-10 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 84,616 26.698 57,918 75,798 122,037 46,239 81,851 33,193 48,658 37,088 28.497 8,591 60,644 55,645 4,999 69,564 132,581 63,017 42,329 47,807 -5,478 90,124 81,666 8,458 134,284 132,368 1,916 16,931 22,259 -5,328 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any 57,918 75,798 48,658 8,591 4,999 63,017 -5,478 8,458 1,916 -5,328

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation 400 SHARES ROYAL DUTCH SHELL 2017-09-01 2019-09-10 1555 SHARES 3M COMPANY 2016-05-01 2019-09-10 980 SHARES CHEVRON CORP 2019-06-01 2019-10-24 1740 SHARES CITIGROUP INC 2017-08-01 2019-03-01 260 SHARES GARRETT MOTION INC 2018-10-01 2019-03-01 120 SHARES LOCKHEED MARTIN CORP 2017-09-01 2019-03-01 205 SHARES RAYTHEON CO 2017-09-01 2019-03-01 433 SHARES RESIDEO TECHNOLOGIES INC 2018-10-01 2019-03-01 500 SHARES 3M COMPANY 2015-12-01 2019-04-26 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (q) plus expense of sale (h) (e) plus (f) minus (g) (f) 22,689 26,718 -4,029 260,254 270,288 -10,034114,899 120,212 -5,313 111,577 119,791 -8,214 4,272 2,399 1,873 36,992 37,312 -320 38,026 38,020 10,907 6,424 4,483 94.781 73,863 20,918 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(1)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -4,029 -10,034-5,313 -8,214 1,873 -320 6 4,483 20,918

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

or substantial contributor

Name and address (home or business)

a Paid during the year			
ALLIED SERVICES 100 ABINGTON EXECUTIVE PARK CLARKS SUMMIT, PA 18411	EOF	MEDICAL REHABILITATION EQUIPMENT	5,000
AMERICAN RED CROSS 545 JEFFERSON AVE	EOF	DISASTER RELIEF	40,000

recipient

AMERICAN RED CROSS 545 JEFFERSON AVE SCRANTON, PA 18510	EOF	DISASTER RELIEF	40,000
BOYS AND GIRLS CLUB OF SCRANTON 609 ASH STREET SCRANTON PA 18510	EOF	AFTER SCHOOL PROGRAM, SUMMER PROGRAM	13,000

Total		▶ 3a	390,500
BOYS AND GIRLS CLUB OF SCRANTON 609 ASH STREET SCRANTON, PA 18510	EOF	AFTER SCHOOL PROGRAM, SUMMER PROGRAM	13,000
SCRANTON, PA 18510			

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Amount Purpose of grant or contribution

Purpose of grant or contribution

Purpose of grant or contribution

a Paid during the year

1			
BREAD BASKET550 MADISON AVE SCRANTON, PA 18510	EOF	FOOD FOR THE NEEDY	10,000
CANCER CURE FOUNDATION 502 DECKER STREET	EOF	MAMMAGRAMS	3,000

502 DECKER STREET CLARKS SUMMIT, PA 18411			
CATHERINE MCAULEY CENTER 430 PITTSTON AVE SCRANTON, PA 18505	EOF	HELPING HOMELESS WOMEN AND CHILDREN	2,000

Total .

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

Name and address (home or business)

Total .

	or substantial contributor			
a Paid during the year				
CENTURY CLUB612 JEFFERSON AVE SCRANTON, PA 18510		EOF	NURSING SCHOLARSHIPS, BUILDING REPAIRS	5,000

CHILDREN'S ADVOCACY CENTER 1710 MULBERRY STREET SCRANTON, PA 18510	EOF	EXPENSES FOR THE CENTER	3,000
COMMUNITY LIBRARY OF LAKE AND	EOF	SECURITY SYSTEM AND	4,000

SCRANTON, PA 18510			
COMMUNITY LIBRARY OF LAKE AND SALEM TOWNSHIPS 518 EASTON TURNPIKE HAMLIN, PA 18427	EOF	SECURITY SYSTEM AND FURNITURE	4,000

56181111611,177 16516			
COMMUNITY LIBRARY OF LAKE AND SALEM TOWNSHIPS 518 EASTON TURNPIKE HAMLIN, PA 18427	EOF	SECURITY SYSTEM AND FURNITURE	4,00

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

recipient

390,500

any foundation manager

or substantial contributor

Name and address (home or business)

40 RECTOR STREET 16TH FLOOR

NEW YORK, NY 10006

Total .

a Paid during the year			
CONVENANT PRESBYTERIAN CHURCH 550 MADISON AVE SCRANTON, PA 18510	EOF	OPERATING EXPENSES	7,000
DISCOVERY MI PRESCHOOL 738 TAYLOR AVE SCRANTON, PA 18510	EOF	CAPITAL CAMPAIGN	3,000
DOCTORS WITHOUT BORDERS	EOF	MEDICAL SUPPLIES	1,000

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

a Paid during the year			
EASTER SEALSPO BOX 3241 SCRANTON, PA 18505	EOF	ANNUAL CAMPAIGN	5,000

500

390,500

ECTMAPO BOX 20019 SCRANTON, PA 18502	EOF	GENERAL FUND

Total .

SCRANTON, PA 18502			
EOTC431 N 7TH AVE	EOF	2019 ANNUAL APPEAL	2,000

EOTC431 N 7TH AVE	EOF	2019 ANNUAL APPEAL	2,000
SCRANTON, PA 18503			

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

or substantial contributor

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
EVERHART MUSEUM 1901 MULBERRY STREET SCRANTON PA 18510		EOF	CURATOR'S CIRCLE, ANNUAL FUND	4,000

ı	,			
	FIRST PRESBYTERIAN CHURCH 300 SCHOOL STREET CLARKS SUMMIT, PA 18411	EOF	CAMP LACKAWANNA	
	EDIENDS OF THE DOOD	гог	FOOD FOR THE NEEDY AND	

300 SCHOOL STREET CLARKS SUMMIT, PA 18411			
FRIENDS OF THE POOR 2300 ADAMS AVE SCRANTON, PA 18509		FOOD FOR THE NEEDY AND GENERAL EXPENSES	15,000

Total	 	▶ 3a	390,500
FRIENDS OF THE POOR 2300 ADAMS AVE SCRANTON, PA 18509	EOF	FOOD FOR THE NEEDY AND GENERAL EXPENSES	15,000
CLARKS SUMMIT, PA 18411			

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

any foundation manager

or substantial contributor

Name and address (home or business)

925 PROSPECT AVE SCRANTON, PA 18505

Total .

a Paid during the year			
FRIENDS WITH PAWS RESCUE 1443 SANDERSON AVE SCRANTON, PA 18509	EOF	VET CARE AND FOOD	3,000
FRIENDSHIP HOUSE 1509 MAPLE STREET	EOF	AUTISM PROGRAM	1,000

recipient

SCRAINTUN, PA 18509			
FRIENDSHIP HOUSE 1509 MAPLE STREET SCRANTON, PA 18505	EOF	AUTISM PROGRAM	1,000
GOODWILL INDUSTRIES	EOF	GENERAL EXPENSES	2,000

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

recipient

300

390,500

any foundation manager

or substantial contributor

Name and address (home or business)

HONESDALE, PA 18431

Total .

a Paid during the year			
GREATER SCRANTON YMCA 706 N BLAKELY STREET DUNMORE, PA 18512	EOF	ANNUAL CAMPAIGN, SUMMER CAMP, AFTER SCHOOL PROGRAM	16,000
GRIFFIN POND ANIMAL SHELTER	EOF	VET CARE AND FOOD	3,000

DUNMORE, PA 18512			
GRIFFIN POND ANIMAL SHELTER 967 GRIFFIN POND ROAD S ABINGTON TWP, PA 18411	EOF	VET CARE AND FOOD	3
HONESDALE LIONS CLUB 426 MAIN STREET	EOF	BONANZA BANQUET AND FUNDRAISER	

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

Paid during the year			
SPICE OF THE SACRED HEART BALTIMORE DRIVE	EOF	SUSTAIN SUPERIOR PATIENT CARE	1,000

ILKES BARRE, PA 18702		
SSUP HOSE CO #2333 HILL STREET SSUP, PA 18434	EOF	ANNUAL FUNDRAISER

WILKES BARKE, FA 18702			
JESSUP HOSE CO #2333 HILL STREET JESSUP, PA 18434	EOF	ANNUAL FUNDRAISER	1,000
JEWISH HOME OF EASTERN PA	EOF	SERVICE FOR THE AGING	3,000

JESSUP, PA 18434		WINTONE FORDIVIESEIX	1,000
JEWISH HOME OF EASTERN PA 1101 VINE STREET SCRANTON, PA 18510	EOF	SERVICE FOR THE AGING	3,000

JEWISH HOME OF EASTERN PA 1101 VINE STREET SCRANTON, PA 18510	EOF	SERVICE FOR THE AGING	3,00
Total		<b>▶</b> 3a	390 500

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

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

Purpose of grant or contribution

any foundation manager

Name and address (home or business)

LACKAWANNA COLLEGE

501 VINE STREET SCRANTON, PA 18509

Total .

,	or substantial contributor			
a Paid during the year				
KEYSTONE COLLEGE ONE COLLEGE GREEN LA PLUME, PA 18440		EOF	SCHOLARSHIP FUND	2,500
LACKAWANNA BLIND ASSOCIATION 228 ADAMS AVENUE SCRANTON, PA 18503		EOF	CLIENT SUPPORT SERVICES	15,000

EOF

LACKAWANNA COLLEGE FUND

2,000

390,500

recipient

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

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

<u>'</u>			
LACKAWANNA HISTORICAL SOCIETY 232 MONROE AVE SCRANTON, PA 18510	EOF	BUILDING REPAIRS	1,500
LACKAWANNA PRO BONO INC 321 SPRUCE STREET	EOF	LEGAL FEES FOR THE POOR	3,000

232 MONROE AVE SCRANTON, PA 18510	EOF	BUILDING REPAIRS	1,500
LACKAWANNA PRO BONO INC 321 SPRUCE STREET SCRANTON, PA 18510	EOF	LEGAL FEES FOR THE POOR	3,000

LACKAWANNA PRO BONO INC 321 SPRUCE STREET SCRANTON, PA 18510	EOF	LEGAL FEES FOR THE POOR	3,000
Total	 	▶ 3a	390,500

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

LAKE ARIEL UNITED METHODIST CHURCH 79 LAKELAND DRIVE LAKE ARIEL, PA 18436	EOF	GENERAL EXPENSES	500
LAKE WINOLA METHODIST CHURCH	EOF	HOMELESS PROJECT	3,000

LAKE WINOLA METHODIST CHURCH 202 ELM DRIVE MOSCOW, PA 18444	EOF	HOMELESS PROJECT	3,000
MARYWOOD UNIVERSITY 2300 ADAMS AVE	EOF	ANNUAL CAMPAIGN	3,000

MOSCOW, PA 18444			
MARYWOOD UNIVERSITY 2300 ADAMS AVE SCRANTON, PA 18509	EOF	ANNUAL CAMPAIGN	3,000

Total			390,500
MARYWOOD UNIVERSITY 2300 ADAMS AVE	EOF	ANNUAL CAMPAIGN	3,000

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

MASONIC CHARITIES OF THE RW GRAND LODGE ONE MASONIC DRIVE ELIZABETHTOWN, PA 17022	EOF	MASONIC CHARITIES FUND	2,000
a Paid during the year			

ELIZABETHTOWN, PA 17022			
MEALS ON WHEELS 541 WYMONG AVENUE SCRANTON, PA 18509	EOF	MEALS FOR THE NEEDY	20,000
NATIVITY MIGUEL SCHOOL 1 KNOX ROAD	EOF	EDUCATION FOR LOW INCOME CHILDREN	5,000

SCRANTON, PA 18509			
NATIVITY MIGUEL SCHOOL 1 KNOX ROAD SCRANTON, PA 18505	EOF	EDUCATION FOR LOW INCOME CHILDREN	5,000
			(

Total .

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

a Paid during the year

a raid during the year			
NEPA PHILHARMONIC 195 HANOVER STREET WILKES BARRE, PA 18702	EOF	2019-2020 CAMPAIGN	3,000
NEPA YOUTH SHELTERPO BOX 20176	EOF	HOMELESS YOUTH	3,000

NEPA YOUTH SHELTERPO BOX 20176 SCRANTON, PA 18502	EOF	HOMELESS YOUTH	3,000
NORTHEAST REGIONAL CANCER 334 JEFFERSON AVE SCRANTON, PA 18510	EOF	SCREENING	2,000

Total		<b>&gt;</b> 3a	390 500
NORTHEAST REGIONAL CANCER 334 JEFFERSON AVE SCRANTON, PA 18510	EOF	SCREENING	2,000
SCRANTON, PA 18502			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year PENN STATE UNIVERSITY SCRANTON EOF SCHOLARSHIP FUND, STUDENT 10,000

CAMPUS 120 RIDGE VIEW DRIVE DUNMORE, PA 18512		HARDSHIP FUND	·
PETALS FOR GOODNESS SAKE 119 ELECTRIC STREET	EOF	GREENHOUSE PROJECT	3,000

PETALS FOR GOODNESS SAKE 119 ELECTRIC STREET CLARKS SUMMIT, PA 18411	EOF	GREENHOUSE PROJECT	3,000
PRESBYTERIAN SENIOR LIVING 1 TRINITY DRIVE SUITE 201 DILLSBURG. PA 17019	EOF	ENDOWMENT FUND	1,000

PRESBYTERIAN SENIOR LIVING 1 TRINITY DRIVE SUITE 201 DILLSBURG, PA 17019	EOF	ENDOWMENT FUND	1,000
Total	 	▶ 3a	390,500

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

any foundation manager

or substantial contributor

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
RONALD MCDONALD HOUSE 332 WHEELER AVENUE SCRANTON. PA 18510		EOF	OPERATION AND CORE PROGRAMS	3,000

recipient

SALVATION ARMY OF SCRANTON 500 S WASHINGTON AVENUE SCRANTON, PA 18505	EOF	SCRANTON SOCIAL SERVICES	20,000
SCRANTON CHITHRAL CENTER	EOE	ANNUAL CAMPATON AND	10.000

SCRANTON, PA 18505			
SCRANTON CULTURAL CENTER 420 N WASHINGTON AVENUE SCRANTON, PA 18503	EOF	ANNUAL CAMPAIGN AND FURANACE FUND	10,000

Total	390 500			
SCRANTON CULTURAL CENTER 420 N WASHINGTON AVENUE SCRANTON, PA 18503	EG	1	ANNUAL CAMPAIGN AND FURANACE FUND	10,000
SCRANTON, PA 18505				

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

SCRANTON JEWISH COMMUNITY CENTER 615 JEFFERSON AVENUE SCRANTON, PA 18510	EOF	GENERAL EXPENSES	3,000
SCRANTON LACKAWANNA HUMAN	FOF	WEATHERIZATION PROGRAM	5.000

CCDANITON DRIMARY HEALTH CARE	F0F	DENTAL CARE	F 000
SCRANTON LACKAWANNA HUMAN DEVELOPMENT AGENCY 321 SPRUCE STREET SCRANTON, PA 18503	EOF	WEATHERIZATION PROGRAM AND WINTER COATS	5,000
SCRANTON, PA 18510			

DEVELOPMENT AGENCY 321 SPRUCE STREET SCRANTON, PA 18503		AND WINTER COATS	
SCRANTON PRIMARY HEALTH CARE 959 WYOMING AVE	EOF	DENTAL CARE	5,000

SCRANTON, PA 18503			
SCRANTON PRIMARY HEALTH CARE 959 WYOMING AVE SCRANTON, PA 18509	EOF	DENTAL CARE	5,000

Total .

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

recipient

390,500

any foundation manager

Name and address (home or husiness)

Total .

Name and address (nome of business)	or substantial contributor	·		
a Paid during the year				
SERVING SENIORS INC 538 SPRUCE STREET SUITE 408 SCRANTON, PA 18503		EOF	COMMUNITY TRANSPORT PROGRAM	5,000
SISTERS OF IHM FOUNDATION 2300 ADAMS AVE SCRANTON, PA 18509		EOF	BUILDING COSTS	1,000
ST FRANCIS OF ASSISI KITCHEN 500 PENN AVENUE SCRANTON, PA 18509		EOF	FOOD FOR NEEDY AND HOST FOR A DAY	3,000

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

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ST JOHN NEUMANN CHURCH 633 ORCHARD STREET SCRANTON, PA 18505		EOF	ROOF REPAIRS	5,000
ST JOSEPH CENTER 2010 ADAMS AVENUE SCRANTON, PA 18509		EOF	MEDICAL EQUIPMENT	2,000
ST MARY'S VILLA RESIDENCE ONE PIONEER PLACE ELMHURST, PA 18444		EOF	CARE FOR ELDERLY	2,000
Total	390,500			

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

any foundation manager

Name and address (home or business)

SCRANTON, PA 18503

Total .

Hame and dadress (nome or business)	or substantial contributor			
a Paid during the year				
ST MARY'S VISITATION CHURCH 1090 CARMALT STREET DICKSON CITY, PA 18519		EOF	CHURCH PROJECTS AND SPECIAL NEEDS	7,000
ST VLADIMIR'S CHURCH 430 N SEVENTH AVENUE SCRANTON, PA 18503		EOF	NEW MICROPHONES	2,000

recipient

DICKSON CITY, PA 18519			
ST VLADIMIR'S CHURCH 430 N SEVENTH AVENUE SCRANTON, PA 18503	EOF	NEW MICROPHONES	2,000
SUSAN G KOMEN FOR THE CURE 125 N WASHINGTON AVE STE 260	EOF	RACE FOR THE CURE	1,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year TELESPOND SENIOR SERVICES EOF TRANSPORTATION FOR SENIORS 3,000

SCRANTON, PA 18505			
THE ARC OF NORTHEASTERN PENNSYLVANIA	EOF	CHILDREN PROGRAM	2,500

PENNSYLVANIA 115 MEADOW AVENUE SCRANTON, PA 18505			·
UNITED NEIGHBORHOOD CENTER OF NEPA	EOF	PROGRAM HOPE COMMUNITY	5,000

SCRANTON, PA 18505			
UNITED NEIGHBORHOOD CENTER OF NEPA 777 KEYSTONE INDUSTRIAL PARK THROOP, PA 18512	EOF	PROGRAM HOPE COMMUNITY AND SERVICE FOR SENIORS	5,000

Total .

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

any foundation manager

or substantial contributor

Name and address (home or business)

PO BOX 142 WAVERLY, PA 18471

Total .

	or substantial contributor			
a Paid during the year				
UNITED WAY OF LACAKWANNA COUNTY 615 JEFFERSON AVENUE SCRANTON, PA 18501		EOF	GIFT OF WARMTH AND ANNUAL CAMPAIGN	40,000
UNIVERSITY OF SCRANTON 800 LINDEN STREET SCRANTON, PA 18510		EOF	LEAHY CLINIC, INTL SERVICE PROGRAM	6,700
WAVERLY COMMUNITY HOUSE		EOF	SUMMER CAMP	3,000

recipient

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

- ,			
WOMEN'S RESOURCE CENTER PO BOX 975 SCRANTON, PA 18501	EOF	ANNUAL CAMPAIGN, CAPITAL CAMPAIGN	7,000

SCRANTON, PA 18501		CAMPAIGN	
WVIA PUBLIC MEDIA100 WVIA WAY PITTSTON, PA 18640	EOF	GENERAL OPERATING EXPENSES FOR RADIO AND TV	5,000
WYOMING SEMINARY	EOF	SCHOLARSHIP FUND	2,000

WVIA PUBLIC MEDIA100 WVIA WAY PITTSTON, PA 18640		EOF	GENERAL OPERATING EXPENSES FOR RADIO AND TV	5,000
WYOMING SEMINARY 201 N SPRAGUE AVENUE KINGSTON, PA 18704		EOF	SCHOLARSHIP FUND	2,000
	-	•	•	

Total .

efile GRAPHIC print - DO NOT F	ROCESS	As Filed D	ata -		DLN: 93491121007020		
TY 2019 Accounting Fees Schedule							
	Name: \	WALTER	L SCHAUTZ FOUND	DATION			
	<b>EIN:</b> 24-6018362						
			<del></del>	1	<u> </u>		
Category	Amou	unt	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
ACCOUNTING FEES		3,250	1,625		1,625		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491121007020					
TY 2019 Investments Corporate Stock Schedule							
11 2019 Investments corporate Stock Schedule							
Name: \	WALTER L SCHAU	JTZ FOUNDATION					

EIN: 24-0018302					
Investments Corporation Stock Schedule					
Name of Stock	End of Year Book Value	End of Year Fair Market Value			
COMMON STOCK	4,841,920	8,790,949			

ETNI: 24 6010262

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491121007020		
TY 2019 Other Expenses Schedule						
Name:	WALTER L SCH	AUTZ FOUNDATIO	ON			
EIN:	24-6018362					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
OFFICE EXPENSES	594	297		297		
ADMINISTRATIVE EXPENSES	7,634	3,817		3,817		

8,603

4,301

4,302

BANK FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLI	N: 93491121007020		
TY 2019 Taxes Schedule						
Name	: WALTER L S	CHAUTZ FOUNDAT	ΓΙΟΝ			
EIN	<b>:</b> 24-6018362	•				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
FEDERAL EXCISE TAX	4,440	0		0		

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 9349112100702						DLN: 93491121007020	
Schedule B		Schedul	le of Contributor	rs		OMB No 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service			Form 990, 990-EZ, or 990- Form99 <u>0</u> for the latest in			2019	
Name of the organization WALTER L SCHAUTZ FOL					Employer id	entification number	
					24-6018362		
Organization type (che	eck one)						
Filers of:	Section:						
orm 990 or 990-EZ							
	☐ 4947(a)(	1) nonexempt charit	able trust <b>not</b> treated as	a private founda	tion		
	☐ 527 politi	cal organization					
Form 990-PF	<b>5</b> 01(c)(3)	exempt private four	ndation				
	☐ 4947(a)( <sup>-</sup>	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3)	taxable private four	ndation				
			F that received, during the mplete Parts I and II Se				
Special Rules							
under sections a received from a	509(a)(1) and 170(b)	(1)(A)(vı), that chec urıng the year, total	Form 990 or 990-EZ that ked Schedule A (Form 9 contributions of the great lete Parts I and II	90 or 990-EZ), Pa	art II, line 13,	16a, or 16b, and that	
during the year,	total contributions of	f more than \$1,000	or (10) filing Form 990 or exclusively for religious, animals Complete Parts	charitable, scient			
during the year, If this box is che purpose Don't o	contributions exclusecked, enter here the complete any of the p	<i>ively</i> for religious, cl total contributions t parts unless the <b>Ger</b>	or (10) filing Form 990 of haritable, etc., purposes that were received during neral Rule applies to thi r more during the year.	, but no such con g the year for an o s organization be	tributions tota ex <i>clusively</i> re cause it recei	led more than \$1,000 ligious, charitable, etc , ved <i>nonexclusively</i>	
990-EZ, or 990-PF), bu	t it <b>must</b> answer "No	on Part IV, line 2,	e and/or the Special Rule of its Form 990, or chec t the filing requirements	k the box on line I	H of its Form		
For Paperwork Reduction for Form 990, 990-EZ, or 99		ructions	Cat No 30613X	Schedu	le B (Form 990	, 990-EZ, or 990-PF) (2019)	

Employer identification number

WALTER L SCHAU	TZ FOUNDATION	24-6018362	
Part I Contributors	Contributors (see instructions) Use duplicate copies of Part I if add	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WALTER L SCHAUTZ 150 EAST GROVE STREET  SCRANTON, PA 18510	\$ 50,000	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ Schodulo P. (5	Person Payroll Noncash (Complete Part II for noncash contributions)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4
	rganization SCHAUTZ FOUNDATION			Employer identification number
Part III	than \$1,000 for the year from any one con	tributor. Complete of total of exclusiveled instructions.)	zations described columns (a) throug y religious, charita	24-6018362 in section 501(c)(7), (8), or (10) that total more gh (e) and the following line entry. For ible, etc., contributions of \$1,000 or less for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and	` '	nsfer of gift Relati	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and	onship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	(e) Transfer of g Transferee's name, address, and ZIP 4			onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4 Relation			onship of transferor to transferee
			90	hedule B (Form 990, 990-EZ, or 990-PF) (2019