# **PUBLIC DISCLOSURE COPY**

PLEASE FILE IN A SAFE PLACE

## **ARMANINO** LLP

2700 Camino Ramon., Suite 350 San Ramon, CA 94583 ph 925.790.2600 fx 925.790.2601

## \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

and ending

Open to Public Inspection

Department of the Treasury Internal Revenue Service	Go to www.irs.
A For the 2022 calend	ar year, or tax year beginning

	Check if pplicable:	C Name of organization	-	D Employer identifica	ation number
	Address	G. FRED DIBONA, JR. MEMORIAL FOUNDATION			
	_change Name	Doing business as FRED'S FOOTSTEPS		23-2867497	
	_change _Initial		Doom/ouito		
	return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 1035 WAVERLY ROAD	Room/suite	E Telephone number 6108503290	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	1,677,980.
	Amended return	GLADWYNE, PA 19035		H(a) Is this a group ret	um
	Applica-	F Name and address of principal officer: CHRISTINE DIBONA LOBLEY		for subordinates?	
	pending	1035 WAVERLY ROAD, GLADWYNE, PA 19035		H(b) Are all subordinates incl	
11	Tax-exem	pt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 🗌 527	If "No," attach a li	st. See instructions
	Nebsite:	WWW.FREDSFOOTSTEPS.ORG		H(c) Group exemption	number
κF	orm of or	ganization: 🗴 Corporation 🔄 Trust 🔄 Association 🔛 Other	L Year	of formation: 1996 M	State of legal domicile: PA
		fummary			<b>V</b>
	<b>1</b> Br	efly describe the organization's mission or most significant activities: TO PRO	VIDE DIRE	CT FINANCIAL	
S		PPORT TO FAMILIES WHO HAVE FOUND THEMSELVES IN A FINANCIAL			
Governance	2 Cł	eck this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net asse	ts.
ver	3 NI			3	23
		imber of independent voting members of the governing body (Part VI, line 1b)			19
ა ი		tal number of individuals employed in calendar year 2022 (Part V, line 2a)			5
Activities &		tal number of volunteers (estimate if necessary)			75
Ę		tal unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		turrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
	<b>8</b> Co	ntributions and grants (Part VIII, line 1h)		1,340,337.	1,331,484.
Revenue		ogram service revenue (Part VIII, line 2g)		0.	0.
evel evel		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		88,994.	94,703.
ä		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-61,291.	-94,322.
		tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,368,040.	1,331,865.
		ants and similar amounts paid (Part IX, column (A), lines 1-3)		698,707.	860,001.
		nefits paid to or for members (Part IX, column (A), line 4)		0.	0.
6	45 0-	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		346,416.	442,975.
Expenses	<b>16a</b> Pr	ofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	<b>b</b> To	tal fundraising expenses (Part IX, column (D), line 25) 107,			
ŭ	17 Ot	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		199,100.	227,634.
		tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,244,223.	1,530,610.
		venue less expenses. Subtract line 18 from line 12		123,817.	-198,745.
JC S				ginning of Current Year	End of Year
Net Assets or Fund Balances	<b>20</b> To	tal assets (Part X, line 16)		5,733,375.	4,813,441.
Ass	<b>21</b> To	tal liabilities (Part X, line 26)		28,678.	97,228.
Net	22 Ne	t assets or fund balances. Subtract line 21 from line 20		5,704,697.	4,716,213.
	art II	Signature Block		. , -	, , ,
		s of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of mv k	nowledge and belief. it is
		nd complete. Declaration of preparer (other than officer) is based on all information of wh			- / /

Sign	Signature of offi	cer	Date									
Here												
	Type or print na											
	Print/Type prepa	arer's name	Preparer's signature	Date	Check	PTIN						
Paid	ROSALIND W.	SUTCH, CPA	ROSALIND W. SUTCH, CPA	11/06/23	self-employed	P00840278						
Preparer	Firm's name	ARMANINO LLP			Firm's EIN 94-	6214841						
Use Only	Firm's address	1600 MARKET STREET, SUITE	3300									
PHILADELPHIA, PA 19103 Phone no.215-665-												
May the I	RS discuss this	return with the preparer shown abo	ve? See instructions			X Yes	No					
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)											

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) G. FRED DIBONA, JR. MEMORIAL FOUNDATION	23-2867497	Page <b>2</b>
Par	t III Statement of Program Service Accomplishments		U
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	PROVIDING DIRECT FINANCIAL SUPPORT TO FAMILIES WHO HAVE FOUND		
	THEMSELVES IN A FINANCIAL CRISIS DUE TO THE COSTS ASSOCIATED WITH		
	CARING FOR A CRITICIALLY OR CHRONICALLY ILL CHILD.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	<u>Г</u> ү	′es 🗴 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	<u> </u> ү	′es 🔀 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expens	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
	revenue, if any, for each program service reported.	, ,	,
4a	(Code:) (Expenses \$ 1,211,336. including grants of \$ 860,001. ) (Reve	nue \$	)
	PROVIDING DIRECT FINANCIAL ASSISTANCE TO FAMILIES IN THE PHILADELPHIA		
	AREA WHO HAVE FOUND THEMSELVES IN A FINANCIAL CRISIS DUE TO THE COSTS		
	ASSOCIATED WITH CARING FOR A CHRONICALLY OR CRITICALLY ILL CHILD.		
4b	(Code:) (Expenses \$ including grants of \$ ) (Reve	auo ¢	<u>)</u>
чы	(code) (cxpenses a including grains or a) (neve	inue φ	,
4c	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses1,211,336.		
		For	m <b>990</b> (2022)
232002	12-13-22		
	3		

21551106 701245 142512.8

G. FRED DIBONA, JR. MEMORIAL FOUNDATION Form 990 (2022) G. FRED DIBONA, JR Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		v
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	•		x
10	If "Yes," complete Schedule D, Part IV	9		<u>л</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
-				
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
b	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
232003	3 12-13-22	Form	990	(2022)

2022.05000 G. FRED DIBONA, JR. MEMOR 142512.1

23-2867497 Page **4** 

	(continued)			
00	Did the exception report more than $\Phi = 0.00$ of grants as other assistance to as far demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	x	
23	Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		x
24.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
<b>2</b> 4a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
U		24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-14		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
, D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
•	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•••	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	x	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	x	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0		
		0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
23200	4 12-13-22	Form	990	(2022)
	5			,

Form	990 (2022) G. FRED DIBONA, JR. MEMORIAL FOUNDATION 23-28674	7	Р	age <b>5</b>						
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a									
b	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_								
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).		v							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			v						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8								
	sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	-								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-								
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders	-								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans 13b									
	Enter the amount of reserves on hand			v						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		v						
	excess parachute payment(s) during the year?	15		X						
40	If "Yes," see the instructions and file Form 4720, Schedule N.	10		x						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		^						
17	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	47								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
222005	If "Yes," complete Form 6069.	Form	990	(2022)						

Form	990 (2022) G. FRED DIBONA, JR. MEMORIAL FOUNDATION 23-286749		Р	age 6							
Par	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" ı	respon	se							
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.										
	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 23										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b 19										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6	Did the organization have members or stockholders?	6		Х							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	X								
b	Each committee with authority to act on behalf of the governing body?	8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
800	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
10-	Did the susceivation have lead shorters have been as efficience	10-	Yes	No X							
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		л							
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x								
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b									
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	on Schedule O how this was done	12c									
13	Did the organization have a written whistleblower policy?	13		х							
14	Did the organization have a written document retention and destruction policy?	14		X							
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	X								
b	Other officers or key employees of the organization	15b	X								
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
_	taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	104									
Sec	exempt status with respect to such arrangements?	16b									
17	List the states with which a copy of this Form 990 is required to be filed PA, NJ, MA										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3):	only)	availal	hle							
.5	for public inspection. Indicate how you made these available. Check all that apply.	. Criny)	a rundi								
	Own website       X       Another's website       X       Upon request       Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	CHRISTINE DIBONA LOBLEY - 610-850-3290										
	1035 WAVERLY ROAD, GLADWYNE, PA 19035										
232006	6 12-13-22 <b>–</b>	Forn	1 <b>990</b>	(2022)							
	7										

2022.05000 G. FRED DIBONA, JR. MEMOR 142512.1

Page 6

Form 990 (2022)	G. FRED DIBONA, JR. MEMORIAL FOUNDATION	23-2867497	Page 1						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employe	es, and Independent Contractors								
Check if Sc	hedule O contains a response or note to any line in this Part VII								
Section A. Officers, D	Directors, Trustees, Key Employees, and Highest Compensated Employees								
	for all persons required to be listed. Report compensation for the calendar year end	5	,						
I ist all of the orga	nization's current officers, directors, trustees (whether individuals or organizations	) regardless of amount of compen-	sation						

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o s both	n an	Reportable compensation	Reportable compensation	Estimated amount of	
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) CHRISTINE DIBONA LOBLEY	40.00									
EXECUTIVE DIRECTOR	1.00			х				106,464.	0.	0.
(2) SYLVIA DIBONA	1.00									
BOARD CHAIR	1.00	]		x				0.	0.	0.
(3) G. FRED DIBONA, III	1.00									
DIRECTOR	1.00	x						0.	0.	0.
(4) BRIAN LOBLEY	1.00									
DIRECTOR		x						0.	0.	0.
(5) WILLIAM R. SASSO, ESQ.	1.00									
DIRECTOR		x						0.	Ο.	Ο.
(6) WILLIAM SAUTTER	1.00									
DIRECTOR		х						0.	0.	0.
(7) JOHN J. DOUGHERTY	1.00									
DIRECTOR		X						0.	0.	0.
(8) DANIEL J. HILFERTY	1.00									
DIRECTOR		X						0.	0.	0.
(9) MOLLY WATSON	1.00									
DIRECTOR		X						0.	0.	0.
(10) MICHAEL A. BOVA	1.00									
DIRECTOR		X						0.	0.	0.
(11) TERESA DIBONA	1.00									
DIRECTOR		х						0.	0.	٥.
(12) SHEILA HESS	1.00									
DIRECTOR		Х						0.	0.	0.
(13) JONATHAN BRASSINGTON	1.00									
DIRECTOR		х						0.	0.	0.
(14) MATT WEBB	1.00									
DIRECTOR		Х						0.	0.	0.
(15) CHRIS CURCIO	1.00									
DIRECTOR		x						0.	0.	0.
(16) KATE MASINO	1.00									
DIRECTOR		x						0.	0.	0.
(17) TAMARA SCOTT	1.00									
DIRECTOR		Х						0.	0.	0. Form <b>990</b> (2022)

232007 12-13-22

Form **990** (2022)

Form 990 (2022) G. FRED DIBO	NA, JR. MEM	ORI	AL	FOU	NDA	TIO	N		23-286	7497		Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)		,		C)			(D)	(E)			(F)
Name and title Average					ition			Reportable			mated	
Name and the	hours per					than o		Reportable compensation	compensation			ount of
	week			less person is both a and a director/trustee				from	from related			ther
	(list any	to						the	organizations			ensation
	hours for	direc				-		organization	(W-2/1099-MISC	2/		m the
	related	e or	stee			Isate		(W-2/1099-MISC/	1099-NEC)	"		nization
	organizations	ruste	al tru		/ee	mper		1099-NEC)			•	related
	below	dual t	Ition		lploy	st co iyee	5	,				izations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former				- 3-	
(18) REGINA HEFFERNAN	1.00	-			×							
DIRECTOR	1.00	x						0.		٥.		٥
	1.00	<b>^</b>						0.		<u> </u>		0.
(19) DANIELLE PINTO	1.00	-										
DIRECTOR		X						0.		0.		0.
(20) CHRIS REHMANN	1.00											
DIRECTOR		x						0.		0.		Ο.
(21) KATE SLIDER	1.00											
DIRECTOR		x						0.		٥.		Ο.
		-						0.		<u> </u>		۰.
		-										
		1										
		-										
1b Subtotal								106,464.		0.		0.
c Total from continuation sheets to Part VI								0.		0.		0.
d Total (add lines 1b and 1c)								106,464.		0.		0.
										- •		- •
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ac	ove	) wn	o re	eceived more than \$100,0	JUU of reportable			1
compensation from the organization												1
										Г	'	res No
3 Did the organization list any former officer,	director, trust	ee, k	key e	empl	oye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									L	3	Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150											4	х
<ul><li>5 Did any person listed on line 1a receive or a</li></ul>											-	
											-	x
rendered to the organization? <i>If</i> "Yes," com	plete Schedule	e J f	or sı	ich i	oers	on .				<u></u>	5	Δ
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of compe	nsati	on fron	n
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax ye	ear.			
(A)								(B)			(C)	
Name and business	address	NO	NE					Description of s	ervices	Cc	mpens	sation
							_					
						_				_		
2 Total number of independent contractors (in	ncluding but n	ot lir	nited	d to			ted	above) who received mo	ore than			
\$100,000 of compensation from the organized	zation				(	0						
										F	orm <b>9</b>	90 (2022)

232008 12-13-22

				NA, JR	. MEMORIAL FOU	NDATION		23-286749	7 Page
Part	t VII	I Statement of Rev	venue						
		Check if Schedule O c	contains a	response	e or note to any line				
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 51
<u>ه</u> (	1 a	Federated campaigns		1a					
and Other Similar Amounts	b			1b					
Ē	c	Fundraising events		10 10	890,608.				
ΓA	d			1d	81,817.				
mil	е	e Government grants (contributions) 1e							
ŝ	f	All other contributions, gifts,							
the		similar amounts not included	above	1f	359,059.				
9	g	Noncash contributions included in I	lines 1a-1f	1g \$	6,175.				
au	h	Total. Add lines 1a-1f				1,331,484.			
					Business Code				
	2 a								
ē	b								
Revenue	С								
Sec.	d								
,	e								
		All other program service							
	<u>g</u> 3	Total. Add lines 2a-2f Investment income (includ							
	3		•		-	93,792.			93,79
	4	Income from investment o			proceeds	,			
	5	Royalties		-	·				
	J			) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	c	Rental income or (loss)	6c						
		Net rental income or (loss)							
		Gross amount from sales of		ecurities					
		assets other than inventory	7a	911					
	b	Less: cost or other basis							
e		and sales expenses	7b	0	•				
/enue	с	Gain or (loss)	7c	911	•				
e	d	Net gain or (loss)				911.			911
	8 a	Gross income from fundraisir							
5		including \$	390,608.	of					
		contributions reported on							
		Part IV, line 18							
					<b>b</b> 346,115.				
		Net income or (loss) from				-94,322.			-94,322
	9 a	Gross income from gamin							
		Part IV, line 19							
		Less: direct expenses			-				
		Net income or (loss) from							
	iu a	Gross sales of inventory, le and allowances							
	h	Less: cost of goods sold							
		Net income or (loss) from s		·····	-				
+	U			, on tory	Business Code				
	11 a								
Revenue	b								
evel	c								
Revenue		All other revenue							
		Total. Add lines 11a-11d							
· ·	12	Total revenue. See instructio				1,331,865.	0.	0.	381
2009	12-13-								Form <b>990</b> (20

G. FRED DIBONA, JR. MEMORIAL FOUNDATION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

#### Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 860,001, 860,001, individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 250,392. 385,218. 77,044. 57,782. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 20,174. 13,113, 4,034 3,027. 9 Other employee benefits 37,583. 24,429 7,517 5,637. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 40,868. 10,274. 30,594 С Accounting d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 13,267 9,767. 2,000 1,500. column (A), amount, list line 11g expenses on Sch 0.) 40,698. 6,377. 34,321. 12 Advertising and promotion 41,867. 31,707. 6,249 3,911. 13 Office expenses Information technology 14 Royalties 15 40,961. 40,961. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,943. 2,943. Conferences, conventions, and meetings ..... 19 20 Interest Payments to affiliates 21 8,428. 5,478. 1,686 1,264. 22 Depreciation, depletion, and amortization ..... 6,707. 6,707 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) BANK AND CREDIT CARD FE 23,587. 23,587. а IN-KIND DONATIONS 6,175. 6,175. b MISCELLANEOUS 2,133. 2,133. С d All other expenses е 107,442. 1,530,610 1,211,336 211,832 Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

232010 12-13-22

21551106 701245 142512.8

11 2022.05000 G. FRED DIBONA, JR. MEMOR 142512.1

Form 990 (2022)

Form 990 (2022)

21551106 701245 142512.8

					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			270,358.	2	173,660
	3	Pledges and grants receivable, net	30,197.	3	23,719		
	4	Accounts receivable, net	1,454.	4	1,168		
	5	Loans and other receivables from any current or				_	
Assets	-	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualit					
	Ŭ	under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net				7	
ets						8	
Ass	8	Inventories for sale or use			10,053.	9	10,053
`	9				10,033.	9	10,035
	10a	Land, buildings, and equipment: cost or other		104,730.			
		basis. Complete Part VI of Schedule D		70,255.	11 604	10	24 475
		Less: accumulated depreciation		,	11,624.	10c	34,475
	11	Investments - publicly traded securities			5,409,689.	11	4,502,094
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	68,272
	16	Total assets. Add lines 1 through 15 (must equa			5,733,375.	16	4,813,441
	17	Accounts payable and accrued expenses	28,678.	17	23,113		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete I	Part IV of Sc	hedule D		21	
ŝ	22	Loans and other payables to any current or form	er officer, di	rector,			
Liabilities		trustee, key employee, creator or founder, subst	antial contri	butor, or 35%			
abil		controlled entity or family member of any of thes		22			
ן ב	23	Secured mortgages and notes payable to unrela	ted third pa	rties		23	
	24	Unsecured notes and loans payable to unrelated	third partie	s		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D		0.	25	74,115	
	26	Total liabilities. Add lines 17 through 25			28,678.	26	97,228
		Organizations that follow FASB ASC 958, che		X	· · · ·		
es		and complete lines 27, 28, 32, and 33.					
nc	27				5,704,697.	27	4,716,213
3al	28	Net assets with donor restrictions		T		28	
p		Organizations that do not follow FASB ASC 9					
ב		and complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current funds				29	
ets	29 30	Paid-in or capital surplus, or land, building, or ec				30	
ISS	30 31					31	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated inc			5,704,697.	31	4,716,213
Ž	32	Total net assets or fund balances			5,733,375.		4,813,441
	33	Total liabilities and net assets/fund balances			5,155,515.	33	Form <b>990</b> (2022

G. FRED DIBONA, JR. MEMORIAL FOUNDATION Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

23-2867497

Page **11** 

Form	990 (2022) G. FRED DIBONA, JR. MEMORIAL FOUNDATION	23-2867497		Pad	<sub>ge</sub> 12
	rt XI Reconciliation of Net Assets				<u></u>
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,3	31,	865.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,5	30,	610.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	98,	745.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,7	04,	697.
5	Net unrealized gains (losses) on investments	5	-7	89,	739.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,7	16,	213.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			1	
			'`	/es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			v	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		•	x	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Δ	
0.	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	aule O.			
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		0		x
F	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u></u>
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require and the organization did not undergo the require and the organization did not undergo the required audit or audits.		<b>~</b>		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	00	

Form **990** (2022)

232012 12-13-22

SCHEDULE A	١
------------	---

Department of the Treasury Internal Revenue Service

(Form 990)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization	
--------------------------	--

Nar	ne of t	he organization			_			Employer	dentification number
	t I		,	EMORIAL FOUNDATION					23-2867497
	art I	Reason for Public (					ee instruction	S.	
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	l in <b>sectio</b>	on 170(b)( <sup>-</sup>	1)(A)(i).		
2		A school described in section							
3		A hospital or a cooperative							
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:							
10		An organization that norma						•	•
		activities related to its exem		-					-
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	janization a	after June 30, 1975.
		See section 509(a)(2). (Cor							
11		An organization organized a		•	•				
12		An organization organized a	•		•			•	
		more publicly supported org lines 12a through 12d that							
		<b>Type I.</b> A supporting orga							aivina
â	a	the supported organization		-	• • • •	-			
		organization. You must c			i majonty c				pporting
k	<b>,</b>	<b>Type II.</b> A supporting org			tion with it	s sunnorte	ad organizatio	n(s) by ba	vina
•		control or management o	-				-		-
		organization(s). You mus						ge the cup	
c		<b>Type III functionally inte</b>			in connect	tion with. a	and functional	lv integrate	ed with.
-		its supported organization						.,	,
c	3 T	] Type III non-functionally		-				ted organi;	zation(s)
		that is not functionally int						-	
		requirement (see instructi			•		-		
e	•	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or							
1	f Ente	er the number of supported o	organizations						
ç		vide the following information							
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	anization listed ing document?	(v) Amount of		(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Tet	al								
Tot	ai								1

Part II

G. FRED DIBONA, JR. MEMORIAL FOUNDATION

23-2867497 Page **2** 

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) 2022	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	994,736.	1,313,420.	1,236,530.	1,340,337.	1,331,484.	6,216,507.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	994,736.	1,313,420.	1,236,530.	1,340,337.	1,331,484.	6,216,507.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						764,933.
	Public support. Subtract line 5 from line 4.						5,451,574.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) 2022	<b>(f)</b> Total
7	Amounts from line 4	994,736.	1,313,420.	1,236,530.	1,340,337.	1,331,484.	6,216,507.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	99,599.	100,827.	83,144.	88,994.	93,792.	466,356.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						6,682,863.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First 5 years. If the Form 990 is for th	e organization's firs	st, second, third, fo	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
See	ction C. Computation of Public	c Support Perc	centage				
14	Public support percentage for 2022 (li	ne 6, column (f), di	vided by line 11, co	olumn (f))		14	81.58 %
	Public support percentage from 2021					15	81.32 %
<b>16</b> a	<b>33 1/3% support test - 2022.</b> If the o	rganization did not	check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies a	as a publicly suppo	orted organization				X
b	<b>33 1/3% support test - 2021.</b> If the o	rganization did not	check a box on lir	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization quali	fies as a publicly s	upported organizat	tion			
17a	10% -facts-and-circumstances test	- 2022. If the orga	anization did not cl	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	r more,
	and if the organization meets the facts	3-and-circumstance	s test, check this I	box and stop her	e. Explain in Part	VI how the organiza	ation
	meets the facts-and-circumstances tes	st. The organizatior	n qualifies as a pub	licly supported or	ganization		
b	10% -facts-and-circumstances test	- 2021. If the orga	anization did not cl	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th	e facts-and-circum	stances test, chec	k this box and sto	<b>op here.</b> Explain ii	n Part VI how the	
	organization meets the facts-and-circu	imstances test. The	e organization qua	ifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	, check this box a	nd see instructions	
						Schedule A (	Form 990) 2022

232022 12-09-22

Schedule A	Form	990	) 2022

#### Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

#### qualify under the tests listed below, please complete Part II.) Section A. Public Support

Sec	lion A. Fublic Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support	1	1	1	1	1	
Calei	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) orga	nization,
Sec	tion C. Computation of Publ	c Support Per	centage				
15	Public support percentage for 2022 (	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	tion D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)22</b> (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17 _			18	%
19a	33 1/3% support tests - 2022. If the	organization did r	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ition	
b	33 1/3% support tests - 2021. If the	organization did r	ot check a box or	n line 14 or line 19a	a, and line 16 is mo	ore than 33 1/	'3%, and
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	op here. The orga	anization qualifies a	as a publicly suppo	orted organiza	ation
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins	structions	
23202	3 12-09-22		16			Sche	dule A (Form 990) 2022
			14				

1

Yes

No

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

232024 12-09-22

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2022

G.	FRED	DIBONA,	JR.	MEMORIAL	FOUNDATION	

Yes No

Yes No

Yes No

1

2

1

Continued)				
		Yes	No	
11 Has the organization accepted a gift or contribution from any of the following persons?				
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and				
11c below, the governing body of a supported organization?	11a			
<b>b</b> A family member of a person described on line 11a above?	11b			
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide				
detail in Part VI.	11c			
Section B. Type I Supporting Organizations				

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the honofit of any supported organization other than the supported

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

#### supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

#### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method t	hat the organization used to satisf	v the Integral Part Test durin	a the year (see instructions).
•		nal line organization used to satisi	, וווכ ווווכקומו ז מונ ז ככו טעוווי	

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		] The organization supported a governmental entity.	Describe in Part VI how	you supported a g	governmental entity	(see instruction <u>s).</u>
---	--	---	-------------------------	-------------------	---------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

Schedule A (Form 990) 2022 G. FR

Part V Type III Non-Functionally Integrated 509(a)(3) Support	ng Organi	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions
All other Type III non-functionally integrated supporting organizations must		•	1
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			(
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<ul><li>b Average monthly cash balances</li></ul>	1b		
c Fair market value of other non-exempt-use assets	10 10		
	1d		
d Total (add lines 1a, 1b, and 1c)     e Discount claimed for blockage or other factors			
(explain in detail in Part VI):	2		
2 Acquisition indebtedness applicable to non-exempt-use assets	3		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-function	ally integrated	I Type III supporting orda	inization (see

G. FRED DIBONA, JR. MEMORIAL FOUNDATION

Schedule A (Form 990) 2022

23-2867497

Page 6

232026 12-09-22

instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

2

3

6

7

8

9

Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 **b** From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions)

#### j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

(iii)

chedule A Part VI		JR. MEMORIAL FOUNDATION	23-2867497 Pag
	<b>Supplemental Information.</b> Provide the Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section	5, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, lir	n B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part V,
	(See instructions.)		
28 12-09-2	2		Schedule A (Form 990) 2
		21	
106	701245 142512.8	2022.05000 G. FRED D	TDUMN TO MEMOD $1/1$

215

2.1

#### \*\* PUBLIC DISCLOSURE COPY \*\*

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors Attach to Form 990 or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Employer identification number

	G. FRED DIBONA, JR. MEMORIAL FOUNDATION	23-2867497			
Organization type (che					
Filers of: Section:					
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b>				
	1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. 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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of or	rganization		Employer identification number
G. FRED	DIBONA, JR. MEMORIAL FOUNDATION		23-2867497
Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
1		\$42,	500.       Person       X         500.       Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
2		\$50,	000.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
3		\$128,	654.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
4		\$132,	580.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
5			Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

2022.05000 G. FRED DIBONA, JR. MEMOR 142512.1

24

Schedule B (Form 990) (2022)

	ganization	Emp	loyer identification num
FRED	DIBONA, JR. MEMORIAL FOUNDATION		23-2867497
art II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom 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
		\$	

25

Schedule B (Form 990) (2022)

#### 21551106 701245 142512.8

2022.05000 G. FRED DIBONA, JR. MEMOR 142512.1

ame of orga	nization		Employer identification number			
FRED DI	BONA, JR. MEMORIAL FOUNDATION		23-2867497			
art III E	Exclusively religious, charitable, etc., contribution		ion 501(c)(7), (8), or (10) that total more than \$1,000 for the ye			
fr C'	rom any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, cha	nrough (e) and the following line entry. aritable, etc., contributions of \$1,000 or les	For organizations s for the year. (Enter this info. once.)			
L	Jse duplicate copies of Part III if additional sp	ace is needed.				
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
-						
		(e) Transfer of gift				
	Transferee's name, address, and	<b>I ZIP + 4</b>	Relationship of transferor to transferee			
_						
_						
-						
a) No. from						
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	I 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			
_						
_						
		(a) Transfer of sift				
	(e) Transfer of gift					
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee			
_						
-						
-						
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I		(c) use of gift				
-						
		(e) Transfer of gift				
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee			
-						

26

#### 21551106 701245 142512.8

SC	HEDULE D		al Financial S <sup>·</sup>			OMB No. 1545-0047
•	n 990)	Part IV, line 6, 7, 8, 9, 10				2022 Open to Public
	ment of the Treasury I Revenue Service	ہ Go to www.irs.gov/Form99	Attach to Form 990. O for instructions and t	he latest information.		Inspection
Nam	e of the organizatio				Emp	oloyer identification number
_		G. FRED DIBONA, JR. MEMORIA				23-2867497
Par		tions Maintaining Donor Advise		Similar Funds or Ac	cour	Its. Complete if the
	organization	answered "Yes" on Form 990, Part IV, lir				
			(a) Donor advise	ed funds (	b) Fun	ds and other accounts
1		d of year				
2	Aggregate value of contributions to (during year)					
3						
4		end of year		lational and a set from a		
5	-	n inform all donors and donor advisors in	-			
6		n's property, subject to the organization's				Yes No
6	•	n inform all grantees, donors, and donor a oses and not for the benefit of the donor o	<b>v v</b>		-	
		ite benefit?			•	
Par	t II Conserva	ation Easements. Complete if the or	nanization answered "Ye	s" on Form 990 Part IV	line 7	
1		ervation easements held by the organizati				
•		of land for public use (for example, recrea		Preservation of a histo	rically	important land area
		natural habitat		Preservation of a certi	-	•
		of open space				
2		through 2d if the organization held a quali	fied conservation contrib	ution in the form of a co	nserva	tion easement on the last
	day of the tax year.	<b>o o</b> .				Held at the End of the Tax Year
а	Total number of co	nservation easements			2a	
b	Total acreage restri				2b	
с	Number of conserv	ation easements on a certified historic str			2c	
d		ation easements included in (c) acquired a				
	historic structure lis	sted in the National Register	•		2d	
3	Number of conserv	ation easements modified, transferred, re			zation	during the tax
	year					
4	Number of states w	where property subject to conservation eas	sement is located			
5	Does the organizat	ion have a written policy regarding the pe	riodic monitoring, inspec	tion, handling of		
	violations, and enfo	prcement of the conservation easements in	t holds?			Yes No
6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing conservatio	n ease	ments during the year
7	Amount of expense	es incurred in monitoring, inspecting, hand	dling of violations, and er	nforcing conservation eas	sement	ts during the year
_						
8		ration easement reported on line 2(d) abov	, ,		.,	
•	and section 170(h)(					
9		e how the organization reports conservati		-		
		include, if applicable, the text of the footr	note to the organization's	s financial statements tha	it desc	rides the
Par		ounting for conservation easements. tions Maintaining Collections of	f Art. Historical Tre	asures, or Other S	imila	r Assets
		the organization answered "Yes" on Form				
19		elected, as permitted under FASB ASC 95		enue statement and hala	nce st	neet works
Ia	U U	asures, or other similar assets held for pul	· ·			
		Part XIII the text of the footnote to its final				
b	· •	elected, as permitted under FASB ASC 95			sheet	works of
	-	ures, or other similar assets held for public				
		ng amounts relating to these items:			e. pui	
	•	ded on Form 990, Part VIII, line 1				\$
						\$\$
2	.,	received or held works of art, historical tre			 provide	·
-	-	nts required to be reported under FASB A				
а	-	on Form 990, Part VIII, line 1	-			\$
	Assets included in					\$
		duction Act Notice, see the Instruction				Schedule D (Form 990) 2022
	• 09-01-22					- •

		2	7				
•	0	2		^	Ξ.	^	^

		ONA, JR. MEMOR						2867497		- <sub>age</sub> 2
Pa	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tre	easures, or	Other S	Similar Ass	sets <sub>(cont</sub>	inued)	
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the t	following that	make sigr	ificant use of	its		
	collection items (check all that apply):				C C	U U				
а	Public exhibition		d 🗌	Loan or exc	hange progra	ım				
b	Scholarly research				0.0					
c	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	in how th	nev further th	ne organizatio	n's exemp	t purpose in l	Part XIII.		
5	During the year, did the organization solicit or			-	-	-				
•	to be sold to raise funds rather than to be ma		-		-			Yes		No
Pa	t IV Escrow and Custodial Arrang								or	
	reported an amount on Form 990, Par			o ga izatio				,		
1a	Is the organization an agent, trustee, custodia		diary for (	contribution	s or other ass	ets not inc	luded			
14	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII a									
D			nowing t	abie.				Amou	nt	
~	Reginning balance						1c	,		
	Beginning balance						1d			
	Additions during the year						1e			
-	Distributions during the year						1f			
f 2a	Ending balance Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.					•				
Pa							<u></u>		<u>.                                    </u>	
		(a) Current year		Prior year	(c) Two year		) Three years b	ack (e) Fo	ur vear	s hack
19	Beginning of year balance	(4) 0 4 0 ) 0 4	(		(0)		<b>,</b>	(0) + 0	<u> </u>	
b	Contributions		-							
ט הו	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance		<i></i>							
2	Provide the estimated percentage of the curre		ce (line 1	g, column (a	)) held as:					
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С		%								
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should									
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	it are held ar	nd administer	ed for the			Yes	No
	organization by:								-	No
	(i) Unrelated organizations									
	(ii) Related organizations							3a(ii	4	
b	If "Yes" on line 3a(ii), are the related organization							3b		
	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		owment f	unds.						
Fai				/ line 11e C		Dout V lin	a 10			
	Complete if the organization answered		-							
	Description of property	(a) Cost or			or other	• •	umulated	(d) Bo	ok valu	Je
		basis (invest	ment)	basis	(other)	depre	eciation			
	Land									
	Buildings									
	Leasehold improvements									
d	Equipment				34,923.		8,630.			,293.
-	Other				69,807.		61,625.			,182.
Tota	I <b>.</b> Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part	X. colun	nn (B), line 1	<u>0c.)</u>				34	,475.
							Sche	dule D (For	m 990	) 2022

#### G. FRED DIBONA. JR. MEMORIAL FOUNDATION Schedule D (Form 990) 2022 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1. (1) Federal income taxes OPERATING LEASE 74,115. (2) (3) (4) (5) (6) (7) (8) (9) 74,115. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2022

232053 09-01-22

Sche	edule D (Form 990) 2022 G. FRED DIBONA, JR. MEMORIAL FOUNDATION		23-2867497	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Reven	ue per Retı	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	542,126.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments 2a	-789,739.		
b	Donated services and use of facilities 2b			
С	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.) 2d			
е	Add lines <b>2a</b> through <b>2d</b>		2e	-789,739.
3	Subtract line <b>2e</b> from line <b>1</b>		3	1,331,865.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.) 4b			
с	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,331,865.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expen	nses per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	1,530,610.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a			
b	Prior year adjustments 2b			
с	Other losses 2c			
d				
е	Add lines <b>2a</b> through <b>2d</b>		2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>		3	1,530,610.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.) 4b			
с	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line 18.)		5	1,530,610.
Pa	rt XIII Supplemental Information.			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b;	Part V, line 4; F	Part X, line 2; Pa	art XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.			
PART	FX, LINE 2:			
THE	FOUNDATION IS A NON-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME			
TAXE	ES UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3) AND			
IS F	EXEMPT FROM STATE INCOME TAXES UNDER THE PROVISIONS OF THE PENNSYLVANIA			
DEPA	ARTMENT OF REVENUE.			

THE FOUNDATION HAD ADOPTED CURRENT ACCOUNTING PRINCIPLES FOR UNCERTAIN

INCOME TAX POSITIONS THAT REQUIRE EVALUATION OF TAX POSITIONS TAKEN ON ITS

INCOME TAX RETURNS AND RECOGNIZE A TAX ASSET OR LIABILITY IF THE POSITION

WOULD NOT BE SUSTAINED UNDER AUDIT. THE FOUNDATION'S POLICY IS TO RECORD

INTEREST AND PENALTIES FROM TAX EXAMINATIONS AS INCOME TAXES. FOR FEDERAL

INCOME TAX PURPOSES, THE RETURNS REMAIN OPEN FOR POSSIBLE EXAMINATION

232054 09-01-22

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)	
THREE YEARS AFTER THEY ARE FILED.	
	Schedule D (Form 990) 2022
232055 09-01-22	

SCHEDULE G		ntal Information Regarding						DMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19,	or if the	2022
Department of the Treasury Internal Revenue Service		Attach to Form 990 o						Open to Public Inspection
Name of the organization		o www.irs.gov/Form990 for instruc	tions	and t	he latest information	<u>۱.</u>		Inspection Intification number
		BONA, JR. MEMORIAL FOUNDATI					23-286749	
	complete this part	Complete if the organization answe t.	red "Y	es" or	n Form 990, Part IV, li	ne 17	7. Form 990-EZ	filers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> </ul>	tions email solicitations tations licitations		tion of tion of fundra	non-g gover aising	overnment grants nment grants events	tees.	or	
key employees list	ed in Form 990, P highest paid indiv	art VII) or entity in connection with pr viduals or entities (fundraisers) pursua	ofessi	onal fi	undraising services?		Yes	
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No	-			
						<u> </u>		
Total								
	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from re	gistration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2022

232081 10-27-22

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1	(b) Event #2 PARTY IN THE YARD	(c) Other events	(d) Total events (add col. (a) through
D		(event type)	(event type)	(total number)	- col. <b>(c)</b> )
aniia 1	1 Gross receipts	615,035.	515,019.	12,347.	1,142,401
2	2 Less: Contributions	. 514,785.	373,601.	2,222.	890,608
3	<b>3</b> Gross income (line 1 minus line 2)	100,250.	141,418.	10,125.	251,793
4	4 Cash prizes				
5	5 Noncash prizes				
6 19	6 Rent/facility costs				
	7 Food and beverages				
د 8	<b>B</b> Entertainment				
9			174,583.	4,391.	346,115
10	0 Direct expense summary. Add lines 4 throu	igh 9 in column (d)			
1	1 Net income summary. Subtract line 10 from	n line 3, column (d)			
1	1 Net income summary. Subtract line 10 from till Gaming. Complete if the organization	n line 3, column (d)			
1	1 Net income summary. Subtract line 10 from	n line 3, column (d)	990, Part IV, line 19, or r	eported more than	-94,322
art	1 Net income summary. Subtract line 10 from till Gaming. Complete if the organization	n line 3, column (d)			-94, 322 (d) Total gaming (add
art	1 Net income summary. Subtract line 10 from till Gaming. Complete if the organization	n line 3, column (d)n n answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	-94, 322 (d) Total gaming (add
1	1 Net income summary. Subtract line 10 from till Gaming. Complete if the organization	n line 3, column (d)n n answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r	eported more than	-94, 322 (d) Total gaming (add
1 art	Net income summary. Subtract line 10 from     Gaming. Complete if the organizatio     \$15,000 on Form 990-EZ, line 6a.     Gross revenue	n line 3, column (d) n answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r	eported more than	-94, 322 (d) Total gaming (add
1 art	<ol> <li>Net income summary. Subtract line 10 from</li> <li>Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.</li> <li>Gross revenue</li></ol>	n line 3, column (d) n answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r	eported more than	-94, 322 (d) Total gaming (add
	<ol> <li>Net income summary. Subtract line 10 from</li> <li>Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.</li> <li>Gross revenue</li> <li>Cash prizes</li> <li>Noncash prizes</li> </ol>	n line 3, column (d) n answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r	eported more than	346,115 -94,322 (d) Total gaming (add col. (a) through col. (c
1 art	<ol> <li>Net income summary. Subtract line 10 from</li> <li>Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.</li> <li>Gross revenue</li> <li>Cash prizes</li> <li>Noncash prizes</li> <li>Rent/facility costs</li> </ol>	n line 3, column (d) n answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r	eported more than	-94, 322 (d) Total gaming (add
1 <sup>-</sup> art 2 2 2 2 2 3 3 4 5	<ol> <li>Net income summary. Subtract line 10 from</li> <li>Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.</li> <li>Gross revenue</li> <li>Cash prizes</li> <li>Noncash prizes</li> <li>Rent/facility costs</li> <li>Other direct expenses</li> </ol>	n line 3, column (d) n answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	-94, 322 (d) Total gaming (add
1 art 2 2 3 3 4 5 6	<ol> <li>Net income summary. Subtract line 10 from</li> <li>Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.</li> <li>Gross revenue</li> <li>Cash prizes</li> <li>Noncash prizes</li> <li>Rent/facility costs</li> <li>Other direct expenses</li> <li>Volunteer labor</li> </ol>	n line 3, column (d)         n answered "Yes" on Form         (a) Bingo         .	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	-94, 322 (d) Total gaming (add
1 <sup>-</sup> art 2 2 2 2 2 3 3 4 5	<ol> <li>Net income summary. Subtract line 10 from</li> <li>Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.</li> <li>Gross revenue</li> <li>Cash prizes</li> <li>Noncash prizes</li> <li>Rent/facility costs</li> <li>Other direct expenses</li> <li>Volunteer labor</li> </ol>	n line 3, column (d)         n answered "Yes" on Form         (a) Bingo         .	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	-94, 322 (d) Total gaming (add

a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? No **b** If "Yes," explain:

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022 G. FRED DIBONA, JR. MEMORIAL FOUNDATION 2	3-28674	97	Page 3
11	Does the organization conduct gaming activities with nonmembers?	🗆	Yes	No
12				
	to administer charitable gaming?	L	Yes	No
	Indicate the percentage of gaming activity conducted in:	I	I	
	a The organization's facility			%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
k	b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amoun	t		
	of gaming revenue retained by the third party \$			
C	If "Yes," enter name and address of the third party:			
	Nama			
	Name			
	Address			
	, Adross			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	🗆	Yes	No No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	e		
	organization's own exempt activities during the tax year \$			
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
2200	83 10-27-22 Sc	hedule C	(Form	990) 2022
2020	34			
				4 4 9 5 4

21551106 701245 142512.8

Failly	Supplemental Informatio	(continued)		
				Schedule G (Form 990)
232084 04-01-	22			Schedule & (FOITH 990)

21551106 701245 142512.8

SCHEDULE I (Form 990)		Gov	rants and Oth vernments, an ete if the organizatio	nd Individua	<b>ls in the Ŭni</b> ' on Form 990, Pa	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs	Attach to Forn a.gov/Form990 for	n 990. <sup>.</sup> the latest informa	ation.		Open to Public Inspection
Name of the organizat				•				Employer identification number
Part I General I	G. FRED DIBONA	,	L FOUNDATION					23-2867497
1 Does the organi criteria used to a	zation maintain records to award the grants or assis IV the organization's pro	o substantiate the tance?						
Part II Grants an	d Other Assistance to E hat received more than \$	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and a	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	<b>501</b> (-)(0)				L			

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
INANCIAL SUPPORT	160	860,001.	٥.		

PART I, LINE 2:

UNCONDITIONAL SPECIFIC ASSISTANCE GRANTS ARE RECORDED AS AN EXPENSE WHEN

PAYMENT IS MADE. THE FOUNDATION'S POLICY IS TO DETERMINE WHICH FAMILIES AND

INDIVIDUALS WILL RECEIVE ASSISTANCE, WHAT TYPES OF ASSISTANCE THEY ARE TO

RECEIVE AND THE MAXIMUM AMOUNTS OF ASSISTANCE THEY WILL RECEIVE. THE

FOUNDATION DOES NOT NORMALLY PROMISE ANY SPECIFIC ASSISTANCE TO INDIVIDUALS

AND FAMILIES AND RESERVES THE RIGHT TO MAKE CHANGES FOR SPECIFIC AWARDS UP

TO THE ACTUAL TIME OF PAYMENT.

SCHEDULE O (Form 990) Department of the Treasury	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.	-EZ	OMB No. 1545-0047
Internal Revenue Service Name of the organizatior	Go to www.irs.gov/Form990 for the latest information.	Employor	Inspection identification number
Name of the organization	G. FRED DIBONA, JR. MEMORIAL FOUNDATION		367497
,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
DUE TO THE COSTS A	SSOCIATED WITH CARING FOR A CRITICALLY/CHRONICALLY		
ILL CHILD.			
FORM 990, PART VI,	SECTION A, LINE 2:		
THE FOLLOWING OFFI	CER AND DIRECTOR RELATIONSHIPS EXISTED AT 12/31/2021:		
SYLVIA M. DIBONA I	S G. FRED DIBONA III'S AND CHRISTINE DIBONA LOBLEY'S		
MOTHER. G. FRED DI	BONA III AND CHRISTINE DIBONA LOBLEY ARE BROTHER &		
SISTER. CHRISTINE	DIBONA LOBLEY AND BRIAN LOBLEY ARE SPOUSES. G.FRED DIBONA		
III AND TERESA DIB	ONA ARE SPOUSES.		
FORM 990, PART VI,	SECTION B, LINE 11B:		
THE FORM 990 IS MA	DE AVAILABLE TO ALL BOARD MEMBERS TO REVIEW VIA THE		
FOUNDATIONS SECURE	WEBPAGE BEFORE FILING WITH THE IRS		
	CREETON D. LEWE 10		
FORM 990, PART VI,	SECTION B, LINE 12:		
FORM 990, PART VI,	LINE 12B:		
TN 2021 MUE DOADD	TA AONATDEDINA & AONELIAM OF INMEDERA DOLLAY MUMM MILL		
IN 2021 THE BOARD	IS CONSIDERING A CONFLICT OF INTEREST POLICY THAT WILL		
REQUIRE ANNUAL DIS	CLOSURE BY OFFICERS AND DIRECTORS AND THAT IS SUBJECT TO		
RECILLAR AND CONSTS	TENT MONITORING AND ENFORCEMENT.		
	TENT MONTFORTING AND ENFORCEMENT.		
FORM 990, PART VI,	SECTION B, LINE 15:		
THE COMPENSATION F	OR THE EXECUTIVE DIRECTOR AND ASSISTANT EXECUTIVE		
DIRECTOR WERE REVI	EWED AND APPROVED BY THE BOARD OF DIRECTORS THE SERVICES		
PROVIDED BY EACH A	S WELL AS COMPENSATION OF INDIVIDUALS WITH SIMILAR		

#### ORGANIZATIONS WAS CONSIDERED BY THE BOARD IN MAKING THEIR DECISION

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

21551106 701245 142512.8

38

Name of the organization G. FRED DIBONA, JR. MEMORIAL FOUNDATION	Employer identification number 23-2867497
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AF	RE AVAILABLE
TO THE PUBLIC UPON REQUEST. THE ORGANIZATION DOES NOT CURRENTLY	HAVE A
CONFLICT OF INTEREST POLICY.	
232212 10-28-22	Schedule O (Form 990) 2022
39	

		_

#### SCHEDULE R

(Form 990)

#### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047 22

**Open to Public** 

Inspection

Employer identification number

23-2867497

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

G. FRED DIBONA, JR. MEMORIAL FOUNDATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
	-				
	-				
	-				
	-				

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	. (	<b>g)</b> 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling		512(b)(13) rolled
of related organization		foreign country)	section	status (if section	entity	en	tity?
				501(c)(3))		Yes	No
DIBONA FAMILY FOUNDATION - 20-2771993					G. FRED DIBONA,		
915 WAVERLY ROAD					JR. MEMORIAL		
GLADWYNE, PA 19010	GRANT MAKING	PENNSYLVANIA	501(C)(3)	PF	FOUNDATION	x	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(	j) (k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	amount in box	part	ral or Percentage <sup>aging</sup> ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No
	_										
	_										
	_										
	_										
	_										
	_										
	_										
	_										
	_										
	_										
	_										
	_										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	(i Sect 512(b contri enti	i) ;tion b)(13) rolled tity?
		country)				235013		Yes	No
	-								
	-								
	-								
	-								
								<u> </u>	<u> </u>
	-								
	-								
									<u> </u>
	-								
	-								
									<u> </u>
	-								
									1

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)			X
c Gift, grant, or capital contribution from related organization(s)		х	
d Loans or loan guarantees to or for related organization(s)			X
e Loans or loan guarantees by related organization(s)			X
f Dividends from related organization(s)			x
g Sale of assets to related organization(s)			X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)			X
k Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>		x
I Performance of services or membership or fundraising solicitations for related organization(s)			X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)			X
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p		x
<b>q</b> Reimbursement paid by related organization(s) for expenses			X
r Other transfer of cash or property to related organization(s)	<u>1r</u>		x
s Other transfer of cash or property from related organization(s)	1s		X

\_2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) DIBONA FAMILY FOUNDATION	С	81,817.	FMV
(2)			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

#### Schedule R (Form 990) 2022 G. FRED DIBONA, JR. MEMORIAL FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are Partne 501( org	<ul> <li>all</li> <li>rs sec.</li> <li>c)(3)</li> <li>s.?</li> <li>No</li> </ul>	(f) Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disprop tionat allocatio Yes N	or- amount in box 2 of Schedule K-1	Gene manipart	j) eral or aging ner? NO	<b>(k)</b> Percentage ownership

Schedule R (Form 990) 2022

	es to questions on Schedule R. See instructions.	
32165 09-14-22		Schedule R (Form 990) 202