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Form **990-PF**

Return of Private Foundation

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

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

2009

	For (caler	ndar year 2009, or tax ye	ar beginning		, and e	uqıng			
	GC	heck	call that apply:] Initial return	Initial return of a fo	ormer public o	harity	Final return	1	
				Amended return	Address chan	ge		Name change		
•	llen	the	IRS Name of foundation	1				A Employer identification number		
(2)		abel	l l							
2010				MILY FOUNDAT	ION			16-1575410		
2		print		O box number if mail is not de			Room/suite	B Telephone number		
-	01	r typ	e. 355 HIBIS	CUS AVENUE				561-838-88	82	
0	See	Spe	cific City or town state of		· · · · · · · · · · · · · · · · · · ·			C If exemption application is p		
MAY	Insti	ructi	ONS. PALM BEAC		•			D 1 Foreign organizations		
Ξ	H C	heck	type of organization:	X Section 501(c)(3) ex				Foreign organizations me check here and attach co		
		_	ection 4947(a)(1) nonexen		Other taxable private founda	ation				
 2	.					Accr	ual	E If private foundation sta under section 507(b)(1)		
	(fr	om i	Part II, col (c), line 16)	· · · · · · · · · · · · · · · · · · ·	ther (specify)			F If the foundation is in a	• •	
ENVELOPE.		\$	2,13	4 , 080 . (Part I, colu	ımn (d) must be on cash i	basis)		under section 507(b)(1)		
	Pa	om i •\$ •rt I	Analysis of Revenue a	nd Expenses umns (b), (c), and (d) may not	(a) Revenue and	1	vestment	(c) Adjusted net	(d) Disbursements	
180	,		The total of amounts in columnecessarily equal the amount	umns (b), (c), and (d) may not nts in column (a))	expenses per books		ome	income	for charitable purposes (cash basis only)	
•		1	Contributions, gifts, gran	nts, etc., received				N/A		
		2	Check X If the foundation	• •						
		3	Interest on savings and temp		30,160.	3	0,160.		Statement 1	
		4	Dividends and interest fr		57,827.	5	7,827.		Statement 2	
		-	Gross rents		0.7027		.,			
			Net rental income or (loss)							
			Net gain or (loss) from sale of	faccate not on line 10	<18,238.	>				
	Jue	h	Gross sales price for all	63,316.	120/2001					
	Revenue	7	assets on line 6a Capital gain net income (from			 	0.	RECE	IVED	
	Be	8	Net short-term capital ga	•			<u>~</u>		8	
		٥	Income modifications					O MAY O	R 2010 Q	
		102	Gross sales less returns and allowances	1				MAY 0	0 ZV10 J	
ĵ)		Less Cost of goods sold						<u> </u>	
2010			Gross profit or (loss)					OGDE		
69			Other income					UODL	, , , , , , , , , , , , , , , , , , , ,	
\bowtie		12	Total Add lines 1 through	nh 11	69,749.	8	7,987.			
>-		13	Compensation of officers, dir	· · · · · · · · · · · · · · · · · · ·	0.	,	0.		0.	
MAY		14	Other employee salaries	·			<u></u>	·····		
		15	Pension plans, employee	-						
<u>u</u>	è		Legal fees						······································	
SCANNED	enses		Accounting fees	Stmt 3	2,000.		0.		2,000.	
5	Exp		Other professional fees	J 0 J	2,000.		<u>~ •</u>		2,000.	
ن	ē E	17	Interest							
D	計	18	Taxes							
	Operating and Administrative	19	Depreciation and depletion	on				-		
	듩	20	Occupancy							
	Adr	21	Travel, conferences, and	meetings	4,256.	L	0.		4,256.	
	ğ	22	Printing and publications		1/2501				1/2300	
	ga	23	Other expenses	Stmt 4	5,513.		4,166.		1,347.	
	뜵	24	Total operating and adm	•	7.5.5		272000			
	ers		expenses. Add lines 13 f		11,769.		4,166.		7.603.	
	ဝီ	25	Contributions, gifts, gran		125,923.		-,		7,603. 125,923.	
		26	Total expenses and dist		123,723	-			<u> </u>	
		20	Add lines 24 and 25	vervollionių.	137,692.		4,166.		133,526.	
•	\dashv	27	Subtract line 26 from line	e 12	2.51,052.	٠				
			Excess of revenue over exper		<67,943.	>				
			Net investment income		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		3,821.	<u>. </u>		
			Adjusted net income (if n				<u> </u>	N/A		
5	2350				Act Notice see the instruct	tions		11/ A	Form 990-PF (2019)	

instructions.

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1 Cash - non-interest-bearing

3 Accounts receivable ►

4 Pledges receivable

disqualified persons 7 Other notes and loans receivable

8 Inventories for sale or use

b Investments - corporate stock

c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans Investments - other

5 Grants receivable

13

2 Savings and temporary cash investments

Less: allowance for doubtful accounts

Less: allowance for doubtful accounts

Less: allowance for doubtful accounts

10a Investments - U.S. and state government obligations

9 Prepaid expenses and deferred charges

14 Land, buildings, and equipment: basis

16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses

21 Mortgages and other notes payable 22 Other liabilities (describe

23 Total liabilities (add lines 17 through 22)

and complete lines 27 through 31.

30 Total net assets or fund balances

27 Capital stock, trust principal, or current funds

31 Total liabilities and net assets/fund balances

Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

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

29 Retained earnings, accumulated income, endowment, or other funds

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

Less accumulated depreciation 15 Other assets (describe ▶

18 Grants payable 19 Deferred revenue

24 Unrestricted 25 Temporarily restricted 26 Permanently restricted

6 Receivables due from officers, directors, trustees, and other

Part III Analysis of Changes in Net Assets or Fund Balance	s	
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
(must agree with end-of-year figure reported on prior year's return)	1	2,018,883.
2 Enter amount from Part I, line 27a	2	<67,943.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	1,950,940.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b),	line 30 6	1,950,940.
		Form 990-PF (2000)

▶ X

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Net Assets or Fund Balances

Beginning of year

(a) Book Value

270,680.

1,498,203.

2,018,883.

0.

1,950,940

1,950,940

2,018,883.

2,018,883.

2,018,883

250,000.

Stmt 5

Stmt 6

Part IV Capital Gains	and Losses fo	r Tax on Ir	vestmen	t Income					
	ribe the kind(s) of pro arehouse; or common				(b) How P - Pur D - Do	acquired rchase nation	(c) Date (mo., d		(d) Date sold (mo., day, yr.)
1a 650 SHARES FPL	GROUP IN	2	-			P	04/1	9/05	04/06/09
b 525 SHARES PIT						P	06/0		12/22/09
c 250 SHARES PIT	NEY BOWES	INC				P	07/2	2/05	12/22/09
d 525 SHARES PIT	NEY BOWES	INC				P	06/1	3/06	12/22/09
_e					<u> </u>				
(e) Gross sales price	(f) Depreciation (or allowa		(g) Co plus (st or other basis expense of sale		_		ain or (loss (f) minus	
a 33,609.				26,41					7,196.
<u>ь 11,997.</u>				23,06					<11,069.
c 5,713.				10,82					<u><5,111.</u>
d 11,997.	<u> </u>			21,25	1.				<u><9,254.</u>
<u>e</u>			<u></u>	10.00.1.00					
Complete only for assets showing			f					ol. (h) gaın ıot less thaı	
(i) F.M.V. as of 12/31/69	(j) Adjusted as of 12/3			cess of col. (1)	- 1	CO	Losses	(from col. (h))
	as 01 12/3		OVE	COI. (j), ii aiiy		_		-	7 106
<u>a</u>			 					_	7,196.
<u>b</u>			ļ						<11,069.
<u>c</u>									<5,111. <9,254.
<u>d</u>									<9,234.
<u>e</u>			l		$\overline{}$				
2 Capital gain net income or (net ca	pital loss) { If	gaın, also enter (loss), enter -0	r in Part I, line - in Part I, line	7 : 7	2	ļ		_	<18,238.
3 Net short-term capital gain or (los	s) as defined in secti	ons 1222(5) an	nd (6):						
If gain, also enter in Part I, line 8,	column (c).							/-	
If (loss), enter -0- in Part I, line 8 Part V Qualification U	adar Castian	1040/-\ 4	Daduasa	I Tay on Nat	3			N/A	
							301110		
(For optional use by domestic private	toundations subject	to the section 4	1940(a) tax or	i net investment in	come.)				
If section 4940(d)(2) applies, leave th	nis part blank.								
Niles the foundation habits for the soul	4040 4 45			Abo booo oou					Yes X No
Was the foundation liable for the sect If "Yes," the foundation does not qual				•	lour				L TES LA NO
1 Enter the appropriate amount in a					es.			_	
		(b)			(c)				(d) ution ratio
(a) Base period years Calendar year (or tax year beginnii	ng in) Adjusted	d qualifying dis	tributions	Net value of no		e-use assets	;	Distrib col. (b) div	ution ratio ided by col. (c))
2008	9/		6,966.		2 1	56,111		(00.11 (07 0.11	.054249
2007			6,483.			01,859			.033239
2006			5,845.			02,785			.052375
2005			9,861.			59,171			.044202
2004			2,884.			24,643			.050743
					,_,				
2 Total of line 1, column (d)							2		.234808
3 Average distribution ratio for the !	5-vear base period - d	livide the total o	on line 2 by 5.	or by the number	of vears				
the foundation has been in exister			, .,	,	,		3		.046962
	, , , , , , , , , , , , , , , , , , ,	•							
4 Enter the net value of noncharitab	le-use assets for 200	9 from Part X.	line 5				4		1,705,107.
5 Multiply line 4 by line 3							5		80,075.
6 Enter 1% of net investment incom	ne (1% of Part I. line 2	27b)					6		838.
	, , , , , , , , , , , , , , , , , , , ,							·	
7 Add lines 5 and 6							7		80,913.
8 Enter qualifying distributions from	Part XII, line 4						8		133,526.
If line 8 is equal to or greater than	•	in Part VI line	1h and comp	lete that part using	n a 1% tax	rate	اـــــــا		
See the Part VI instructions.	r, onoun ale bux	+ 1, 11116	.u, and comp	mar part usin	g u 170 laiA			_	
									000 DE (0000)

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	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	1948 -	see II	nstru	ctioi	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.		l			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1			8	<u>38.</u>
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
	Add lines 1 and 2	3			8	38.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			8	38.
6	Credits/Payments:					
	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 614					
	Exempt foreign organizations - tax withheld at source 6b	1 1				
	Tax paid with application for extension of time to file (Form 8868) 6c	1				
	Backup withholding erroneously withheld 6d	1				
	Total credits and payments. Add lines 6a through 6d	7			6	14.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				3.
_	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			2.	27.
9	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
10	Enter the amount of line 10 to be: Credited to 2010 estimated tax	11				
11	rt VII-A Statements Regarding Activities					
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven				Yes	No
ıa		, ,,,,		1a		X
	any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		X
D	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	nd or		15		
		eu oi				
	distributed by the foundation in connection with the activities			1c		х
	Did the foundation file Form 1120-POL for this year?			16		A
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.					
	(·/ = · · · · · · · · · · · · · · · · · ·	<u>-</u>				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
_	managers. ► \$			_		_v
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2_		X
_	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or		,		- T
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?).	/ 3	4a		
_	If "Yes," has it filed a tax return on Form 990-T for this year?	IA	/A	4b		x
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			:		<u> </u>
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of the state	e iaw			v	
	remain in the governing instrument?			6	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	_ <u></u>	
	If "Yes," complete Part II, col. (c), and Part XV.					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	NY					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			0.	v	
_	of each state as required by General Instruction G? If "No," attach explanation	d		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	endar				_v
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
<u>10</u>	Did any persons become substantial contributors during the tax year? If "Yes," attach a schodulo listing their names and addresses			n 990	DE	
			LOU	コップリ	-rr((2003)

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X

3b

4a

Yes X No

N/A

during the year?

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2009)

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 990-PF (2009) SNYDER FAMILY FOUNDATION Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	16-15754	10 Page 6
 5a During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section). (2) Influence the outcome of any specific public election (see section 4955), or 	n 4945(e))?		es X No	
 any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes (4) Provide a grant to an organization other than a charitable, etc., organization 	?	Y6	es X No	
509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary,			es X No	
the prevention of cruelty to children or animals?		Ye	es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit section 53.4945 or in a current notice regarding disaster assistance (see instru	ictions)?	iii negulaliviis	N/A	5b
Organizations relying on a current notice regarding disaster assistance check has been disaster assistance of the answer is "Yes" to question 5a(4), does the foundation claim exemption for expenditure responsibility for the grant?	rom the tax because it mainta		es No	
If "Yes," attach the statement required by Regulations section 53.494. 6a Did the foundation, during the year, receive any funds, directly or indirectly, to			ı	
a personal benefit contract?		Ye	es X No	_
b Did the foundation, during the year, pay premiums, directly or indirectly, on a part of the form 8870.			s X No	6b X
7a At any time during the tax year, was the foundation a party to a prohibited tax s b If yes, did the foundation receive any proceeds or have any net income attribut	able to the transaction?		N/A	7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors		inagers, Highly	<i>!</i> 	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deterred compensation	(e) Expense account, other allowances
	TRUSTEE			
355 HIBISCUS AVE	VARIOUS			0
PALM BEACH, FL 334804634	TRUSTEE	0.	0,	0.
LOUISE SNYDER 355 HIBISCUS AVE	LKOSTEE			
PALM BEACH, FL 334804634	VARIOUS	0.	0.	0.
	TRUSTEE	0.		<u></u>
53 NORTH MOORE STREET, APT. 2H	TRODILL			
NEW YORK, NY 10036	VARIOUS	0.	ο.	0.
LINSEY SNYDER	TRUSTEE			
118 STATE STREET, APT. 1	_			
BROOKLYN, NY 11201	VARIOUS	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000			<u> </u>	0

▶

0.

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
· a	Average monthly fair market value of securities	1a	1,501,322.
	Average of monthly cash balances	1b	229,751.
	Fair market value of all other assets	1c	
-	Total (add lines 1a, b, and c)	1d	1,731,073.
	Reduction claimed for blockage or other factors reported on lines 1a and		
٠	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,731,073.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	25,966.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,705,107.
6	Minimum investment return. Enter 5% of line 5	6	85,255.
	Distillate II A south a second of the second	············	00/000
LP	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	85,255.
2a	Tax on investment income for 2009 from Part VI, line 5		
ь	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	838.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	84,417.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	84,417.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	84,417.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		422 506
а	, , , , , , , , , , , , , , , , , , , ,	1a	133,526.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	133,526.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	838.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	132,688.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies fo	r the section

Part XIII Undistributed Income (see instructions)

	_		· · · · · · · · · · · · · · · · · · ·	
	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,	Joipus	1 σαι 3 μποι το 2000	2000	2000
line 7				84,417.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			105,352.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ►\$ 133,526.				
a Applied to 2008, but not more than line 2a			105,352.	· · · · · ·
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.	.,		
d Applied to 2009 distributable amount				28,174.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				56,243.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004	•			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010	_			
Subtract lines 7 and 8 from line 6a	0.			
O Analysis of line 9:				
a Excess from 2005				
b Excess from 2006 c Excess from 2007				
d Excess from 2008				
e Excess from 2009				
6 EVOCOO II OHI EVOO				Form 990-PF (2009)

	FAMILY FOUN				75410 Page 10
Part XIV Private Operating Fo	oundations (see in	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling or	r determination letter that	t it is a private operating			
foundation, and the ruling is effective for	r 2009, enter the date of t	the ruling	▶ <u> </u>		
b Check box to indicate whether the found	lation is a private operatir	ng foundation described i		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not	-				
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed				- 	
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)				 	
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)		ļ			
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income	L		6.11 6 1.4	1 - I OC 000	
Part XV Supplementary Info	•	-	it the foundation	naa \$5,000 or m	ore in assets
at any time during t		instructions.)			
1 Information Regarding Foundatio					
a List any managers of the foundation who			ributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed m	iore man \$5,000). (See s	section 507(u)(2).)			
BARRY SNYDER					
b List any managers of the foundation who			or an equally large porti	on of the ownership of a p	artnership or
other entity) of which the foundation has	s a 10% of greater interes	51.			
None					
2 Information Regarding Contributi					
Check here ► X if the foundation o					
the foundation makes gifts, grants, etc.	· · · · · · · · · · · · · · · · · · ·			ompiete items za, o, c, an	o u.
a The name, address, and telephone number	per of the person to who	m applications should be	addressed:		
				<u> </u>	
b The form in which applications should b	e submitted and informa	tion and materials they sh	ould include:		
c Any submission deadlines;					
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields,	kınds of institutions, or	other factors:	
923601 02-02-10				<u></u>	Form 990-PF (2009)
					(2000)

Supplementary information	(Continued)			
3 Grants and Contributions Paid During the Ye	ar or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year	or substantial contributor	recipient		
See Statement 7	L	<u> </u>	▶ 3a	125,923
Total b Approved for future payment None			► 3a	125,923

923611 02-02-10

Form 990-PF					16-1	.575410 Page 1
			usiness income	Excluded by	y section 512, 513, or 514	(e)
·	amounts unless otherwise indicated. service revenue;	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
•	Service revenue.	Code				
b		1 1		_ _		
f						
g Fees a	and contracts from government agencies					
	ship dues and assessments					
	on savings and temporary cash			1 1 1	30 160	
Investmer	nts s and interest from securities			14	30,160. 57,827.	
	I income or (loss) from real estate:				31,021.	
	financed property					
b Not de	ebt-financed property					
6 Net rental	I income or (loss) from personal					
property						
	estment income loss) from sales of assets other					
than inve	-			18	<18,238.	
	ne or (loss) from special events					
	ofit or (loss) from sales of inventory					
1 Other rev	enue:					
		_				
		1 1				
						
e						
	Add columns (b), (d), and (e)),	69,749.	
	ld line 12, columns (b), (d), and (e)				13	69,749
	eet in line 13 instructions to verify calculations.)					
Part XV	I-B Relationship of Activities	to the Accom	iplishment of	Exempt Pu	irposes	
Line No.	Explain below how each activity for which in				importantly to the accomp	lishment of
	the foundation's exempt purposes (other that	an by providing funds	for such purposes).			
				,		
						······
						
			-1			
						

923621 02-02-10

Pa	art X\	Information Re Exempt Organ		and Transactions	and Relationships With Nor	charitable	9	
1	Did th			ng with any other organization	on described in section 501(c) of		Yes	No
•			(3) organizations) or in section 52					
а			ition to a noncharitable exempt or					
(1) Cash						1a(1)		Х
		ther assets				1a(2)		X
Ь		transactions:						
	(1) S	ales of assets to a noncharitat	ole exempt organization			1b(1)		Х
	(2) P	urchases of assets from a nor	ncharitable exempt organization			1b(2)		Х
		ental of facilities, equipment, (1b(3)		X
		eimbursement arrangements				1b(4)		X
	(5) L	oans or loan guarantees				1b(5)		X
	(6) P	erformance of services or me	mbership or fundraising solicitation	ons		1b(6)		X
C	Sharii	ig of facilities, equipment, mai	iling lists, other assets, or paid em	ployees		1c	<u></u>	X
d					ways show the fair market value of the gi		sets,	
					ue in any transaction or sharing arrangen	nent, show in		
	colum	n (d) the value of the goods, o	other assets, or services received.					
(a)	ine no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of transfers, transaction	s, and sharing ar	rangeme	nts
	_		N/A					
				······································				
							-	
	-							
			·	<u> </u>				
								
			<u> </u>					_
_			L					
2a		•	ly affiliated with, or related to, one		izations described		T	٦.,.
		` '	than section 501(c)(3)) or in sec	11011 527 *		Yes	LA	No
<u> </u>	IT Yes	"," complete the following sche (a) Name of org		(b) Type of organization	(c) Description of rel	ationship		
_		N/A	anzanon	(b) Type of organization	(0) 2000 (1) (0)			
		N/A						
_								
								-
								
\neg	Under p	enalties of perjury, I declare that I ha	ave examined this return, including acco	mpanying schedules and staten	nents, and to the best of my knowledge and beli	ef, it is true, corre	ect,	
Ì	and con	plete Declaration of preparer (other	r than taxpayer or fiduciary) is based on	all information of which prepared	r has any knowledge			
	· /	Tracke Ol	m Ar	14/28/10	POA			
ě	Si	nature of officer or trustee		Date	Title			
Sign Here	•	Preserve A C	/ 0 /	Date Check if	Preparer's identif	ying nun	ber	
ign	s ≥	signature Rath	leen G. Greis		Y/a6//O self- employed ▶ □			
8	o aid	Firm's name (or yours CHIA	MPOU TRAVIS BES			-		
	Paid Preparer's Use Only	if self-employed), 45 B	RYANT WOODS NOR					
	<u>. </u>	address, and ZIP code AMHE			Phone no. 71	6-630-	240	0
						Form 990		

Form **222**(

Department of the Treasury

Underpayment of Estimated Tax by Corporations

See separate instructions

Attach to the corporation's tax return

Form 990-PF

OMB No 1545-0142

Internal Revenue Service
Name

Employer identification number

SNYDER FAMILY FOUNDATION

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

	Part I Required Annual Payment					
	Tatal tay (one instructions)			_		838.
1	Total tax (see instructions)				1	030.
2:	a Personal holding company tax (Schedule PH (Form 1120), line	e 26)	included on line 1	2a		
	b Look-back interest included on line 1 under section 460(b)(2)					
	contracts or section 167(g) for depreciation under the income			2b		
	(0)				<u> </u>	
	c Credit for federal tax paid on fuels (see instructions)			2c		
	d Total. Add lines 2a through 2c				2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do	not c	omplete or file this form. T	he corporation		
	does not owe the penalty				3	838.
4	Enter the tax shown on the corporation's 2008 income tax retu	urn (s	ee instructions). Caution:	If the tax is zero		
	or the tax year was for less than 12 months, skip this line ar	nd ent	ter the amount from line :	3 on line 5	4	<u>786.</u>
_	Beginned annual national Enter the smaller of line 2 or line	A 16 4	ha aarnaratian in raquirad	to skip line 4		
3	Required annual payment. Enter the smaller of line 3 or line enter the amount from line 3	4. 11 11	ne corporation is required	to skip iiile 4,	5	786.
T I	Part II Reasons for Filing - Check the boxes belo	w tha	t annly. If any hoves are c	hecked, the cornoration		700.
<u> </u>	even if it does not owe a penalty (see instructions).	, , , , , , , , , , , , , , , , , , ,	cappiy. If any boxes are o	nicoxea, the corporation	1103t 110 T 01111 2220	
6	The corporation is using the adjusted seasonal installing	nent (method.		···	
7	The corporation is using the annualized income install					
8	The corporation is a "large corporation" figuring its firs			the prior year's tax.		
F	Part III Figuring the Underpayment					
			(a)	(b)	(c)	(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the		05/15/00	06/15/00	00/15/00	12/15/00
10	Corporation's tax year	9	05/15/09	06/15/09	09/15/09	12/15/09
10	Required installments. If the box on line 6 and/or line 7					
	above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions					
	for the amounts to enter. If none of these boxes are checked.					
	enter 25% of line 5 above in each column.	10	197.	196.	197.	196.
11	Estimated tax paid or credited for each period (see	10	13/1	150.		
••	Instructions). For column (a) only, enter the amount					
	from line 11 on line 15	11	614.			
	Complete lines 12 through 18 of one column before					
	going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column	12		417.	221.	24.
		13		417.	221.	24.
14	· · · · · · · · · · · · · · · · · · ·	14				
	· · · · · · · · · · · · · · · · · · ·	15	614.	417.	221.	24.
16	If the amount on line 15 is zero, subtract line 13 from line					
	14. Otherwise, enter -0-	16		0.	0.	
17	Underpayment. If line 15 is less than or equal to line 10,	1				
	subtract line 15 from line 10. Then go to line 12 of the next					
	column. Otherwise, go to line 18	17				172.
18	Overpayment. If line 10 is less than line 15, subtract line 10					
	from line 15. Then go to line 12 of the next column	18	417.	221.	24.	
	Go to Part IV on page 2 to figure the penalty	. Do	not no to Part IV if there a	re no entries on line 17	- no nenalty is nwed	

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2009)

Form 2220 (2009)

Part IV Figuring the Penalty

							
			(a)	(b)	(c)		(d)
19	Enter the date of payment or the 15th day of the 3rd month						
	after the close of the tax year, whichever is earlier (see						
	instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	19					
20	Number of days from due date of installment on line 9 to the						
	date shown on line 19	20					
21	Number of days on line 20 after 4/15/2009 and before 7/1/2009	21					
						l.	
22	Underpayment on line 17 x Number of days on line 21 x 4% 365	22	\$	\$	\$ 	\$	
23	Number of days on line 20 after 08/30/2009 and before 10/1/2009	23		······································		<u> </u>	
24	Underpayment on line 17 x Number of days on line 23 x 4%	24	 \$	 \$	\$	\$	
	365						
25	Number of days on line 20 after 9/30/2009 and before 1/1/2010	25				ļ	
26	Underpayment on line 17 x Number of days on line 25 X 4%	26	\$	\$	\$	\$	
07	365	97	500	Attached W	orkshoot		
27	Number of days on line 20 after 12/31/2009 and before 4/1/2010	27	566	Accaened w	Orksheet		
28	Underpayment on line 17 x Number of days on line 27 X 4%	28	\$	\$	\$	\$	
20		20					
29	Number of days on line 20 after 3/31/2010 and before 7/1/2010	29					
30	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$	
31		31					
•	Named of days of this to and doubte to and bolists the first to	<u> </u>	· · · · · · · · · · · · · · · · · · ·				
32	Underpayment on line 17 x Number of days on line 31 x *96	32	\$	\$	\$	\$	
33	Number of days on line 20 after 9/30/2010 and before 1/1/2011	33					
34	Underpayment on line 17 x Number of days on line 33 x *% 365	34	\$	\$	\$ 	\$	<u>_</u> _
35	Number of days on line 20 after 12/31/2010 and before 2/16/2011	35					
20		,,	6	e e	e e	\$	
36	Underpayment on line 17 x Number of days on line 35 x *96 365	36	Ψ	\$	\$	Ψ	
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$	
00	Decelle. Add columns (a) through (d) of line 07. February	40.1 L	are and an Earth 1100- In	no 22:			
38	Penalty. Add columns (a) through (d) of line 37. Enter the to	idi I)	sie anu on roini 1120; III	ie 33,	38	s	3.

JWA

Form 2220 (2009)

^{*} Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov You can also call 1-800-829-4933 to get interest rate information.

Form 990-PF UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

lame(s)				Identifying Num	ber
SNYDER FAMI	LY FOUNDATION	1		16-1579	5410
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
05/15/09	197.	197.			
05/15/09	<614.>	<417.>			
06/15/09	196.	<221.>			
09/15/09	197.	<24.>			
12/15/09	196.	172.	151	.000109589	
					 .
			······································		-
nalty Due (Sum of Colum				<u>-</u>	

^{*} Date of estimated tax payment, withholding credit date or installment due date.

912511 04-24-09

Form **2848**

6

Power of Attorney

OMB No 1545-0150

,,			tion	of Re	presentative			Received by
Department of the Treasury Internal Revenue Service ► Type or print. ► See the separate instructions.						Name		
Part Power of Attorney							Telephone	
Caution: Form 2848 will not be honored for any purpose other than representation before the IRS								Function
1 Тахра	yer inform	ation. Taxpayer(s) must sign and date this	s form (on page 2,	line 9			Date / /
Taxpayer nar	ne(s) and a	ddress			Social security nun	nber(s)	Emplo numb	oyer identification er
SNYDER F	AMILY F	OUNDATION						
355 HIBIS	CUS AVE	NUE					16-15	75410
PALM BEA	ACH, FL 3	33480			Daytime telephone n	umber	Plan n	number (if applicable)
hereby appoil	nt(s) the fol	lowing representative(s) as attorney(s)-in-	fact					
2 Repre	sentative(s	s) must sign and date this form on page 2,	Part II					
Name and ad	dress				CAF No P0054			
		C/O CHIAMPOU TRAVIS BESAW & KERSHNER	₹			16) 630 ₋	-2400	
45 BRYAN	T WOOD	S NORTH			Fax No (716) 630			
AMHERST	, NY 142	28		Chec	k if new Address	Telephor	ne No L	Fax No
Name and ad	dress				CAF No	-		
					Telephone No			
			Fax No					
				Chec	k if new Address	Telephor	ne No L	Fax No
Name and ad	dress				CAF No			
					Telephone No Fax No			
				Chast		Talaaba		Towns [7]
				L	cif new Address	Telephor	140 F	Fax No
to represent t	ne taxpaye	r(s) before the Internal Revenue Service for	or the to	ollowing tax	matters			
3 Tax m	atters		,			,		
• •		come, Employment, Excise, etc)		-	orm Number	l .	•	s) or Period(s)
or (Civil Penalty	y (see the instructions for line 3)		(1040,	941, 720, etc)	(see	the ins	structions for line 3)
EXEMPT F	PRIVATE	FOUNDATION	FOR	VI 990-PF		2009-2	010	
		recorded on Centralized Authorization ee the Instructions for Line 4. Specific Us				a specific	use not	recorded on CAF,
5 Acts a	uthorized	. The representatives are authorized to rec	ceive ar	nd inspect of	confidential tax information	on and to p	erform a	any and all acts that
l (we) docum repres	can perforn ents The a entative or	n with respect to the tax matters described authority does not include the power to rec add additional representatives, the power information to a third party. See the line 5 ii	l on line eive ret to sign	3, for exar fund check certain retu	mple, the authority to sig s (see line 6 below), the irns, or the power to exe	n any agre power to s	ements, ubstitute	consents, or other another
See U section to the	nenrolled I n 10 3(d) of extent prov	unenrolled return preparer cannot sign any Return Preparer on page 1 of the instruct Treasury Department Circular No 230 (Cided in section 10 3(e) of Circular 230 Sectioner's (levels k and I) authority is limited (tions A ircular 2 e the lin	in enrolled 230) An en ne 5 instruc	actuary may only repres rolled retirement plan ad tions for restrictions on to	ent taxpay ministrator ax matters	ers to to may on partners	he extent provided in ity represent taxpayers In most cases,
List an	y specific a	idditions or deletions to the acts otherwise	author	zed in this	power of attorney			

Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, BUT NOT TO ENDORSE OR CASH, refund

Form 2848 (Rev. 8-2008)

Font 2	1846 (Rev. 6-2008)	Si	NYDER FAI	MILY FOUNDATION	16-1575410		Page 2	
7		unications. Original notices	and other w	ritten communications will b	e sent to you and a copy	/ to the		
а	first representative listed on line 2. a If you also want the second representative listed to receive a copy of notices and communications, check this box							
_	b If you do not want any notices or communications sent to your representative(s), check this box							
8	Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all							
	earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered							
	by this document. If you do not want to revoke a prior power of attorney, check here							
9	9 Signature of taxpayer(s). If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer. I certify that I have the authority to execute this form on behalf of the taxpayer.							
	▶ IF NOT SIGNE	ED AND DATED, THIS PO	OWER OF A	ATTORNEY WILL BE RI	ETURNED.			
	P			Machen				
		rupen		413/500	TRUSTEE			
		Signature I		Daté	Title (if :	applicable)		
BAR	RY SNYDER Print Name	PINN	lumber	SNYDER FAMILY F	OUNDATION xpayer from line 1 if o	ther than Individua	al	
		Signature		Date	Title (if	applicable)		
		Γ						
	Print Name	PINI	lumber					
Par	De la retir	on of Representative			·			
Under la la cou la	m aware of regulation stants, enrolled agent m authorized to repression one of the following Attorney—a memb Certified Public Ac Enrolled Agent—el Officer—a bona fid Full-Time Employe Family Member—e Enrolled Actuary—practice before the Unenrolled Return 10.7(c)(1)(vii). You Raturn Preparer of Student Attorney—10.7(d) of Circular Student CPA—student CPA—student Retirement before the Internal	I declare that: I suspension or disbarment for contained in Circular 230 its, enrolled actuaries, and of its enrolled actuaries, and of its enrolled actuaries, and of its er in good standing of the becountant—duly qualified to purolled as an agent under the entitled as an agent under the entitled as an actuary by the internal Revenue Service is Preparer—the authority to promise the entitle of the instructions, student who receives permission dent who receives permission dent who receives permission.	(31 ČFR, Parthers; ed in Part I for ar of the higher ractice as a ce requirement governmediate fame a Joint Board Ilmited by se ractice before sturn in quest procession to practice in the practice in the practice of the practice in the practice of the practice in the practice of the pr	t 10), as amended, concern the lax matter(s) specified est court of the junsdiction secretified public accountant in the of Circular 230. The country of the junsdiction secretified public accountant in the of Circular 230. The country of the Enrollment of Actual ection 10.3(d) of Circular 234 the Internal Revenue Service and the return must be ince before the IRS by virtue of the country of the IRS by virtue of the country of the count	aling the practice of attornal there; and shown below. In the jurisdiction shown to the jurisdiction for the jurisd	pelow. 42 (the authority to 230, section he IRS. See Unerro student under section dent under section e authority to practic	olied m	
		See the Part II instruction Jurisdiction (state) or			TIED, THE POWER C	TATIONNET W	·	
	ove letter (a-r)	Identification	1	Signature		Date		
	A,B	NEW YORK	Oa.	<u>C</u>		4/20/10		
			<u> </u>	! 				
		1						

REPORTING PAYMENTS FOR PROFESSIONAL SERVICES

Organization:

Snyder Family Foundation

FEIN:

16-1575410

Tax Year Ending:

December 31, 2009

Attachment to Form 990-PF, Part I, Line 16(b), Column (a)

Name of Provider

Type of Service Provided

Amount Paid

Line 16(b), Accounting Fees:

Chiampou Travis Besaw & Kershner

Preparation of 990-PF and

\$2,000

various other issues relating

to the foundation

Form 990-PF Interest on Sav	ings a	nd Tem	porary C	ash I	nvestments	Statement	1
Source						Amount	
CITI PRIVATE BANK 15F-04157 CITI PRIVATE BANK 15F-04434 FNB CAPITAL CORP.							98. 62.
Total to Form 990-PF, Part I	, line	3, Co	lumn A			30,1	60.
Form 990-PF Dividend	ds and	Inter	est from	Secu	rities	Statement	2
Source		Gross	Amount		ital Gains ividends	Column (A Amount)
CITI PRIVATE BANK 15F-04434			57,827.		0.	57,8	27.
Total to Fm 990-PF, Part I,	ln 4		57,827.		0.	57,8	27.
Form 990-PF	Ac	counti	ng Fees			Statement	3
Description	Expe	a) nses Books	(b) Net Inve		(c) Adjusted Net Incom		
		2,000.		0.		2,00	00.
To Form 990-PF, Pg 1, ln 16b		2,000.		0.		2,00	00.
Form 990-PF	0	ther E	xpenses			Statement	4
Description	Expe	a) nses Books	(b) Net Inve		(c) Adjusted Net Incom		
INVESTMENT FEES OFFICE EXPENSE		4,166. 1,347.	4	,166.		1,34	0. 47.
To Form 990-PF, Pg 1, ln 23		5,513.	4	,166.		1,34	17.

Form 990-PF	Corporate Stock		Statement 5
Description		Book Value	Fair Market Value
VARIOUS CORP STOCK		1,624,626.	1,807,766.
Total to Form 990-PF, Part	II, line 10b	1,624,626.	1,807,766.
Form 990-PF	Corporate Bonds		Statement 6
Description		Book Value	Fair Market Value
ICE ACQUISITION - CORP DEBT	· @ 12%	250,000.	250,000.
	II, line 10c	250,000.	250,000.

Statement 7

Form 990-PF

Pai	d During the Year	
Recipient Name and Address	Recipient Relationship and Purpose of Grant	Amount
BUFFALO URBAN LEAGUE 15 EAST GENESEE STREET BUFFALO, NY 14203	CHARITABLE CONTRIBUTION	250.
CANCER ACTION NETWORK/AMERICAN CANCER SOCIETY P.O. BOX 29427 ATLANTA, GA 30359	CHARITABLE CONTRIBUTION	100.
DRAMAWORKS PALM BEACH 322 BANYAN BOULEVARD WEST PAL BEACH , FL 33401	M CHARITABLE CONTRIBUTION	1,000.
FLORIDA STAGE COMPANY 262 SOUTH OCEAN BOULEVARD MANALAPAN, FL 33462	CHARITABLE CONTRIBUTION	350.
FORDHAM UNIVERSITY 888 SEVENTH AVENUE NEW YORK, N 10019	Y CHARITABLE CONTRIBUTION	2,000.
GARDEN CLUB OF PALM BEACH 24 ARTS PLAZA PALM BEACH, FL 33480	CHARITABLE CONTRIBUTION	200.
GETTING TOOLS TO CITY SCHOOLS 262 AINSLIE STREET BROOKLYN, NY 11211	CHARITABLE CONTRIBUTION	100.
HUMAN RIGHTS WATCH FOUNDATION 350 FIFTH AVENUE #4515 NEW YORK, NY 10118	CHARITABLE CONTRIBUTION	250.

Grants and Contributions

SNYDER FAMILY FOUNDATION		16-1575410
JEWISH FEDERATION OF GREATER BUFFALO 787 DELAWARE AVENUE BUFFALO, NY 14209	CHARITABLE CONTRIBUTION	5,000.
JEWISH GENEALOGICAL SOCIETY OF PALM BEACH P.O. BOX 7796 DELRAY BEACH, FL 33482-7796	CHARITABLE CONTRIBUTION	200.
JOHN THEURER CANCER CENTER 30 PROSPECT AVE HACKENSACK , NJ 07601	CHARITABLE CONTRIBUTION	500.
KRAVIS CENTER 701 OKEECHOBEE BOULEVARD WEST PALM BEACH, FL 33401	CHARITABLE CONTRIBUTION	250.
LAWRENCE D. JACOBS MEMORIAL FOUNDATION PO BOX 338 BUFFALO, NY 14205	CHARITABLE CONTRIBUTION	100,000.
LAWRENCE D. JACOBS MEMORIAL FOUNDATION PO BOX 338 BUFFALO, NY 14205	CHARITABLE CONTRIBUTION	47.
MARIA LOVE FUND PO BOX 293 BUFFALO, NY 14213	CHARITABLE CONTRIBUTION	1,000.
MILK CAN THEATRE COMPANY 260 WEST 52ND STREET #23A NEW YORK, NY 10019	CHARITABLE CONTRIBUTION	200.
MORGAN LIBRARY 225 MADISON AVE NEW YORK, NY 10016	CHARITABLE CONTRIBUTION	24.
MUSEUM OF MODERN ART 11 WEST 53 STREET NEW YORK, NY 10019	CHARITABLE CONTRIBUTION	300.

SNYDER FAMILY FOUNDATION		16-1575410
PALM BEACH CIVIC ASSOCIATION 139 NORTH COUNTY ROAD PALM BEACH, FL 33480	CHARITABLE CONTRIBUTION	100.
PLANNED PARENTHOOD 801 VILLAGE BLVD #304 WEST PALM BEACH, FL 33409	CHARITABLE CONTRIBUTION	5,300.
RIDE FOR ROSWELL ELM AND CARLTON STREETS BUFFALO, NY 14263	CHARITABLE CONTRIBUTION	150.
ROSWELL PARK ELM AND CARLTON STREETS BUFFALO, NY 14263	CHARITABLE CONTRIBUTION	2,500.
SOCIETY OF THE FOUR ARTS 2 FOUR ARTS PLAZA PALM BEACH, FL 33480	CHARITABLE CONTRIBUTION	2,000.
ST MARY'S SCHOOL FOR THE DEAF 2253 MAIN STREET BUFFALO, NY 14214	CHARITABLE CONTRIBUTION	50.
SUSAN G. KOMEN FOR THE CURE 5005 LBJ FREEWAY, SUITE 250 DALLAS , TX 75244	CHARITABLE CONTRIBUTION	200.
VANCOUVER MUSEUM 110 CHESTNUT STREET VANCOUVER , British Columbia, CANADA V6J 3J9	CHARITABLE CONTRIBUTION	77.
WEINBERG CAMPUS 2700 NORTH FOREST RD. GETZVILLE, NY 14068	CHARITABLE CONTRIBUTION	2,600.
WNED P.O. BOX 1263 BUFFALO, NY 14240	CHARITABLE CONTRIBUTION	1,000.

SNYDER FAMILY FOUNDATION

16-1575410

WPBT TV2

P.O. BOX 610002 MIAMI, FL 33261-0002

CHARITABLE CONTRIBUTION 175.

Total to Form 990-PF, Part XV, line 3a

125,923.

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