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Foi

For c	alendar yea: 2014 c	r tax year beginning	► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf . A year beginning DEC 30, 2014, and ending DEC 31, 2014					Open to Public) 1 4	
Nan	ne of foundation		-	<u> </u>			·	A Employer identific	ation number
		FAMILY CHAR							
		N. HOLZAPFE			E			38-71290	
	,	ox number if mail is not delive		address)			Room/suite	B Telephone number	
	·····	TAIN HEAD R					_ 	301-733-	
	or town, state or pro AGERSTOWN	ovince, country, and ZIP (, MD 21742	or toreign p	ostai code	e			C If exemption application	on is pending, check here
	heck all that apply	X Initial return			Initial return of a fo	rmer public o	harity	D 1 Foreign organiza	ations, check here
		Final return			Amended return				·
		Address chan	<u> </u>		Name change		 	Z. Foreign organization check here and atta	ons meeting the 85% test, ach computation
H C	heck type of organiza								on status was terminate
<u> </u>		nonexempt charitable tr			able private founda			1	(b)(1)(A), check here
		· 1	Account	-		Accr	ual		in a 60-month termina
(11°	om Part II, col (c), .¢	827,765.		her (spec		hasis.)		under section 507((b)(1)(B), check here
	Analysis of R	evenue and Expenses	•••	l	Revenue and	(b) Net in	vestment	(c) Adjusted net	(d) Disburse
	(The total of amo	unts in columns (b), (c), and (il the amounts in column (a))	d) may not		nses per books	inco		income	for chantable p (cash basis
	1 Contributions,	gifts, grants, etc., receive	d		827,765.			N/A	
		f the foundation is not required to at	ach Sch 8					,	
	3 Interest on saving cash investments						· · · · -		
		nterest from securities				<u> </u>	 	 	
	5a Gross rents b Net rental income	or (loss)						<u> </u>	
_	۱ ـ	from sate of assets not on line	10						
une	b Gross sales price assets on line 6a		, , , ,			,			
Revenue	7 Capital gain net in	come (from Part IV, line 2)					0.		
ш	8 Net short-term	capital gain				 			
	9 Income modific								
	10a and allowances	dId					······		
	b Less Cost of goo c Gross profit or								
	11 Other income	()							
	12 Total. Add line	s 1 through 11			827,765.		0.		
	·	officers, directors, trustees, e	tc		0.		0.		
	' '	e salaries and wages							
es	15 Pension plans,	employee benefits							
ens	16a Legal fees b Accounting fee	s							
Exp	c Other profession	_							
Administrative Expenses	17 Interest	21.							
trat	18 Taxes	ON ON Francis		<u>.</u>					
ind Administrat	19 Depreciation ar	id depletion						-	
μþ	20 Occupancy " 21 Travel confere			-					
ō	21 Travel, contere	nces, and meetings		<u> </u>	· · · · · · · · · · · · · · · · · · ·			-	
							- · -· ·		
7 Operating	24 Total operating	, g and administrative							
be -	expenses Add	l lines 13 through 23			0.		0.		
-C	25 Contributions,			<u> </u>	0.			-	
•	20 10.0. 0xp000	s and disbursements.			0.		0		
3	Add lines 24 ar			ļ	U •		0.	•	
	27 Subtract line 20	o Trom line 12 e over expenses and disburse	mente		827,765.				
	<u> </u>	t income (if negative, enter		· · · · · · · · · · · · · · · · · · ·		·	0.		
	c Adjusted net in	ICOM8 (if negative, enter -0-						N/A	
4235 11-24		perwork Reduction Act N		ınstructio	ons				Form 990-1

Part III Analysis of Changes in Net Assets or Fund Balances

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	0
2	Enter amount from Part I, line 27a	2	827,765
3	Other increases not included in line 2 (itemize)	3	0
4	Add lines 1, 2, and 3	4	827,765
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	827,765

	JAMES N. HOLZA					38	<u>-7129</u>	012	Page 3
Part IV Capital Gains	and Losses for Tax on	Investmen	t Income	1651					
(a) List and desc	ribe the kind(s) of property sold (e arehouse; or common stock, 200 s	g real estate,		` Þ	low acquired - Purchase	(c) Date ac (mo , day		(d) Date (mo , da	
	arenouse, or common stock, 200 s	IIS IVILO CO)		│	- Donation	(1110 , 00)	, ,, ,	(1110 , 00	7,3,1
1a NO	NE			 			+		
	NE			+-					
d d			•	\vdash					
e				 					
	(f) Depreciation allowed	(a) Co	est or other basis			(h) Gair	or (loss)		
(e) Gross sales price	(or allowable)		expense of sale				f) minus (g	1)	
a									
b									
C		ļ							
<u>d</u>							-		
0	(1)		10/04/00						
Complete only for assets snowl	ng gain in column (h) and owned b	1			C	(I) Gains (Col ol (k), but no	h) gain r) t less than	ninus -0-) or	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col (I) r col (J), if any		ŭ	Losses (f	rom col (h)) , 5.	
a			(),,,					-	
b		1							
C	== 1,511 . = 1					•			
d								-	
e	,								
	∫ If gain, also ent	ter in Part I, line	÷ 7)					
2 Capital gain net income or (net ca	apital loss) { If gain, also ent If (loss), enter-	-0- in Part I, line	e 7	<i>J</i>	2				
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5)	and (6)		٦	}				
If gain, also enter in Part I, line 8,				•					
If (loss), enter -0- in Part I, line 8 Part V Qualification U	Inder Section 4940(e) fo	or Reduced	d Tay on Net	Inv	stment In	come			
(For optional use by domestic private								N/A	.
		11 4540(0) (0x 0)	ii not mvostment n	100.110	1			,	
f section 4940(d)(2) applies, leave t	his part blank								
Was the foundation liable for the sec	tion 4942 tax on the distributable a	amount of any y	ear in the base pe	11093				Yes	☐ No
f "Yes," the foundation does not qua									
	each column for each year, see the	instructions be	efore making any e	entries		- , 		(4)	
(a) Base period years	(b) Ing in) Adjusted qualifying d	lietributione	Not value of no	(C)	itable-use asset	, ,	Distribi	(d) ition ratio	
Calendar year (or tax year beginni	ing in) Adjusted qualifying u	113(1100(10113	ivet value of fit		114010-030 43301	'2 (C	OI (D) divid	ded by col	(C))
2013									
2012 2011			 						
2010									
2009									
	· · · · · · · · · · · · · · · · · · ·		•						
2 Total of line 1, column (d)						2			
3 Average distribution ratio for the	5-year base period - divide the total	al on line 2 by 5	, or by the number	r of yea	ars				
the foundation has been in existe	ence if less than 5 years					3			
4 Enter the net value of noncharital	ble-use assets for 2014 from Part)	K, line 5				4			
						_			
Multiply line 4 by line 3						5			
S Enter 1% of not investment incor	710 /1% of Part I line 97h)								
5 Enter 1% of net investment incor	110 (1 /0 UI FAIL I, IIIIU 2/U)					6			
7 Add lines 5 and 6						7			
						 +			
8 Enter qualifying distributions from	m Part XII, line 4					8			
If line 8 is equal to or greater than	n line 7, check the box in Part VI, lii	ne 1b, and com	plete that part usin	ng a 19	% tax rate				
See the Part VI instructions									

10

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

HOLZAPFEL FAMILY CHARITABLE FOUNDATION

38-7129012 C/O JAMES N. HOLZAPFEL, TRUSTEE Form 990-PF (2014) Page 5 Part VII-A Statements Regarding Activities (continued) 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of Х 11 section 512(b)(13)? If "Yes," attach schedule (see instructions) 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? X If "Yes," attach statement (see instructions) 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 N/A Website address ▶ Telephone no ▶301-733-2353 14 The books are in care of ▶ THE FOUNDATION ZIP+4 ▶21742 Located at ▶ 13011 FOUNTAIN HEAD ROAD, HAGERSTOWN, MD 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A 15 and enter the amount of tax-exempt interest received or accrued during the year 16 At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, Yes No 16 Х securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1) If "Yes," enter the name of the foreign country Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly) Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations N/A section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? 10 Organizations relying on a current notice regarding disaster assistance check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected X before the first day of the tax year beginning in 2014? 1c 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning Yes X No before 2014? If "Yes," list the years b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach N/A 2b statement - see instructions) c if the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No during the year? b If "Yes," did it have excess business holdings in 2014 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, N/A Form 4720, to determine if the foundation had excess business holdings in 2014) 3:) X 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?

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Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	es X No		
(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on, directly or indire				
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y ₆	ıs X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
4945(d)(4)(A)? (see instructions)		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				
the prevention of cruelty to children or animals?		Y6	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described i	n Regulations	/-	Ì	
section 53 4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr					
expenditure responsibility for the grant?		I/A YE	es Li No		
If "Yes," attach the statement required by Regulations section 53.4945					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on	 -			
a personal benefit contract?		Ye	es X No	_	.,
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		-	6b	<u> </u>
If "Yes" to 6b, file Form 8870		<u></u>	[1 27]		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu	_		N/A	7b	
Part VIII Information About Officers, Directors, Truston Paid Employees, and Contractors	ees, Foundation Ma	inagers, Highly	/		
List all officers, directors, trustees, foundation managers and their	compensation.		<u> </u>		
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) E	xpense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	accou	nt, other wances
JAMES N. HOLZAPFEL	TRUSTEE	Cities 0 /	compensation	1 4110	
13011 FOUNTAIN HEAD ROAD					
HAGERSTOWN, MD 21742-2768	1.00	0.	0.	ļ	0.
	TRUSTEE			İ	
13011 FOUNTAIN HEAD ROAD				Ì	
HAGERSTOWN, MD 21742-2768	1.00	0.	0.		0.
					
		ļ		l	
				ŀ	
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) E	xpense nt, other
	hours per week devoted to position	(C) Compensation	and deferred compensation		wances
NONE				1	
				ļ	
				İ	
.,				ļ	
				<u> </u>	
				<u> </u>	
	(B)	L		<u> </u>	
Total number of other employees paid over \$50,000			<u> </u>		0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	•
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
	<u>'</u>
1 <u>N/A</u>	
0	
2	
3	
3	
4	
Part IX-B Summary of Program-Related Investments	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 <u>N/A</u>	
2	
All other program-related investments. See instructions	
3	
· · · · · · · · · · · · · · · · · · ·	
TALAMIN AMERICA	> 0
Total. Add lines 1 through 3	▶ 0

Page 8

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, s	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	0. 827,765.
C	Fair market value of all other assets	10	
đ	Total (add lines 1a, b, and c)	1d	827,765.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	827,765.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	12,416.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	815,349.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	223.
P	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.)	id certain	
1	Minimum investment return from Part X, line 6	1	223.
2a	Tax on investment income for 2014 from Part VI, line 5		
	Income tax for 2014 (This does not include the tax from Part Vi) 2b		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	223.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	223.
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	223.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		_
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	<u> </u>
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		3a	
þ	Cash distribution test (attach the required schedule)	3 <u>b</u>	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
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	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	0.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for	the section

C/O JAMES N. HOLZAPFEL, TRUSTEE

1 Distributable amount for 2014 from Part XI,		(a)	(b)	(c)	(d)
Inter 7 2 Usustamental concern, dam, as of the end of 2014 2 Enter amount for 2013 only 5 Total for prior years 0 . 5 Excess distributions carryover, if any, to 2014 2 From 2010 2 From 2010 2 From 2011 3 From 2010 3 From 2011 4 From 2012 4 From 2013 5 From 2011 5 From 2011 6 From 2011 6 From 2012 6 From 2011 7 Total of nies 3a through e 1 Total of nies 3a through e 1 Total of nies 3a through e 1 Total of nies 3a through e 2 O . 4 Applied to undistributions for 2014 from Past XII, sine 4 P S	Dot had been seen and a control of the control of t	Corpus	Years prior to 2013	2013	2014
a Extes amount for 2013 only b Total for pnor years C Excess distributions carryover, if any, to 2014 a From 2010 c From 2011 d From 2012 e From 2011 d From 2012 e From 2013 d Total to fines 3s through e Outling to County to the county of the county o					223.
3 Excess distributions carryover, if any, to 2014 a From 2019 b From 2010 c From 2011 d From 2012 e From 2013 1 Total of lines 3a through e 4 Qualying distributions for 2014 from Part XII, time 4 h S O Applied to 2015, but not more than line 2a Applied to 2015, but not more than line 2a Applied to 2015, but not more than line 2a Applied to 2015, but not more than line 2a Applied to 2015, but not more than line 2a Applied to 2014 distributible amount d Applied to 2014 distributible amount Applied to 2014 distribution amount Applied to 2014 distributible amount Applied to 2014 distributible amount Applied to 2014 distributible amount	· · ·				
S Excess distributions carryover, if any, to 2014 a From 2009 b From 2010 c From 2011 d From 2012 e From 2011 d From 2012 e From 2013 I Total of lines 3a through e 1 Total of lines 3a through e 1 Total of lines 3a through e 2 Applied to 2015, but not more than line 2a Applied to 2015, but not more than line 2a Applied to 2015, but not more than line 2a Applied to 2015, but not more than line 2a Applied to 2015, but not more than line 2a Applied to 2015, but not more than line 2a Applied to 2015, but not more than line 2a Applied to 2014 distributions out of corpus (Election required -see instructions) c F instell as distributions out of corpus (Election required -see instructions) c F total as distributions acrops expense the 2014 applied to 2014 distributions amount a Remaining amount distributed out of corpus c Focase communician surpous applied to 2014 and the violence acrops applied to 2015 and 2014 a	a Enter amount for 2013 only			0.	.
3 Excess distributions carryover, if any, to 2014 a From 2009 b From 2010 c From 2012 e From 2013 1 Total of lines 3s strough e 4 Qualifying distributions for 2014 from Part XII, line 4 № S 0 Applied to 2013, but not more than line 2a Applied to 2013, but not more than line 2a Applied to addistribution strong out of corpus (Election required - see instructions) 5 Trianted as distributions out of corpus (Election required - see instructions) 6 Applied to 2014 distributable amount e Remaning amount distributed out ocropus 6 Election required - see instructions) 7 Election strong amount distributed out ocropus 9 Celection required - see instructions) 9 C = Election than to 4 to 1 to 1 to 1 to 1 to 1 to 1 to 1	b Total for prior years		0		
EFROM 2010 • From 2017 • From 2018 • Total of lines 3a through e 4 Qualifying distributions for 2014 from Part XII, Ina 4 № \$ 0. • Apopted to 2015, but not more than ine 2a • Apopted to 2015, but not more than ine 2a • Apopted to 2015, but not more than ine 2a • Apopted to 2014 distributions out of corpus (Election required -see instructions) • Apopted to 2014 distributions out of corpus (Election required -see instructions) • Apopted to 2014 distributions out of corpus • Clercon termined -see instructions • Apopted to 2014 distributions out of corpus • Electer the net lotal of each column as indicated below. • Compare Admined to Electron •	3 Excess distributions carryover, if any, to 2014				······································
From 2011 d from 2012 e-from 2013 1 Total of lines 3a through e 1 Cualifying distributions for 2014 from Part XII, line 4 ► S 2	a From 2009				
d From 2012 eFrom 2013 I Total of line 33 through e 0. 4 Cualifying distributions for 2014 from Part XII. In at PS S O. 3 Appiled to 2013, but not more than line 23 b Appiled to undertributed income of prior years (Election required -see instructions) C Treated as distributions out of corpus (Election required -see instructions) O. 4 Appiled to 2014 distributable amount of Remaining amount distributed out of corpus (Election required -see instructions) O. 5 Exercise scenarious exprises a south of the same amount must be shown in column (a)? Enter the net total of each Column as indicated below. O. 5 Exercise scenarious exprises a distribution south of the same amount must be shown in column (a)? Enter the net total of each Column as indicated below. O. 5 Exercise scenarious exprises a distribution south of the same amount must be shown in column (a)? Feliate the net total of each Column as indicated below. O. 5 Exercise scenarious exprises a distribution south of the same amount must be shown in column (a)? Feliate the net total of each Column as indicated below. O. 5 Exercise scenarious exprises a distribution south of proxy years' undistributed income Subtract line 4b from line 2b O. 6 Exercise from 4012 (a) such as been previously assessed 4 Subtract line 6b from line 6b Taxable amount - see instructions O. 1 Undistributed income for 2014 Subtract line 4s from line 12 Taxable amount - see instructions O. 1 Undistributed income for 2014 Subtract line 4s from line 12 Taxable amount - see instructions O. 8 Excess from 1010 (a) Subtract line 4s and 5 from line 1 Tha amount must be distributions carryover trom 2009 not applied on line 5 or line 7 O. 9 Excess distributions carryover trom 2009 not applied on line 5 or line 7 9 Excess from 2011 (a) Excess from 2014 Excess from 2014	b From 2010				
I Total of lines 3a through e O . 4 O . Usuallying distributions for 2014 from Part XII. line 4 ► 5 O . 2 A applied to 2013. but not more than line 2a D A papeled to undistributed income of prior years (Election required - see instructions) S T-realed as distributions out of corpus (Election required - see instructions) O . 5 Exerce distributions carryover applies to 2014 O . 6 D . 7 D . 7 D . 7 D . 8 D . 8 D . 9 D	c From 2011				
I Total of lines 3s through e 4 Qualifying distributions for 2014 from Part XII. Inst. 4 ► S Q . a Appleed to 2013, but not more than line 2s b. Appleed to moststributed income of pror years (Election required - see instructions) 1 Treated as distributions out of corpus (election required - see instructions) 4 Appleed to 2014 distributable amount e Remaning amount distributed of ordins 5 Excess constructions carryover applied to 2014 (if an emoral repairs in column (it is a mare amount must be active in column (it is a mare amount must be active in column (it is a mare amount must be active in column (it is a mare amount must be active in column (it is a mare amount must be active in column (it is a mare amount must be active in column (it is a mare amount must be active in column (it is a mare amount must be active in column (it is a mare amount must be active in column (it is a mare amount must be active in column (it is a mare amount must be active in column (it is a mare amount must be active in column (it is a mare amount must be active in column (it is a mare amount in the 2 to 0. Enter the net tatal of each column as indicated below. 3 Comps Ada disea 3t 4, and 4s. Subtract line 4 Drom line 20 Enter the amount of pror years' undistributed income for version indistributed income for version indistributed income for version indistributed income for 2013 Subtract line 4 form line 20 Taxable amount - see instructions e Undistributed income for 2014 Subtract lines 4d and 5 form line 1 This amount must be distributed in 2015 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(f) or 4942(b)(3) (Flection may be required - see instructions) 8 Excess form 2014 Excess from 2014 Excess from 2014 Excess from 2014 Excess from 2014	d From 2012				
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	8 EXCESS From 2014 423581				

HOLZAPFEL FAMILY CHARITABLE FOUNDATION Page 10 C/O JAMES N. HOLZAPFEL, TRUSTEE 38-7129012 Form 990-PF (2014) N/A Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling 4942(j)(5) b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) cr Tax year Prior 3 years 2 a Enter the lesser of the adjusted net (e) Total (a) 2014 (b) 2013 (c) 2012 (d) 2011 income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 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) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV | Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax

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

JAMES N. HOLZAPFEL

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

NONE

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

Check here \(\sum \big| \sum \big| \sum \big| \lambda \) if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

- a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed
- b The form in which applications should be submitted and information and materials they should include
- c Any submission deadlines
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

C/O JAMES N. HOLZAPFEL, TRUSTEE

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Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Ye	ear 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			,	
	i			
NONE				
NONE				
		_		
Total			▶ 3a	0.
b Approved for future payment				
NONE				
NONE				
		-		
Total			▶ 3b	0.

C/O JAMES N. HOLZAPFEL, TRUSTEE

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Exclu	ided by section 512, 513, or 514	(e)	
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income	
1 Program service revenue	code	7.1100110	code	Amount		
a			ļ			
b					-	
c						
d			<u> </u>			
e			<u> </u>			
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
investments						
4 Dividends and interest from securities						
5 Net rental income or (loss) from real estate						
a Debt-financed property						
b Not debt-financed property					· · · · · ·	
6 Net rental income or (loss) from personal			1			
property 7. Other investment income						
7 Other investment income			 			
8 Gain or (loss) from sales of assets other						
than inventory			ļ		<u></u>	
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory			ļ			
11 Other revenue						
a						
b						
c			ļ			
d						
e	<u> </u>					
12 Subtotal Add columns (b), (d), and (e)		0.		0.	0.	
13 Total. Add line 12, columns (b), (d), and (e)				13	0.	
(See worksheet in line 13 instructions to verify calculations.)						
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	emp	t Purposes		
Line No Explain below how each activity for which incon	na ia ranastad	un column (a) of Part VVI.A	contri	hutad importantly to the energy	nalishment of	
the foundation's exempt purposes (other than b			Contin	bated importantly to the accom	npasament of	
the realisation of exempt perpenses (eather than a	y providing it	ando for odon purposco,		 		
						
						
						
						
		·				
						

Part XVII	•		nsfers To a	and Transactions	and Relations	nips With Nonchari	table	•	
1 Did the or	Exempt Organi		of the followin	ig with any other organizati	ion decombed in costs	on 501(a) of		Yes	No
•				ig with any other organizati 27, relating to political orga) 1 50 1(c) 01	-	163	110
	from the reporting founda				IIIZAGONS*				
(1) Cash	. •	tion to a nononant	abio oxompt of	gumzation of			1a(1)		Х
(2) Othe						Į.	1a(2)		X
b Other tran									
(1) Sales	of assets to a noncharitat	ole exempt organiza	ation				16(1)		X
(2) Purc	hases of assets from a nor	icharitable exempt	organization				1b(2)		X
(3) Renta	al of facilities, equipment, o	or other assets				[1Ь(3)		Х
(4) Reim	bursement arrangements						1b(4)		X
(5) Loan	s or loan guarantees						1b(5)		X
(6) Perfo	rmance of services or mer	mbership or fundra	ising solicitatio	ns			1b(6)		<u> X</u>
_	f facilities, equipment, mai	-		• •			10		<u>X</u> _
						arket value of the goods, oth		ets,	
				ed less than fair market val	ue in any transaction	or sharing arrangement, sho	W IN		
	(b) Amount involved			a avamat a saan satian	(4) -				
(a) Line no	(U) Amount involved	(c) Name o	N/A	e exempt organization	(0) Description	of transfers, transactions, and sh	inng arr	angeme	nts
			IN/A						
				<u></u>		31-10-10-1			
					- 				
									
						· · · · · · · · · · · · · · · · · · ·	•		
				·· P···· 11		···			
						·			
				or more tax-exempt organ	izations described	_	١	Γ υ	٦
	501(c) of the Code (other	•	:)(3)) or in sect	ion 52/7		<u> </u>	Yes	X] No
II Yes, co	omplete the following sche (a) Name of orga		-	(b) Type of organization	T	c) Description of relationship			
	N/A	11112411011	·	(b) Type of organization	V	b) Description of relationship			
					 				
	· · · · · · · · · · · · · · · · · · ·								
				ig accompanying schedules and			IDC 4	liscuss t	
Sign	elief, it is true, correct, and com	piete Declaration of p	reparer (other tha	n taxpayer) is based on all inform	mation of which preparer	return	with the	e prepare (see inst	er
Here	Sunta	Elen W	_	5/26/15	TRUSTE	E SHOW	Yes	(See IIIS)]″ _{No}
Sign	nature of officer or trustee	7	1	Date /	Title				
	Print/Type preparer's nai	me	Preparer's s	gnature	<i> </i>	Check If PTIN			
ъ			1//	47	5/25/	self- employed			
Paid	S. SCOTT T		1///		10/16	P00			
Preparer	Firm's name OBE	R, KALÉR,	∽ GRIME	S & SHRIVER		Firm's EIN ► 52-19)84	97	
Use Only	Francis address A 70	<u> </u>	705						
	Firm's address P. (02 1705		***			
	I BA	LTIMORE,	MD 212	U3-1/95		Phone no 410-68			
						Forr	л 990	PF	2014)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Name of the organization

HOLZAPFEL FAMILY CHARITABLE FOUNDATION C/O JAMES N. HOLZAPFEL, TRUSTEE

Employer identification number

38-7129012

Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule X 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 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 or 990 EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization
HOLZAPFEL FAMILY CHARITABLE FOUNDATION
C/O JAMES N. HOLZAPFEL, TRUSTEE

Employer identification number

38-7129012

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAMES N.HOLZAPFEL 13011 FOUNTAIN HEAD ROAD HAGERSTOWN, MD 21742-2768	\$ 413,882.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CYNTHIA P. HOLZAPFEL 13011 FOUNTAIN HEAD ROAD HAGERSTOWN, MD 21742-2768	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

HOLZAPFEL FAMILY CHARITABLE FOUNDATION C/O JAMES N. HOLZAPFEL, TRUSTEE

38-7129012

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.
(a) No.	(b)	(c)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Part I		(see instructions)
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)

stimate) (d)
potions) Date received

423453 11-05-14

Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

ame of orga	nization FEL FAMILY CHARITABLE F	י אין די די אין אין אין	Employer identification number			
	MES N. HOLZAPFEL, TRUST		38-7129012			
Part III	Exclusively religious, charitable, etc., contri the year from any one contributor. Complete co completing Part III, enter the total of exclusively religious,	butions to organizations describe plumns (a) through (e) and the follo chantable, etc., contributions of \$1,000 or the contributions of \$1,000 or contrib	d in section 501(c)(7), (8), or (10) that total more than \$1,000 for			
(a) No.	Use duplicate copies of Part III if additiona	space is needed.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
.						
		(e) Transfer of gi	int			
	Transferee's name, address, and	d 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	(a) to specie of girl	(0) 030 0. g	(a) bescription of now girt is need			
.						
		(e) Transfer of gi	ift			
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
-						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
.						
		(e) Transfer of gi	ift			
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
-						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gi	ift			
	Transferee's name, address, and	Relationship of transferor to transferee				
-						
						

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	1
NAME OF CONTRIBUTOR	ADDRESS		
JAMES N. HOLZAPFEL	13011 FOUNTAIN HEAD ROAD HAGERSTOWN, MD 21742-2768		
CYNTHIA P. HOLZAPFEL	13011 FOUNTAIN HEAD ROAD HAGERSTOWN, MD 21742-2768		