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

OMB No 1545-0052

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Department of the Treasury Internal Revenue Service

Form 990-PF (2015)

For	calend	dar year 2015 or tax year beginning	and ending		govooogn	<u> Indiana di Amerikana di Ameri</u>
Na	me of fou	undation		A Emp	loyer identification number	
_						
D	ALE	J. LUX SCHOLARSHIP FUND d street (or P O box number if mail is not delivered to street address)	<del></del>		-7102637	<del></del>
		BOX 4566	Ro	oom/suite B Telej	phone number (see instruction	(s)
		state or province, country, and ZIP or foreign postal code			<del></del>	
		YSBURG PA 17325		C If exe	emption application is pending	, check here
			rn of a former public ch	narity D 1. F	oreign organizations, check hi	ere ►
		Final return Amended		·	oreign organizations meeting	_
		Address change Name cha			5% test, check here and attack	F
H C	Check I	type of organization Section 501(c)(3) exempt private	_ <u>_</u>	E If priv	vate foundation status was terr	mingled under
			le private foundation	•	on 507(b)(1)(A), check here	► I
		rket value of all assets at J Accounting method		rual F if the	foundation is in a 60-month to	ermination
		ear (from Part II, col (c), Other (specify)		· 1	r section 507(b)(1)(B), check h	_ 1 1
	ne 16)		he on cash basis )			
	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and		T	(d) Disbursements
	- •	amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net investment income	(c) Adjusted net income	for charitable purposes
	1	the amounts in column (a) (see instructions) )	books	·		(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)				
	2	Check ▶ 🗓 If the foundation is <b>not</b> required to attach Sch. B				
	3	Interest on savings and temporary cash investments	140	140	<del></del>	<del> </del>
	4	Dividends and interest from securities	10,790	10,790	10,790	
	5a	Gross rents				
ne	b	Net rental income or (loss)		1-14		***************************************
en	6a Net gain or (loss) from sale of assets not on line 10 STMT 1		14,487			
Revenue	b	Gross sales price for all assets on line 6a 149,112		F 5.64	<del> </del>	
05	7	Capital gain net income (from Part IV, line 2)		5,764	<del></del>	
	8	Net short-term capital gain	,,,,		. 0	
	9	Income modifications				
	10a	Gross sales less returns and allowances				<b></b>
	b	Less Cost of goods sold				
	C	Gross profit or (loss) (attach schedule)			<del> </del>	
	11	Other income (attach schedule)	25 417	16 604	10 030	
	12	Total. Add lines 1 through 11	25,417	16,694		
es	13	Compensation of officers, directors, trustees, etc	4,708	4,708	REC	00 000
enses	14	Other employee salaries and wages				EIVED-I-
	1	Pension plans, employee benefits			MAY I	0 2010
এ খানা ৩ ৫ বুՍ!৩ Administrative Exp	16a	Legal fees (attach schedule)  Accounting fees (attach schedule)  STMT 2	625	625		2 2016 \$ 625
Z e ₹	C	Other professional fees (attach schedule)	023	023		69 023
& d strati	17	Interest			LOGIE	NIT
St.	18	Taxes (attach schedule) (see instructions) STMT 3	30	30		
2 2	19	Depreciation (attach schedule) and depletion				The state of the s
E	20	Occupancy				<del></del>
	21	Travel, conferences, and meetings				<del></del>
בן בן	21 Travel, conferences, and meetings 22 Printing and publications				<del></del>	
	23	Other expenses (att sch)				
رِ يَقِ ٰ	24	Total operating and administrative expenses.		<del></del>	<del> </del>	
rating and Admini		Add lines 13 through 23	5,363	5,363	0	625
Operating and	25	Contributions, gifts, grants paid	16,050			16,050
0	26	Total expenses and disbursements. Add lines 24 and 25	21,413	5,363	0	·
	27	Subtract line 26 from line 12		= 1		
	a	Excess of revenue over expenses and disbursements	4,004			
	b	Net investment income (if negative, enter -0-)	,	11,331		
		Adjusted net income (if penative enter -0.)			10,930	

Fo	orm 99	D-PF (2015) DALE J. LUX SCHOLARSHIP FUND	27-7102637	<u> </u>	Page 2
	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
_		should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	2,264	1,704	1,704
	2	Savings and temporary cash investments	17,301	26,573	26,573
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
ı		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
- 1	6	Receivables due from officers, directors, trustees, and other		ł	
-		disqualified persons (attach schedule) (see			
		instructions)			
-	7	Other notes and loans receivable (att. schedule)			
		Less <sup>-</sup> allowance for doubtful accounts ▶ 0			
쐸	8	Inventories for sale or use	L		
Assets	9	Prepaid expenses and deferred charges			<u></u> -
۷	10a	Investments – U.S and state government obligations (attach schedule) STMT 4	6,803	26,683	26,633
	b	Investments – corporate stock (attach schedule) SEE STMT 5	164,647	184,919	185,106
-	С	Investments – corporate bonds (attach schedule) SEE STMT 6	206,723	161,710	153,169
-	11	Investments – land, buildings, and equipment basis		1	
		Less accumulated depreciation (attach sch.)			
-	12	Investments – mortgage loans			
J	13	Investments – other (attach schedule)	ļ		
	14	Land, buildings, and equipment basis			
ŀ		Less accumulated depreciation (attach sch.)			
ı	15	Other assets (describe ▶ )			
	16	Total assets (to be completed by all filers – see the	207 720	401 500	202 105
Ⅎ	47	instructions. Also, see page 1, item I)	397,738	401,589	393,185
	17	Accounts payable and accrued expenses			
Ş	18	Grants payable			
:≝	19	Deferred revenue			
Liabilities	20 21	Loans from officers, directors, trustees, and other disqualified persons	<del></del>		
اڌ	22	Mortgages and other notes payable (attach schedule)			
		Other liabilities (describe )	0	0	
$\dashv$	23_	Total liabilities (add lines 17 through 22)	<u> </u>	<del></del> -	
S		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
9	24	Unrestricted			
蕳	25		<del></del>		
a	26	Temporarily restricted Permanently restricted			
Net Assets or Fund Balances	20	Foundations that do not follow SFAS 117, check here			
리		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
sts	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds	397,738	401,589	
الك	30	Total net assets or fund balances (see instructions)	397,738	401,589	
劉	31	Total liabilities and net assets/fund balances (see			
		instructions)	397,738	401,589	
	Part I	<del>,,,,,                                </del>			
_		net assets or fund balances at beginning of year – Part II, column (a), line 30 (must	st agree with		
•		of-year figure reported on prior year's return)	J. Jg. J. Will	1	397,738
2		ramount from Part I, line 27a		2	4,004
		r increases not included in line 2 (itemize) ▶		3	
		ines 1, 2, and 3		4	401,742
		eases not included in line 2 (itemize) SEE STATEMENT 7		5	153
		net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (t	b), line 30	6	401,589
_					

Part IV Capital Gains a	nd Losses for Tax on Investme	ent Income					
	ribe the kind(s) of property sold (e.g., real estate arehouse, or common stock, 200 shs MLC Co.)			(b) How acquired P – Purchase D – Donation		Date acquired to , day, yr )	(d) Date sold (mo , day, yr )
1a ACNB						_	
b							
С							
d						<del></del>	
е	· · · · · · · · · · · · · · · · · · ·	1			-		L
(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis	_		or (loss) minus (g)
a 5,764							5,764
b		ļ					· · · · · · · · · · · · · · · · · · ·
d d						<del></del>	
e							· · · ·
	g gain in column (h) and owned by the fo	oundation on 1	2/31/6	9		(I) Gains (Col	(h) cain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k	) Excess	s of col (i) (j), if any		col (k), but not	less than -0-) or om col (h))
a			-	<u> </u>			5,764
b		<del></del>	-				
С				· · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
d							
e			•	20,7,1			
2 Capital gain net income or (net c	apital loss) If gain, also enter in If (loss), enter -0- in		<b></b>		2		5,764
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5) and (6		_				
If gain, also enter in Part I, line 8	, column (c) (see instructions) If (loss),	enter -0- ın	٦.				
Part I, line 8	· · · · · · · · · · · · · · · · · · ·		<u></u>		3		
	nder Section 4940(e) for Reduc				me		
If section 4940(d)(2) applies, leave the Was the foundation liable for the sec	ction 4942 tax on the distributable amour	nt of any year ir					Yes X No
	lify under section 4940(e) Do not compl			<del></del>			<del></del>
	each column for each year, see the insti	ructions before	makır	ng any entries	Т		(d)
(a) Base period years	(b) Adjusted qualifying distributions	.   N	let value	(c) of noncharitable-use asse	ts		ribution ratio divided by col. (c))
Calendar year (or tax year beginning in	<u>''</u>	,437	ot value	410,		(coi (b) (	0.03999
2014 2013		,625		384,			0.019838
2012		,000		375,			0.042620
2011							
2010							
2 Total of line 1, column (d)						2	0.102457
	5-year base period – divide the total on	line 2 by 5, or l	by the		ſ		
number of years the foundation	has been in existence if less than 5 year	s			-	3	0.034152
4 Enter the net value of noncharita	able-use assets for 2015 from Part X, line	e 5				4	397,474
5 Multiply line 4 by line 3						5	13,575
6 Enter 1% of net investment inco	me (1% of Part ł, line 27b)					6	113
7 Add lines 5 and 6						7	13,688
8 Enter qualifying distributions from	m Part XII, line 4					8	16,675
	in line 7, check the box in Part VI, line 1t	o, and complete	e that	part using a 1% tax	rate Se	ee the	

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Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1				
	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	1			113
	here ▶ X and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of				
	Part I, line 12, col (b)				^
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0
3	Add lines 1 and 2	3			113
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4			112
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			113
6	Credits/Payments				
a	2015 estimated tax payments and 2014 overpayment credited to 2015				
þ	Exempt foreign organizations – tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld	_			
7	Total credits and payments Add lines 6a through 6d	7			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			113
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			113
10		10			
11	Enter the amount of line 10 to be Credited to 2016 estimated tax ▶ Refunded ▶	11			
	rt VII-A Statements Regarding Activities		<del>- [</del>	٦,,	Т
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No X
_	participate or intervene in any political campaign?		1a	+	<del>  ^</del> -
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see					<b>.</b>
	Instructions for the definition)?		1 <u>b</u>	<del>- </del>	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities			1	x
C	Did the foundation file Form 1120-POL for this year?		<u>1c</u>	+	+^
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	-			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
_	on foundation managers  \$			1	x
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		
_	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		١,	1	x
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	+	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	N/	A 4b		<del>                                     </del>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	147	5	+-	X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			<del></del>	1
_	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				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		6	x	Ì
_	conflict with the state law remain in the governing instrument?	V\/	7	X	<del> </del>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part	^v	-	1	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	NONE				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No." attach explanation SEE STMT 8		8b		x
_	for addignately of each state as required by denotal metabolism of the rest entrement		1.00	+	+
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			1	Ì
	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"		9		X
4.6	complete Part XIV		-	+-	<del> </del>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		10		x
	names and addresses				<b>F</b> (2015)

2 Compensation of five highest-paid employees (other than those included on line 1 – see Instructions). 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	Form	1 990-PF (2015) <b>DALE J. LUX S</b>	CHOLARSHIP FUND	27-7	102637			Page <b>6</b>
(1) Carry on propaganda or otherwise attempt to influence legislation (section 4845(a))? (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an organization of three? (4) Provide a grant to an organization of three in an charable, etc. organization described in section 4945(c)(4)(4)? (see instructions) (5) Provide a grant to an organization of three in an echarable, etc. organization described in section 4945(c)(4)(4)? (see instructions) (6) Provide a grant to an organization of three in an echarable, etc. organization described in section 4945(c)(4)(4)? (see instructions) (6) Provide a grant to an organization of three in an echarable, etc. organization described in section 4945(c)(4)(4)? (see instructions) (6) Provide a grant to an organization of three includes on a necessary of the provided and three includes on a necessary organization representation of the provided and three includes on a necessary organization representation and provided season as three includes on the foundation organization section 53 4945-5(d) (6) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  (7) If Yes, attach the statement required by Regulations section 53 4945-5(d) (8) Did the foundation organization section 53 4945-5(d) (9) Did three in	Pa	ırt VII-B Statements Regarding	Activities for Which For	m 4720 May Be R	Required (cont	inued)		
(2) Influence the outcome of any specific public election (see section 4955), or to carry on directly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an individual for travel, study, or other similar purposes?  (5) Provide a grant to an individual for travel, study, or other similar purposes?  (6) Provide a grant to an individual for travel, study, or other similar purposes, or for the prevention of cruelty to children or animality.  (7) Provide for any purpose other than religious, chartable, etc., organization described in section 494(5)(4)(A). Of children or animality, or device the second control of the grant of the second seco	5a	During the year did the foundation pay or in	icur any amount to					
directly or indirectly, 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 described in section 4945(j(4)A)? (see instructions)  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (6) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (7) If any answers in "Yes" to 3,4945 or in a current notice regarding diseaster assistance (see instructions)?  (8) Provide a grant to an investment of the providing diseaster assistance check here  (8) If the answer in "Yes" to question 5s(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  (9) If "Yes" attach the statement required by Regulations section 53 4945-5(s)  (9) If the foundation, during the year, receive any promiums, directly or indirectly, to pay premiums on a personal benefit contract?  (1) If Yes" in St. bi, He Form 887.  (1) If Yes" in St. bi, He Form 887.  (1) If Yes" in St. bi, He Form 887.  (2) If Yes" in St. bi, He Form 887.  (3) If Yes" in St. bi, He Form 887.  (4) Name and address of each amplityee pad ears than \$50.000  (b) If Yes, and earning the contract of the provision		(1) Carry on propaganda, or otherwise atte	empt to influence legislation (section	on 4945(e))?	Y	'es X No		
directly or indirectly, any voter regatation drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an individual for travel, study, or other similar purposes?  (5) Provide a grant to an organization other than a charitable, etc. organization described in section 4945(0)(4)(A) (see instructions)  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (6) If any answer "" "Yes" (5) (4), (5) (4) any of the transactions fait to qualify under the exceptions described in Regulations section 53 (4945 or in a current notice regarding diseater assistance (see instructions)?  (6) Equal transactions relying on a current notice regarding diseater assistance check here  (7) If "Yes" (5) (4) (4) (5) (4) (5) (4) (5) (4) (5) (4) (5) (4) (5) (4) (5) (4) (5) (4) (5) (4) (5) (4) (5) (4) (5) (4) (5) (4) (5) (4) (5) (4) (5) (4) (5) (4) (5) (4) (5) (4) (6) (4) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6		(2) Influence the outcome of any specific p	public election (see section 4955),	or to carry on,		_		
(3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a chantable, etc. organization described in section 4945(0)(4)(4)(7) (see instructions).  (5) Provide for any purpose other than religious, chantable, sciologian, considering the second of the provided for any purposes. For the prevention of cruelly to children or animals?  b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53 495-5 (organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  If "Yes," attach the statement required by Regulations section 53 4945-5(d).  B Did the foundation, during the year, revenue any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," attach the statement required by Regulations section 53 4945-5(d).  B Did the foundation during the year, revenue any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 80, file Form 8870  A ray time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Information About Officers, Directors, Trustees, Foundation Managers, Highly Pald Employees, and Contractors  1. List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and acress  (b) Time and Among the party of the promote of the party of the promote of the party								
(4) Provide a grant to an organization other than a chartable, etc., organization described in section 4945(d)(4)/h) (see instructions)  (5) Provide for any purposes, or for the prevention of cruelity to children or animate?  b If any answers "Ne's to Sa(1-6), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  c If the answer is "Ne's to Question 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945-5(1)  8a Did the foundation, during the year, reserve any funds, directly or indirectly, to pay premiums on a personal benefit contract part of the foundation, during the year, was the foundation a party to a prohibited tax shelter transaction?  1 If "Yes," attach the tax year, was the foundation a party to a prohibited tax shelter transaction?  1 If "Yes," the foundation application of the foundation application of the promoter of the foundation and the foundation of the found		• • • • • •		s?	☐ <b>\</b>	es X No		
section 4945(d)(4)(A)(a)(a)(a)(a)(a)(a)(a) (see instructions)  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or animats?  b If any answer is "Yes" to Sa(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  N/A   Yes   No   N/A   Yes							1	
Compensation of five highest-paid employees (other than relegious, charatable, scentific, literary, or educational purposes, or for the prevention of cruelty to children or animals?   Yes			<del>-</del>		□ 1	es X No		
b If any answer is "Yes" to 5a(1)—(5), did any of the transactors fall to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  If "Yes" attach the statement required by Regulations section 53 4945–5(d)  But the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 5b, file Form 8570  A tan time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes X No  But Yes X No  If "Yes" do the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" do the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" do the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" do the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" do the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" do the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" do the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" do the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" do the foundation, during the year, pay premiums, directly or indirec				or educational	ٔ لــا			
b If any answer is "Ses" to 5a(1)—(5), did any of the transactions field to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  If the answer is "Yes" to question 534(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes", "attach the statement required by Regulations section 53 4945—5(d)  Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 5b, file Form 8870  The At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation (see Instructions).  (a) Name and address  (b) Name and address  (c) Name and address  (a) Name and address  (b) Name and address of each employees (other than those included on line 1 – see Instructions). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1 – see Instructions). If none, enter "NONE."  (e) Compensation of five highest-paid employees (other than those included on line 1 – see Instructions). If none, enter "NONE."  (e) Compensation of five highest-paid employees (other than those included on line 1 – see Instructions). If none, enter "NONE."  (e) Compensation of five highest-paid employees (other than those included on line 1 – see Instructions). If none, enter "NONE."  (e) Compensation of five highest-paid employees (other than those included on line 1 – see Instructions). If none, enter "None employees party and party and party and party and party and party a		* * * *	•	, or caddational		es X No		
Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  If he answer is "Yes" to question 56(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," tatch the statement required by Regulations section 53 4945–5(d)  Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 8b, file Form 8870  A At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes," did the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Tide, and average to compensation (see instructions).  (a) Name and address  (b) Tide, and average to compensation (see instructions). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee pad more than \$50,000  NONE  Total number of other employees baid over \$50,000	ь.			inder the eventions d		63 [22] 110		
Organizations relying on a current notice regarding disaster assistance check here  c If the answer is "Yes" to question 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? 45–5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, preceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" bits, file from \$870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Nerve and address  (b) Tite, and average hours prevent deposits and contractions.  (c) Compensation  (d) Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Tite, and average hours prevent device to poston  (c) Compensation  (d) Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Tite, and average hours prevent device to poston  (c) Compensation  (d) Compensation of the device to poston  (e) Compensation  (e) Compensation  (e) Compensation  (f) Compensation  (e) Compensation  (e) Compensation  (f) Order allower of contracters are provided to poston  (e) Compensation  (f) Did the foundation are prevent and the province and the province and the prevent and the province and the pro	U		· · · · · · · · · · · · · · · · · · ·	·		NI/A	55	İ
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?    Yes		_			,	N/A	30	
because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945–5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes is No Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes is No Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes is No Did the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes is No Did the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes is No Did the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes is No Did the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract."  If "Yes is No Did the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes is No Did the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contractors.  If "Yes is No Did the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contractors.  If "Yes is No Did the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contractor.  If "Yes is No Did the foundation during the year, pay premiums, directly or indirectly.  If "Yes is No Did the foundation during the year, pay premiums, directly or indirectly.  If "Yes is No Did the foundation during the year, pay premiums and personal during the year, pay premiums and the transaction?  If "Yes is No Did the foundation during the year, pay premiums and the transaction?  If "Yes is No Did the foundation during the year, pay premium and the transaction?  If "Yes is No Did the foundation during the year, pay premium and the transa								
If "Yes," attach the statement required by Regulations section 53 4945–5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8370  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address foundation managers and their compensation (see instructions).  (b) Tide, and average hours per week devide to position (if indiparts) plans and defined compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more inten \$50,000	С			from the tax	N7 / N			
Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   Yes   No   Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   Yes   No   No   No   No   No   No   No   N					N/A []	res 🔝 No		
on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Nife, and everage hours per week devoted to position of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter  "NONE."  (a) Name and address of each employee paid more than \$50,000  Page 30 developed benefit option of the employee paid more than \$50,000  Total number of other employees paid over \$50,000		•	•					
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870 A 1 any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Tile, and exerge devoted to position  ACNB BANK TRUST  GETTYSBURG  TRUSTEE  PD BOX 4566  PA 17325  2.00  4.708  (c) Compensation  (d) Contributions to employee benefit enter-0-1  (e) Expense account of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter  "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  Total number of other employees paid over \$50,000	6a	Did the foundation, during the year, receive	e any funds, directly or indirectly, to	o pay premiums				
If "Yes" to 8b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No No M/A 7b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Part Viii Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average hours provided to position  (c) Compensation (in of paid, enter-0-)  (a) Name and address  ACNB BANK TRUST  GETTYSBURG  TRUSTEE  PO BOX 4566  PA 17325  2 . 00  4 , 708  0  (c) Compensation (e) Expense account other allowances compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  Total number of other employees paid over \$50,000		on a personal benefit contract?			<u> </u>	es X No		١
Acns Bank Trust Gettysurg Trustees (a) Name and address  (a) Name and address  (b) Trustees (c) Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter  (a) Name and address of each employee paid more than \$50,000  NONE  Total number of other employees paid over \$50,000	b	Did the foundation, during the year, pay pre	emiums, directly or indirectly, on a	personal benefit conti	ract?		6b	<u>X</u> _
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  N/A 7b  Part Viii Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Tife, and average hours per week devoted to postion (find paid, enter 4-) (enter 4-) (enter 4-) (enter 4-) (e) Expense account of the highest-paid employees (other than those included on line 1 – see Instructions). If none, enter  "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Tife, and average hours per week devoted to postion (c) Compensation (c) Compensation (e) Expense account of the highest-paid employee paid more than \$50,000  (b) Tife, and average hours per week devoted to postion (c) Compensation (c) Compensation (e) Expense account of the paid employee paid more than \$50,000  NONE  Total number of other employees paid over \$50,000		If "Yes" to 6b, file Form 8870						
Part VIII   Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors	7a	At any time during the tax year, was the fou	undation a party to a prohibited tax	shelter transaction?	\ \\			
1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average hours per week devoted to position  ACNB BANK TRUST  GETTYSBURG  TRUSTEE  PO BOX 4566  PA 17325  2.00  4,708  0  1 (c) Compensation (d) Contributions to employee benefit following addered compensation (other allowances)  (a) Name and address of each employee so (other than those included on line 1 – see instructions). If none, enter  "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  Total number of other employees paid over \$50,000	b	If "Yes," did the foundation receive any pro-	ceeds or have any net income attr	ibutable to the transac	ction?	N/A	7b	
1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average hours per week devoted to position  ACNB BANK TRUST  GETTYSBURG  TRUSTEE  PO BOX 4566  PA 17325  2.00  4,708  0  1 (c) Compensation (d) Contributions to employee benefit following addered compensation (other allowances)  (a) Name and address of each employee so (other than those included on line 1 – see instructions). If none, enter  "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  Total number of other employees paid over \$50,000	Pa	rt VIII Information About Offic	ers, Directors, Trustees,	Foundation Man	agers, Highly	Paid Employ	ees,	
(a) Name and address (b) Tile, and average hours per week devoted to position (if) not paid, enter -0-) (c) Compensation (if) not paid, enter -0-) (d) Expense account other allowances  ACNB BANK TRUST GETTYSBURG PO BOX 4566 PA 17325 TOURNE."  (a) Name and address of each employee paid more than \$50,000  (b) Tile, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account other allowances (e) Compensation (f) Tile, and average hours per week devoted to position (e) Compensation (f) Compensation (e) Compensation (f) Compensation (e) Compensation (f) Compensation (e) Expense account other allowances (e) Expense acc								
(a) Name and address  (b) Title, and average hours per week devoted to position  ACNB BANK TRUST GETTYSBURG PO BOX 4566 PA 17325 TRUSTEE 2.00 4,708  Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation (group benefit plans and defired compensation other allowances 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 other allowances of each employee paid more than \$50,000  Total number of other employees paid over \$50,000	1 1	ist all officers, directors, trustees, found	ation managers and their comp	ensation (see instruc	tions).			
Canage and address   Canage				(h) Title and average	(a) Compensation	(d) Contributions to		
ACNB BANK TRUST GETTYSBURG TRUSTEE PO BOX 4566 PA 17325 2.00 4,708 0  Compensation of five highest-paid employees (other than those included on line 1 – see instructions). 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 NONE  Total number of other employees paid over \$50,000		(a) Name and addr	ress					
PO BOX 4566  PA 17325  2.00  4,708  0  2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average devoted to position  (c) Compensation  (d) Confibitions to employee benefit plans and deferred compensation  (e) Expense account other allowances  NONE  Total number of other employees paid over \$50,000				devoted to position	enter -0-)		Other	allowalicos
PO BOX 4566  PA 17325  2.00  4,708  0  2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average devoted to position  (c) Compensation  (d) Confibilitions to employee benefit plans and deferred compensation  (e) Expense account other allowances  NONE  Total number of other employees paid over \$50,000		NB BANK TRUST	GETTYSBURG	TRUSTEE				
2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter  "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position Average hours per week devoted to position Other allowances  (c) Compensation Other allowances  (e) Expense account other allowances  Total number of other employees paid over \$50,000			_	ľ	4.708		,	0
(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		2011 1300	21. 27.320					
(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								
"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							<del>                                     </del>	
"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								
"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							+-	
"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								
"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>	Щ.	
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account other allowances  Total number of other employees paid over \$50,000	2		loyees (other than those include	ed on line 1 – see ins	tructions). If non	e, enter		
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Tille, and average hours per week devoted to position  (c) Compensation  (e) Expense account other allowances  (hours per week devoted to position  (c) Compensation  (d) Expense account other allowances  (e) Expense account other allowances  (f) Tille, and average hours are devoted to position  (hours per week devoted to position  (hours per we		"NONE."						
NONE    A Name and address of each employee paid more than \$50,000   hours per week devoted to position   c) Compensation   plans and deferred compensation							(e) Exr	oense account.
NONE  Total number of other employees paid over \$50,000		(a) Name and address of each employee paid	d more than \$50,000		(c) Compensation	plans and deferred		
Total number of other employees paid over \$50,000				devoted to position		compensation	<u> </u>	
Total number of other employees paid over \$50,000	NC	DNE						
Total number of other employees paid over \$50,000							<u> </u>	
Total number of other employees paid over \$50,000								
Total number of other employees paid over \$50,000							<u> </u>	
Total number of other employees paid over \$50,000								
Total number of other employees paid over \$50,000						]	1	
Total number of other employees paid over \$50,000					<del>                                     </del>			
Total number of other employees paid over \$50,000							1	
Total number of other employees paid over \$50,000				<del></del>	-		1	
Total number of other employees paid over \$50,000								
Total number of other employees paid over \$50,000	<del>-</del>	l austra of alban and alba	000				<del></del>	0
UIII_DE /00/	lota	number of other employees paid over \$50,	000				00	<del></del>

Form 990-PF (2015) DALE J. LUX SCHOLARSHIP FUND	27-7102637	Page 7
Part VIII Information About Officers, Directors, Trustees, Four	ndation Managers, Highly Paid Em	ployees,
and Contractors (continued)  3 Five highest-paid independent contractors for professional services (see insi	tructions) If none enter "NONE"	<del></del>
(a) Name and address of each person paid more than \$50 000	(b) Type of service	(c) Compensation
NONE	(b) Type of service	(c) compensation
····		
		<del>-  </del>
Total number of others receiving over \$50,000 for professional services		<b>&gt;</b>
		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical informatio organizations and other beneficiaries served, conferences convened, research papers produced, etc.	n such as the number of	Expenses
1 N/A		
I N/A		
2		
3		
		<del></del>
4		
Part IX-B Summary of Program-Related Investments (see inst	ructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		
2		
All other program-related investments. See instructions		
3		
		<u>, , , , , , , , , , , , , , , , , , , </u>
Total. Add lines 1 through 3	<u> </u>	

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

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

Form 990-PF (2015)

Pa	urt XIII Undistributed Income	e (see instructions)				
	•		(a)	(b)	(c)	(d)
1	Distributable amount for 2015 from Part	XI,	Corpus	Years prior to 2014	2014	2015
	line 7					19,316
2	Undistributed income, if any, as of the e	nd of 2015				
а	Enter amount for 2014 only				16,666	
b	Total for prior years 20 , 20	, 20	***************************************	"		
3	Excess distributions carryover, if any, to	— —				
а	From 2010					
b	From 2011					
С	From 2012					
d	From 2013					
e	From 2014					
f	Total of lines 3a through e					
		VII		<b></b>		
4	Qualifying distributions for 2015 from Pa	III XIII,				
	line 4 <sup>-</sup> ▶ \$ <u>16,675</u>	_			16 666	
	Applied to 2014, but not more than line:	T T			16,666	
b	Applied to undistributed income of prior	years				
	(Election required – see instructions)			-		
С	Treated as distributions out of corpus (E	Election				
	required – see instructions)		·····			
d	Applied to 2015 distributable amount					9
е	Remaining amount distributed out of col	rpus				
5	Excess distributions carryover applied to	2015				
	(If an amount appears in column (d), the	same				
	amount must be shown in column (a))					
6	Enter the net total of each column as					
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtra	act line 5				
	Prior years' undistributed income Subtr	r				
-	line 4b from line 2b					
С	Enter the amount of prior years' undistri	buted				
·	income for which a notice of deficiency					
	been issued, or on which the section 49					
	tax has been previously assessed	72(a)				
	· · ·	Ì		<del> </del>		
ď	Subtract line 6c from line 6b Taxable					
	amount – see instructions					
е	Undistributed income for 2014 Subtract	line				
	4a from line 2a Taxable amount - see					
	instructions		***************************************			
f	Undistributed income for 2015 Subtract	tlines				
	4d and 5 from line 1. This amount must	be				40.00
	distributed in 2016	ļ				19,307
7	Amounts treated as distributions out of	corpus				
	to satisfy requirements imposed by sect	tion				
	170(b)(1)(F) or 4942(g)(3) (Election may	y be				
	required—see instructions)					
8	Excess distributions carryover from 201	0 not				
-	applied on line 5 or line 7 (see instruction					
9	Excess distributions carryover to 201					
•	Subtract lines 7 and 8 from line 6a					
10			<del></del>			
10	Analysis of line 9	1				
a	Excess from 2011					
b	Excess from 2012	<del></del>				
C	Excess from 2013					
d	Excess from 2014					
<u>e</u>	Excess from 2015			11		000 BE

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_	•	_	, ,		_	n	. 3	•

Page 10

Pi	Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)					
1a	If the foundation has received a ruling or					
	foundation, and the ruling is effective for 2015, enter the date of the ruling					
b						2(1)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	- 4/(-/	
	income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	investment return from Part X for	<u></u>	<del> </del>		·····	· · · · · · · · ·
	each year listed					
b	85% of line 2a	<u></u>		-		
С	Qualifying distributions from Part XII,		······································			
_	line 4 for each year listed					
d	Amounts included in line 2c not used directly	<u> </u>				· · · · · · · · · · · · · · · · · · ·
_	for active conduct of exempt activities					
е	Qualifying distributions made directly			<del> </del>	1	
·	for active conduct of exempt activities					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
,	alternative test relied upon				Ì	
а	"Assets" alternative test – enter					
a					[	
	(1) Value of all assets					
	(2) Value of assets qualifying under			]		
	section 4942(j)(3)(B)(i)	<del>-</del>				
b	"Endowment" alternative test – enter 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"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			İ		
	an exempt organization	<del></del>				
******	(4) Gross investment income			<u></u>		·
Pa	rt XV Supplementary Inform			the foundation h	ad \$5,000 or more	e in assets at
	any time during the y	<u>ear – see instruc</u>	tions.)		<u> </u>	
1	Information Regarding Foundation Ma	_				
а	List any managers of the foundation who					
	before the close of any tax year (but only	of they have contribute	ed more than \$5,000)	(See section 507(d)(2	))	
	N/A					
b	List any managers of the foundation who	own 10% or more of t	the stock of a corporat	ion (or an equally large	e portion of the	
	ownership of a partnership or other entity) of which the foundation has a 10% or greater interest					
	N/A					
2	Information Regarding Contribution, C	Grant, Gift, Loan, Sch	olarship, etc., Progra	ams:		
	Check here ▶ ☐ If the foundation only makes contributions to preselected charitable organizations and does not accept					
	unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under					
	other conditions, complete items 2a, b, c	, and d	<u></u>			
а	The name, address, and telephone number	per or e-mail address of	of the person to whom	applications should be	e addressed	
	N/A					
b	The form in which applications should be	submitted and inform	ation and materials the	ey should include		
	SEE STATEMENT 9					<del></del> -
С	Any submission deadlines N/A					
d	Any restrictions or limitations on awards,	such as by geographi	cal areas, charitable fi	elds, kinds of institutio	ns, or other	
	factors	, 5 5 1				
	SEE STATEMENT 10					

Part XV Supplementary Information (co	ontinued)			
Part XV Supplementary Information (co 3 Grants and Contributions Paid During the	e Year or Approved for I	-uture Payment		
Recipient	If recipient is an individual,	Foundation	2	
	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
Paid during the year				
KOBY GRIEST		1		
201 OLD MAIN				
UNIVERSITY PARK PA 16802		STUDENT	SCHOLARSHIP	8,025
CALEB LEVI TAYLOR				
100 CAMPUS DRIVE				
GROVE CITY PA 16127		STUDENT	SCHOLARSHIP	8,025
		ļ		
			i i	
			j	
Total		<u> </u>	▶ 3a	16,050
b Approved for future payment				
N/A				
			1	
			1	
Total			▶ 3b	
ı Vlai				

Enter gross amounts unless otherwise indicated		Unrelated	business income	Excluded b	by section 512, 513, or 514	(e)	
1 December		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)	
	Service revenue			<del> </del> - -			
a	<del></del>			<del></del>		· · · · · · · · · · · · · · · · · · ·	
ŭ		- <del>  </del>				<del></del>	
d	<del></del>			+			
u	<del></del>	- <del> </del>		+			
,		-		+		<del></del>	
7	and contracts from government agencies		-	<del>-   -  -</del>			
				+		<u>,</u>	
	hip dues and assessments n savings and temporary cash investments			14	140		
	and interest from securities			14	10,790	· · · · · · · · · · · · · · · · · · ·	
	I income or (loss) from real estate			+ +	10,790		
	financed property			+			
	ebt-financed property			+			
	I income or (loss) from personal property		···	<del>                                     </del>		· · · · · · · · · · · · · · · · · · ·	
	estment income		<del></del>			<del></del>	
	oss) from sales of assets other than inventory	<del>                                     </del>	<del></del>	18	14,487	<del></del>	
	ne or (loss) from special events	<del>                                     </del>		110	14,407		
	ofit or (loss) from sales of inventory			<del> </del>	······································	<del></del>	
				<del>   </del>	- <del></del>	<del></del>	
h	enue a	-		<del>  </del>		·····	
· · · · · · · · · · · · · · · · · · ·		-		<del>  </del>		<del></del>	
ч ——		-		<del> </del>			
		-		<del>                                     </del>		<del></del>	
	Add columns (b), (d), and (e)			0	25,417	0	
	d line 12, columns (b), (d), and (e)		·	<u> </u>		25,417	
	et in line 13 instructions to verify calculations)						
Part XVI-		Accomplishme	nt of Exempt F	Purposes	<del></del>	<del></del>	
Line No. ▼	Explain below how each activity for which incom	ne is reported in col	umn (e) of Part XV	I-A contribut	ted importantly to the	\	
N/A	accomplishment of the foundation's exempt pur	poses (other than b	y providing tunds t	or such purp	ooses) (See instruction	ns)	
		<del></del>					
	<del></del>	<del></del>					
<del></del>	<del> </del>	<del></del>					
		*** <u>-</u> ***					
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			<del></del>	<del></del>			
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		_ <del></del>	<del></del>				
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	_ <del></del>		<del></del>			- 000 PE	

	<del></del>	· · · · · · · · · · · · · · · · · · ·	
Part XVII	Information Regarding	Transfers To and Transactions a	and Relationships With Noncharitable
•	<b>Exempt Organizations</b>		

		Exempt Organize	นแบบอ						
1	Did the orga		•	ie in any of the follo	owing with any	other organization described		Yes	No
•					_	ection 527, relating to political			
			or than section	on sortoj(s) organi	zations) or in se	schor 327, relating to political		] !	į
	organization					_			ĺ
а		om the reporting found	lation to a no	ncharitable exemp	it organization o	it .			
	(1) Cash						<u> 1a(1)</u>	4	X
	(2) Other as	ssets					1a(2)		X
b	Other transa	ictions							1
	(1) Sales of	assets to a noncharit	able exempt	organization			1b(1	<b>)</b>	x
		es of assets from a no	•	-	\n		1b(2		X
				· -	<i>,</i> ,,,			_	X
		of facilities, equipment		sets			1b(3	_	_
	(4) Reimbu	rsement arrangements	5				1b(4		X
	(5) Loans o	r loan guarantees					1b(5	<u> </u>	X
	(6) Perform	ance of services or me	embership or	r fundraising solicit	ations		1b(6		_X_
С	Sharing of fa	acilities, equipment, m	ailing lists, of	ther assets, or paid	d employees		1c		X
			=			mn (b) should always show th	e fair market		
u				_		the foundation received less			
						the goods, other assets, or s			
<u> </u>	a) Line no	(b) Amount involved	(c) Name	e of noncharitable exemp	t organization	(d) Description of transfe	rs, transactions, and sharing arrangem	ents	
N/2	4								
								-	
						·			
			-		·				
			<del></del>		-				
			L						
			<del> </del>		<del></del>	· · · · · · · · · · · · · · · · · · ·			<del></del>
					<del></del>				
			<u> </u>						
	•								
					· · · · · ·			-	
						· · · · · · · · · · · · · · · · · · ·			
2a		•	•			c-exempt organizations	П,	. 😈	1
	described in	section 501(c) of the	Code (other	than section 501(c	(3)) or in section	on 527?	'	es X	No
b	If "Yes," con	nplete the following so	hedule				· ·		
	(8	) Name of organization		(b) Type of or	ganization	(c) De	scription of relationship		
ì	N/A								
	.,								
-									
		· · · · · · · · · · · · · · · · · · ·				<del></del>	<del></del>		
				<u> </u>		<u> </u>			
	Under per	alties of perjury, I declare the	at I have examin	ned this return, including	accompanying sch	edules and statements, and to the be	st of my knowledge and belief, it is tru	.e,	
	correct, ar	nd complete Declaration of	preparer (otner t	man taxpayer) is based	on all illionnation of	which preparer has any knowledge	May the IRS discuss this	retum	1
Sigr	,						with the preparer shown		-, I
		۸۸ .	•	v 0			(see instructions)?	Yes	No
Here	e   ` .	Tallana	St	1) K	1/13	.28.16 N TR	USTEE		
		Deffrey D.	<u>wan</u>	mang c	<u> </u>		USTEE		
	Signa	ature of officer or trustee		<u> </u>	Date	Title		<del></del>	
	Print/Tv	pe preparer's name			Preparer's signatu	ire	Date	Check	X
		e i en ep en en e menoe				1/			nployed
Paid	DVAN	C RAFFENSPER	GER CRI	<u> </u>	MIN	CPA	03/10/16	1	
Prep	arer 💳	22.00	<del></del>		IN & FIN	KENBINER, LLC	PTIN P0131		<u> </u>
	Only Firm's n	04	ENSPERG			BENDINEK, THE			
	Firm's a		MIDDLE				717 2		
		GETT	SBURG,	, PA 1732	25	····	Phone no 717-33		
							Form 9	90-PF	(2015)

3/10/2016 11:19 AM Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets Federal Statements 277102637 DALE J. LUX SCHOLARSHIP FUND 27-7102637 FYE: 12/31/2015

Des	Description		How Received				
Whom Sold	Date Acquired	Date Sold	Sale Price	Cost	Expense	Depreciation	Net Gain / Loss
OPPENHEIMER INTL GROWTH	WTH 9/19/14	7/30/15 \$	PURCHASE 5 941 S	λ 23.1 Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ		U	
CAUSEWAY INTL VALUE	SIOTOM		. EJ _			<b>)</b>	
DODGE & COX STOCK	COOTURA	01/00/	PURCHASE	/ TT / OT			771
4/25/ FEDERATED INTL HIGH YLD BOND	4/25/14 YLD BOND	7/30/15	10,796 PURCHASE	10,012			784
V FEDERATED TOTAL RETHRN	VARIOUS	7/30/15	8,223 PURCHASE	8,380			-157
TO COLUMN CONTRACTOR	8/21/13	7/30/15	4,940	4,917			23
OFFENHEIMER SENIOR FLOAIING VARIO	LOATING VARIOUS	7/30/15	FURCHASE 14,861	15,397			-536
PIMCO LOW			PURCHASE	•			
	VARIOUS	7/30/15	12,114	12,097			17
FIMCO KEAL KETUKN	VARIOUS	12/10/15	FURCHASE 1,080	1,171			-91
T ROWE EQUITY			PURCHASE				
VANGHARD SHORT TERM T	VARIOUS	12/09/15	21,675 PURCHASE	21,273			402
	VARIOUS	7/30/15	12,010	12,012			-2
VANGUARD MID CAP INDEX	EX 8/21/13	7/30/15	PURCHASE	7.786			738 6
AMERICAN NEW PERSPECTIVE	TIVE		PURCHASE				000
	2/22/11	3/05/15	25,953	20,000			5,953
FIMCO KEAL KETUKN	2/22/11 12/10/15	12/10/15	4,763	5, 632			698-
TOTAL		·ν-	143,348 \$	134,625 \$	0	\$	\$ 8,723

2-5

277102637 DALE J. LUX SCHOLARSHIP FUND

# Federal Statements

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27-7102637 FYE: 12/31/2015 Statement 2 - Form 990-PF. Part I. Line 16b - Accounting Fees

	Charitable Purpose	\$ 625	\$ 625
200	Adjusted Net	φ.	\$
OIII 330-1 1, 1 a.c., EIIIC 100 - Accounting 1 cc3	Net Investment	625	625
, 1 alt 1, LIII	, LI	<i>پ</i>	\$
1-000 1110	Total	625	625
סומוכוווכווו ד - ו י		<u>پ</u>	\$-
	Description		TOTAL

Description	<u> </u>	Total	Inve	Net nvestment	Adjusted Net	sted st	Charitable Purpose
FOREIGN TAXES PAID	\$	30	φ.	30	<b>ئ</b>		\$
TOTAL	w.	30	⟨v <sub>r</sub>	30	v.	0	0

Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

\$	· ol	Fair Market Value	\$ 26,633	\$ 26,633
0	ment Investments	Basis of Valuation		
30 \$	State Govern	End of Year	26,683	26,683
	US and		ۍ «	ဟ
30 \$	II, Line 10a -	Beginning of Year	6,803	6,803
v.	90-PF, Part	Be	\	ς,
	Statement 4 - Form 990-PF, Part II, Line 10a - US and State Government Investments	Description		
TOTAL				TOTAL

	Fair Market Value	\$ 185,106 \$ 185,106
k Investments	Basis of Valuation	MARKET
orporate Stoc	End of Year	184,919
OP - C	ļ	w w
0-PF, Part II, Line 10b - Corporate Stock Investment	Seginning of Year	164,647
990-PI		w w
Statement 5 - Form	Description	ACNB TRUST TOTAL

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277102637 DALE J. LUX SCHOLARSHIP FUND 27-7102637 FYE: 12/31/2015

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Federal Statements

Statement 6 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

Fair Market Value	\$ 153,169	\$ 153,169
Basis of Valuation	MARKET	
End of Year	161,710	161,710
	တ	₩.
Beginning of Year	206,723	206,723
	<i>ب</i>	φ.
Description	ACNB TRUST	TOTAL

277102637 DALE J. LUX SCHOLARSHIP FUND

**Federal Statements** 

27-7102637 · FYE: 12/31/2015

<b>Form</b>	990-PF,	Part III,	Line 3 -	Other	<b>Increases</b>

Description	 Amount
NON DIVIDEND DISTRIBUTION	\$ 
TOTAL	\$ 0

# Statement 7 - Form 990-PF, Part III, Line 5 - Other Decreases

Description	 Amount
FED TAXES PAID	\$ 153
TOTAL	\$ 153

## Statement 8 - Form 990-PF, Part VII-A, Line 8b - Not Filing with Attorney General **Explanation**

### Description

PENNSYLVANIA LAW ONLY REQUIRES PRIVATE FOUNDATIONS TO SEND THE 990-PF TO THE STATE ATTORNEY GENERAL'S OFFICE. THIS ORGANIZATION IS A NON-EXEMPT CHARITABLE TRUST UNDER SECTION 4947 (A) (1).

# Statement 9 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

### Description

RECIPIENT(S) SHALL BE SELECTED BY A SCHOLARSHIP COMMITTEE, OR SIMILAR SELECTION BODY, FROM THE SCHOOL.

# Statement 10 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

## Description

THE SCHOLARSHIP SHALL BE AWARDED TO A GRADUATING SENIOR FROM BIGLERVILLE HIGH SCHOOL. THE RECIPIENT SHALL BE AWARDED ON THE BASIS OF NEED AND ACADEMIC ABILITY AND PURSUE A FIELD OF STUDY IN MATHEMATICS, PHYSICAL SCIENCES AND/OR CHEMISTRY. THE AWARD SHALL BE USED FOR THE RECIPIENT'S TUITION ONLY.

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