

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.

			n 990-PF and its separate			Open to Public Inspection
		ndar year 2015 or tax year beginning MAY	15, 2015	, and ending	DEC 31, 2015	
Na	ne o	f foundation			A Employer identification	n number
т	ΉE	SHAW FAMILY FOUNDATION			47-4959876	<u>;</u>
		and street (or P O box number if mail is not delivered to street	····	Room/suite	B Telephone number	/
1	01	W HARRISBURG AVENUE			(484)334-8	3373
		own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is	pending, check here
		EMS, PA 17570				
G (Check	call that apply:		ormer public charity	D 1. Foreign organization	s, check here
		Final return	Amended return		2 Foreign organizations m check here and attach c	eeting the 85% test
н (hack	Address change type of organization: X Section 501(c)(3) ex	Name change		1	
<u></u>	_		Other taxable private founda	ntion	E If private foundation sta under section 507(b)(1	
I Fa		arket value of all assets at end of year J Accounting		Accrual	F If the foundation is in a	, , ,
		Part II, col. (c), line 16)	her (specify)		under section 507(b)(1	
	- \$	299,807. (Part I, colu	mn (d) must be on cash t	pasis)		
Pa	<u>art l</u>	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received	300,000.		N/A	ļ
	3	Check If the foundation is not required to attach Sch B Interest on savings and temporary			<u></u>	
	4	cash investments Dividends and interest from securities	4.	4.		STATEMENT 1
	l '	Gross rents				D
	Ь	Net rental income or (loss)				
Ð	6a	Net gain or (loss) from sale of assets not on line 10	14,042.			
eun	Ь	Gross sales price for all assets on line 6a 41,659.				·
Revenue	7	Capital gain net income (from Part IV, line 2)		14,042.		
_	8	Net short-term capital gain				
	9 10a	Income modifications Gross sales less returns			-	
		and allowances Less Cost of goods sold				
	l .	Gross profit or (loss)				
	11	Other income				
	12	Total. Add lines 1 through 11	314,046.	14,046.		
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
S	15	Pension plans, employee benefits				
Expenses	I Iba	Legal fees RECEIVED Accounting fees				
ă X	, ו	Other professional MAY 1 8 2016				
ě	17	Other professional MAY 1 8 2016				
rati	18	unco -			 	
ist	19	Depreciation and design EN, UT				
Ē	20	Occupancy				
Ψ	21	Travel, conferences, and meetings				
ä	22	Printing and publications				
Operating and Administrative	23	Other expenses STMT 2	26.	26.		0.
era	24	Total operating and administrative	26.	26.		
o	25	expenses. Add lines 13 through 23 Contributions, gifts, grants paid	200,000.	۷0.	 	200,000.
	26	Total expenses and disbursements.	_200,000.			200,000.
		Add lines 24 and 25	200,026.	26.		200,000.
	27			 		
		Excess of revenue over expenses and disbursements	114,020.			
	b	Net investment income (if negative, enter -0-)		14,020.		
	c	Adjusted net income (if negative, enter -0-)			N/A	<u> </u>

Form **990-PF** (2015)

523501 11-24-15 LHA For Paperwork Reduction Act Notice, see instructions

SCANNED JUN à 6 2016

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30	1 .	
	(must agree with end-of-year figure reported on prior year's return)	1	0.
2	Enter amount from Part I, line 27a	2	114,020.
3	Other increases not included in line 2 (itemize)	3	_ 0.
4	Add lines 1, 2, and 3	4	 114,020.
5	Decreases not included in line 2 (itemize) SEE STATEMENT 3	5	47,987.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6_	66,033.
_			 222 55

(a) List and descr	ibe the k	osses for Tax on In ind(s) of property sold (e.g or common stock, 200 shs	., real estate,		(b)	How ac - Purc) - Dona	quired hase ation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
12 AGL RESOURCES	INC						D	09/13/12	12/28/15
b DOW CHEMICAL CO		NY					D	09/13/12	12/28/15
<u> </u>					<u></u>				
<u>d</u>					-				
<u>e</u>					Щ.		!		ļ
(e) Gross sales price	(f) ———	Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Gain or (loss (e) plus (f) minus	(g)
a 29,914.				20,2					9,691
ь 11,745.				7,3	94.	 -		<u></u>	4,351.
<u>C</u>						-			
d						 			
Complete only for assets showin	u uain in	column (h) and owned by	the foundation	on 12/31/69				(I) Gains (Col. (h) gain	minue
(i) F.M.V. as of 12/31/69		(i) Adjusted basis as of 12/31/69	(k) E	cess of col. (1)		 		ol. (k), but not less that Losses (from col.	n -0-) or
		43 01 12/0 1/03	- 000	COI. ()), II dily					0 601
<u>a</u>				-		-			9,691, 4,351,
b				 				<u></u>	4,331,
c d									
е			L						
2 Capital gain net income or (net ca	pital loss	$\begin{cases} \text{ If gain, also enter} \\ \text{ If (loss), enter -0} \end{cases}$	' in Part I, line - in Part I, line	7 7	}	2			14,042
3 Net short-term capital gain or (los	,	` ,	ıd (6):		`				
If gain, also enter in Part I, line 8,	column (c).			}			37 / 3	
If (loss), enter -0- in Part I, line 8 Part V Qualification U	ndor S	Section 4940(e) for	Poducos	l Tay on Ne	t Inv	oetn	ent In	N/A	
							ignt in	COME	N/A
(For optional use by domestic private	Toundati	ions subject to the section 4	4940(a) tax or	i net mvestinent	mcom	e.)			N/A
If section 4940(d)(2) applies, leave th	iis part b	lank.							
Was the foundation liable for the sect	ion 4942	tay on the distributable am	ount of any v	ear in the hase n	eriod?				Yes No
If "Yes," the foundation does not qual					crious				
1 Enter the appropriate amount in a					entrie	s.			
(a) Base period years		(b)			(c)			D.,	(d) bution ratio
Base period years Calendar year (or tax year beginnir	na in)	Adjusted qualifying dis	tributions	Net value of n	oncha	, iritable-	use asset	s (col. (b) di	oution ratio
2014	<u> </u>								
2013									
2012									
2011									
2010									
2 Total of line 1, column (d)								2	
3 Average distribution ratio for the 5	5-year ba	se period - divide the total o	on line 2 by 5,	or by the number	er of ye	ears			
the foundation has been in exister	nce if less	s than 5 years						3	
4 Enter the net value of noncharitab	le-use as	sets for 2015 from Part X,	line 5					4	
5 Multiply line 4 by line 3								5	
6 Enter 1% of net investment incom	ie (1% of	Part I, line 27b)						6	
7 Add lines 5 and 6								7	
8 Enter qualifying distributions from		•						8	
If line 8 is equal to or greater than	line 7, cl	heck the box in Part VI, line	1b, and comp	lete that part us	ng a 1	% tax r	rate.		
See the Part VI instructions.									5 000 DE (004)

Pa	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ F BARRY SHAW Telephone no. ▶ (484) 3			3
	Located at ► 101 W HARRISBURG AVENUE, RHEEMS, PA ZIP+4 ►17	<u> 570</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		>	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	_16_		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			L
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			Í
	a disqualified person?		1	ĺ
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?] .	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			ĺ
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	1		(
	ıf the foundation agreed to make a grant to or to employ the official for a period after			
	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			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b_		X_
	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			
	before the first day of the tax year beginning in 2015?	1c		X
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)):			İ
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		}	
	before 2015?			
	If "Yes," list the years \blacktriangleright ,,,,,,		ļ	
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			
	statement - see instructions.) N/A	2b_		<u> </u>
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	<u> </u>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
b	of "Yes," did it have excess business holdings in 2015 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			ĺ
	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,			
	Form 4720, to determine if the foundation had excess business holdings in 2015) N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a_	 	<u>x</u> _
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 2015?	4.		v
	nan nocheen removen iroin egoarov beidre ine dist dav of ine tax veat beginning ill zo 157	ıΔħ		

THE SHAW FAMILY FOUNDATION	47-	4959876 Page 7
Part VIII Information About Officers, Directors, Trustees, Paid Employees, and Contractors (continued)	Foundation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If no		
(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 relangment of organizations and other beneficiaries served, conferences convened, research process of the conferences convened, research process.	evant statistical information such as the	Expenses
N/A	August produced, star	
2		
<u></u>		
3		
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
N/A		
]		
All other program related in watments. Can instructions		
All other program-related investments. See instructions.		

Total. Add lines 1 through 3

	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations		e instructions)
		indations, se	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		6 166
	Average monthly fair market value of securities	1a	6,166. 12,572.
	Average of monthly cash balances	1b	12,5/2.
	Fair market value of all other assets	1c	18,738.
d	Total (add lines 1a, b, and c)	1d	18,/38.
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	18,738.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	281.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	18,457.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	584.
	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.)	nd certain	
1	Minimum investment return from Part X, line 6	1	584.
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	280.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	304.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	304.
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	304.
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	200,000.
b	Program-related investments - total from Part IX-B	1b	<u>0,</u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	200,000.
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	200,000.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies for th	e section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,		<u> </u>		
line 7				304.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years:		_		
		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
b From 2011				
c From 2012				
d From 2013 e From 2014				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from	<u></u>			
Part XII, line 4: ► \$ 200, 000.				
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	· · · · · · · · · · · · · · · · · · ·			·
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				304.
e Remaining amount distributed out of corpus	199,696.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	199,696.			
b Prior years' undistributed income. Subtract	199,090.			
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line				 ·
4a from line 2a. Taxable amount - see instr.			0.	ı
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by			,	
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010	_			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016.	100 505	ļ		
Subtract lines 7 and 8 from line 6a	199,696.			
0 Analysis of line 9:				
a Excess from 2011	1			
b Excess from 2012				
c Excess from 2013				
d Excess from 2014 e Excess from 2015 199,696.				
e Excess from 2015 199,696.				5 000 PE (0045)

523581 11-24-15

Tart XV Cappicationally 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	Contribution	, anoun
a Paid during the year				
DODMIDON VIII I OO		DVIDI TO GUADIEV	AND THE CLUD COM	
BRETHREN VILLAGE 3001 LITITZ PIKE		PUBLIC CHARITY	ANNUAL SUPPORT	
LANCASTER, PA 17606				200,000
				-
			<u> </u>	 .
Total		ı	<u> 3a</u>	200 000
b Approved for future payment				
NONE				
	,			
	<u> </u>		.	
Total			▶ 3b	0.

523611 11-24-15

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		by section 512, 513, or 514	(e)
g. 222 2anita amasa ama managada	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion code	Amount	function income
a					
b					
C					
d	1 1				
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments	<u> </u>				
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	4.	
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					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other			1 1		
than inventory			18	14,042.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:				ĺ	
a	_				
b	_				
c	_				
d	_				
e	_		- - -	14 045	
12 Subtotal. Add columns (b), (d), and (e)		(0.	14,046.	14 044
13 Total. Add line 12, columns (b), (d), and (e)				13	14,046
(See worksheet in line 13 instructions to verify calculations.)				

Relationship of Activities to the Accomplishment of Exempt Purposes Part XVI-B

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).				
523621 11-24	-15 Form 990-PF (201				

47-4959876 THE SHAW FAMILY FOUNDATION Form 990-PF (2015) . Page 13 Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 1a(1) X X 1a(2) (2) Other assets **b** Other transactions: Х (1) Sales of assets to a noncharitable exempt organization 1b(1) Х 1b(2) (2) Purchases of assets from a noncharitable exempt organization X 1b(3) (3) Rental of facilities, equipment, or other assets X (4) Reimbursement arrangements 1b(4) Х (5) Loans or loan guarantees 1b(5) X (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/As return, including accompanying schedules and statements, and to the best of my knowledge eparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign return with the prepare hown below (see Here X Yes PRESIDENT Signature of officer or trustee Title Print/Type preparer's name Check If Date

Form 990-PF (2015)

P00011691

Firm's EIN ► 39~0859910

Phone no. 610-927-4910

self- employed

Paid

Preparer

Use Only

KRAUSE,

VIRCHOW

WYOMISSING, PA 19610-3338

JILL A. MARTIN

Firm's name ► BAKER TILLY

Firm's address ► 2609 KEISER BOULEVARD

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

2015

Name of the organization

Employer identification number

· · · · · · · · · · · · · · · · · · ·	47-4959876						
Organization type ((check one)						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private found	ation					
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation	n					
	501(c)(3) taxable private foundation						
	nization is covered by the General Rule or a Special Rule. n 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a	a Special Rule See instructions.					
General Rule							
	anization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributi from any one contributor. Complete Parts I and II. See instructions for determining a						
Special Rules							
sections 50 any one co	nanization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 (09(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, I contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% or 1990-EZ, line 1. Complete Parts I and II	line 13, 16a, or 16b, and that received from					
year, total	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.						
year, contr is checked purpose. D	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						
but it must answer	ization that is not covered by the General Rule and/or the Special Rules does not file "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ 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) (2015)

Name of organization

Employer identification number

THE SHAW FAMILY FOUNDATION

47-4959876

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	F BARRY SHAW 1111 BEAR CREEK ROAD ELIZABETHTOWN, PA 17022	\$ <u>150,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BARBARA W. SHAW 1111 BEAR CREEK ROAD ELIZABETHTOWN, PA 17022	\$ <u>150,000.</u>	Person X Payroll
(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)
(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 Occash If for noncash contributions (

Employer identification number

THE SHAW FAMILY FOUNDATION

47-4959876

	HAW FAMILY FOUNDATION		-4959876	
art II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
	VARIOUS STOCKS			
_1				
		\$\$	12/23/15	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
	VARIOUS STOCKS			
2				
		\$	12/23/15	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received	
Part I	Description of noncash property given	(see instructions)	Date received	
		\$		
(a) No.	(b)	(c) FMV (or estimate)	(d)	
from Part I	Description of noncash property given	(see instructions)	Date received	
raiti				
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
Part I		(see manuchons)		
!				
(a)				
No.	(b)	(c)	(d)	
from	Description of noncash property given	FMV (or estimate) (see instructions)	Date received	
Part I		(see man actions)		
		\$		

Name of orga	nization		Employer identification number
THE SHI Part III	completing Part III, enter the total of exclusively religious	:Olumns (a) through (e) and the followif s, charitable, etc., contributions of \$1,000 or le:	47-4959876 section 501(c)(7), (8), or (10) that total more than \$1,000 for ang line entry. For organizations set for the year (Enter this Info once) \$\Bigsir \frac{47-4959876}{\text{section \$5 \text{ (Enter this Info once)}}} \Bigsir \frac{5}{\text{section \$5 \text{ (Enter this Info once)}}}
(a) No. from Part I	Use duplicate copies of Part III if additiona (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- - -	Transferee's name, address, ar	(e) Transfer of gift	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
-	Transferee's name, address, ar	(e) Transfer of gift	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 gift	
-	Transferee's name, address, ar	nd 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
-	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
-			

FORM 990-PF DIVI	DENDS	AND INTER	EST	FROM SECUR	ITIES	STATEME	ENT	1
SOURCE AMO	SS UNT	CAPITAL GAINS DIVIDEND		(A) REVENUE PER BOOKS	(B) NET INVEST MENT INCOM	r- ADJ	(C) JUSTED INCOM	
RBC CAPITAL MARKETS, LLC	4.		0.	4.		4.		
TO PART I, LINE 4	4.		0.	4.		4.		_ =
FORM 990-PF		OTHER E	XPE	ISES		STATEME	ENT	2
DESCRIPTION	_	(A) EXPENSES PER BOOKS		(B) TINVEST- NT INCOME	(C) ADJUSTED NET INCOM	CHAF	(D) RITABI RPOSES	
BANK FEES		26.		26.			C) .
TO FORM 990-PF, PG 1, LN	23 =	26.		26.			C) . =
FORM 990-PF OTHER DECR	EASES	IN NET AS	SET	OR FUND B	ALANCES	STATEME	ENT	3
DESCRIPTION						JOMA	TNU	
ADJUSTMENT FOR BASIS DIFF	ERENC	ES IN CONT	RIB	JTED SECURI	TIES	4	17,987	7.
TOTAL TO FORM 990-PF, PAR	T III	, LINE 5			-	4	17,987	 7.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	4
NAME OF CONTRIBUTOR	ADDRESS		
F BARRY SHAW	1111 BEAR CREEK ROAD ELIZABETHTOWN, PA 17022		
BARBARA W. SHAW	1111 BEAR CREEK ROAD ELIZABETHTOWN, PA 17022		
FORM 990-PF	PART XV - LINE 1A LIST OF FOUNDATION MANAGERS	STATEMENT	 5

NAME OF MANAGER

F. BARRY SHAW BARBARA W. SHAW

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

F. BARRY SHAW 101 W. HARRISBURG AVE RHEEMS, PA 17570

TELEPHONE NUMBER

(484) 334-8373

FORM AND CONTENT OF APPLICATIONS

APPLICATIONS SHOULD BE SUBMITTED IN THE FORM OF A LETTER AND CONTAIN A SPECIFIC PROPOSAL.

ANY SUBMISSION DEADLINES

APPLICATIONS ARE ACCEPTED AT ANY TIME.

RESTRICTIONS AND LIMITATIONS ON AWARDS

GRANTS ARE MADE TO PROMOTE CHARITABLE, EDUCATIONAL, AND SCIENTIFIC PURPOSES.