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For calendar year 2015, or tax year beginning 10-01-2015 , and ending 09-30-2016

Name of foundation BRUCE R & MADELYN G SNYDER FOUNDATION		<b>A Employer identification number</b> 23-2706874	
Number and street (or P O box number if mail is not delivered to street address) 3090 CAPE HORN ROAD		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code RED LION, PA 17356		<b>B</b> Telephone number (see instructions) (717) 244-1099	
<b>G</b> Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		<b>C</b> If exemption application is pending, check here <input type="checkbox"/> <b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
<b>H</b> Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$</b> 7,443,300		<b>J</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis )	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		Revenue and expenses per books <b>(a)</b>	Net investment income <b>(b)</b>	Adjusted net income <b>(c)</b>	Disbursements for charitable purposes <b>(d)</b> (cash basis only)
Revenue	<b>1</b> Contributions, gifts, grants, etc , received (attach schedule) . . . . .	149,731			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	<b>3</b> Interest on savings and temporary cash investments . . . . .	10,039	10,039		
	<b>4</b> Dividends and interest from securities . . . . .	285,674	285,674		
	<b>5a</b> Gross rents . . . . .				
	<b>b</b> Net rental income or (loss) _____				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 _____	-362,094			
	<b>b</b> Gross sales price for all assets on line 6a 1,289,618				
	<b>7</b> Capital gain net income (from Part IV, line 2) . . . . .		0		
	<b>8</b> Net short-term capital gain . . . . .				
	<b>9</b> Income modifications . . . . .				
	<b>10a</b> Gross sales less returns and allowances _____				
Operating and Administrative Expenses	<b>b</b> Less Cost of goods sold . . . . .				
	<b>c</b> Gross profit or (loss) (attach schedule) . . . . .				
	<b>11</b> Other income (attach schedule) . . . . .				
	<b>12 Total.</b> Add lines 1 through 11 . . . . .	83,350	295,713		
	<b>13</b> Compensation of officers, directors, trustees, etc . . . . .	0	0		0
	<b>14</b> Other employee salaries and wages . . . . .				
	<b>15</b> Pension plans, employee benefits . . . . .				
	<b>16a</b> Legal fees (attach schedule). . . . .				
	<b>b</b> Accounting fees (attach schedule). . . . .				
	<b>c</b> Other professional fees (attach schedule) . . . . .				
	<b>17</b> Interest . . . . .				
	<b>18</b> Taxes (attach schedule) (see instructions) . . . . .	7,702	0		0
	<b>19</b> Depreciation (attach schedule) and depletion . . . . .				
	<b>20</b> Occupancy . . . . .				
	<b>21</b> Travel, conferences, and meetings. . . . .				
	<b>22</b> Printing and publications . . . . .				
	<b>23</b> Other expenses (attach schedule). . . . .	98	98		0
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	7,800	98		0
	<b>25</b> Contributions, gifts, grants paid . . . . .	381,000			381,000
	<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	388,800	98		381,000
	<b>27</b> Subtract line 26 from line 12				
	<b>a Excess of revenue over expenses and disbursements</b>	-305,450			
	<b>b Net investment income</b> (if negative, enter -0-)		295,615		
<b>c Adjusted net income</b> (if negative, enter -0-)					

<b>Part II</b> <b>Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .			
	<b>2</b>	Savings and temporary cash investments . . . . .	182,474	12,080	12,080
	<b>3</b>	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b>	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b>	Grants receivable . . . . .			
	<b>6</b>	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions). . . . .			
	<b>7</b>	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b>	Inventories for sale or use . . . . .			
	<b>9</b>	Prepaid expenses and deferred charges . . . . .			
	<b>10a</b>	Investments—U S and state government obligations (attach schedule)			
	<b>b</b>	Investments—corporate stock (attach schedule) . . . . .	5,986,404 	5,850,164	7,217,980
	<b>c</b>	Investments—corporate bonds (attach schedule) . . . . .	200,000 	200,000	213,240
	<b>11</b>	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b>	Investments—mortgage loans . . . . .			
	<b>13</b>	Investments—other (attach schedule) . . . . .			
	<b>14</b>	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>15</b>	Other assets (describe ▶ _____)			
	<b>16</b>	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	6,368,878	6,062,244	7,443,300
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .			
	<b>18</b>	Grants payable . . . . .			
	<b>19</b>	Deferred revenue . . . . .			
	<b>20</b>	Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b>	Mortgages and other notes payable (attach schedule). . . . .			
	<b>22</b>	Other liabilities (describe ▶ _____)			
	<b>23</b>	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	<b>24</b>	Unrestricted . . . . .			
	<b>25</b>	Temporarily restricted . . . . .			
	<b>26</b>	Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>				
	<b>27</b>	Capital stock, trust principal, or current funds . . . . .	0	0	
	<b>28</b>	Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
	<b>29</b>	Retained earnings, accumulated income, endowment, or other funds	6,368,878	6,062,244	
	<b>30</b>	<b>Total net assets or fund balances</b> (see instructions) . . . . .	6,368,878	6,062,244	
	<b>31</b>	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	6,368,878	6,062,244	

<b>Part III</b> <b>Analysis of Changes in Net Assets or Fund Balances</b>		
<b>1</b>	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b> 6,368,878
<b>2</b>	Enter amount from Part I, line 27a . . . . .	<b>2</b> -305,450
<b>3</b>	Other increases not included in line 2 (itemize) ▶ _____ 	<b>3</b> 60,353
<b>4</b>	Add lines 1, 2, and 3 . . . . .	<b>4</b> 6,123,781
<b>5</b>	Decreases not included in line 2 (itemize) ▶ _____ 	<b>5</b> 61,537
<b>6</b>	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	<b>6</b> 6,062,244

Part IV Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr )	Date sold (d) (mo , day, yr )
1 a	PUBLICLY TRADED SECURITIES			2016-09-15
b	CAPITAL GAINS DIVIDENDS	P		
c				
d				
e				

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a 1,237,301		1,651,712	-414,411
b 52,317			52,317
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0- ) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a			-414,411
b			52,317
c			
d			
e			

2	Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	-362,094
3	Net short-term capital gain or (loss) 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- in Part I, line 8		3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )  
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No  
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	317,000	7,354,058	0 043105
2013	403,339	7,464,273	0 054036
2012	365,783	7,056,614	0 051835
2011	346,863	6,326,741	0 054825
2010	120,000	5,447,331	0 022029

2	Total of line 1, column (d).	2	0 225830
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 045166
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	7,180,350
5	Multiply line 4 by line 3.	5	324,308
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	2,956
7	Add lines 5 and 6.	7	327,264
8	Enter qualifying distributions from Part XII, line 4.	8	381,000

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See  
the Part VI instructions


Part VII

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> 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 here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .		1	2,956
c 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	2,956
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4	0
5 Tax based on investment income.Subtract line 4 from line 3 If zero or less, enter -0- . . . . .		5	2,956
6 Credits/Payments			
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a	6,300	
b Exempt foreign organizations—tax withheld at source . . . . .	6b		
c Tax paid with application for extension of time to file (Form 8868). . . . .	6c		
d Backup withholding erroneously withheld . . . . .	6d		
7 Total credits and payments Add lines 6a through 6d. . . . .		7	6,300
8 Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached		8	
9 Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed . . . . .		9	
10 Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. . . . .		10	3,344
11 Enter the amount of line 10 to be Credited to 2015 estimated tax <input type="checkbox"/> 3,344 Refunded <input type="checkbox"/>		11	0

Part VII-A

Statements Regarding Activities

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	1a	Yes	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . 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	1b		No
c Did the foundation file Form 1120-POL for this year? . . . . .	1c		No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . If "Yes," attach a detailed description of the activities	2		No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .	3		No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	4a		No
b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by General Instruction T	5		No
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 conflict with the state law remain in the governing instrument? . . . . .	6	Yes	
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 XV . . . . .	7	Yes	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> PA			
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 .	8b	Yes	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV . . . . .	9		No
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  . . . . .	10	Yes	

**Part VII-A Statements Regarding Activities (continued)**

<b>11</b>	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). . . . .	<b>11</b>		<b>No</b>
<b>12</b>	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) . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► <u>B ROBERT SNYDER</u> Telephone no ► <u>(717) 244-1099</u> Located at ► <u>3090 CAPE HORN ROAD RED LION PA</u> ZIP+4 ► <u>17356</u>			
<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ► <b>15</b>			
<b>16</b>	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ►	<b>16</b>	<b>Yes</b>	<b>No</b>

**Part 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.			<b>Yes</b>	<b>No</b>
<b>1a</b>	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(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)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if 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 ). . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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)? . . . . . <b>1b</b>			
	Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>			
<b>c</b>	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? . . . . . <b>1c</b>			<b>No</b>
<b>2</b>	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))			
<b>a</b>	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? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions ). . . . . <b>2b</b>			
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If "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 of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015</i> ). . . . . <b>3b</b>			
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</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?	<b>4b</b>		<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)**

<b>5a</b> During the year did the foundation pay or incur any amount to			
<b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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)?		<b>5b</b>	
Organizations relying on a current notice regarding disaster assistance check here.			
<b>c</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>6b</b>	<b>No</b>
<i>If "Yes" to 6b, file Form 8870</i>			
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		<b>7b</b>	

**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	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				
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	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				
<b>Total</b> number of other employees paid over \$50,000.				0

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. 0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0



**Part X Minimum Investment Return**

(All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	7,098,964
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	190,731
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	7,289,695
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	7,289,695
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	109,345
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b>	7,180,350
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	359,018

**Part XI Distributable Amount**(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	359,018
<b>2a</b>	Tax on investment income for 2015 from Part VI, line 5. . . . .	<b>2a</b>	2,956
<b>b</b>	Income tax for 2015 (This does not include the tax from Part VI ). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	2,956
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	<b>3</b>	356,062
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	356,062
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	<b>7</b>	356,062

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
<b>a</b>	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	<b>1a</b>	381,000
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	381,000
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	<b>5</b>	2,956
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	378,044

**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

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, line 7				356,062
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only. . . . .			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010. . . . .				
b From 2011. . . . .				
c From 2012. . . . .				
d From 2013. . . . .				38,612
e From 2014. . . . .				
f Total of lines 3a through e. . . . .	38,612			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ 381,000				
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. . . . .				356,062
e Remaining amount distributed out of corpus	24,938			
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	63,550			
b Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
d Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 . . . . .				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 (see instructions). . .	0			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a . . . . .	63,550			
10 Analysis of line 9				
a Excess from 2011. . . .				
b Excess from 2012. . . .				
c Excess from 2013. . . .				38,612
d Excess from 2014. . . .				
e Excess from 2015. . . .				24,938

## Part XIV

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**b**

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	

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## Part XV

## 1

Contributed more than 2% of the total contributions received by the foundation  
 (or have contributed more than \$5,000) (See section 507(d)(2) )

10% or more of the stock of a corporation (or an equally large portion of the stock of a partnership) in which the foundation has a 10% or greater interest

## 2

Contributions to preselected charitable organizations and does not accept or make gifts, grants, etc. (see instructions) to individuals or organizations under

- mail address of the person to whom applications should be addressed

mitted and information and materials they should include

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as by geographical areas, charitable fields, kinds of institutions, or other

Part XV

Supplementary Information(continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<div>a Paid during the year</div> <div>See Additional Data Table</div>				
<div>Total . . . . .</div>			<div>3a</div>	381,000
<div>b Approved for future payment</div>				
<div>Total . . . . .</div>			<div>3b</div>	0

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2015)

1. 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?

<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of			
<b>(1)</b> Cash.		<b>1a(1)</b>	<b>No</b>
<b>(2)</b> Other assets.		<b>1a(2)</b>	<b>No</b>
<b>b</b> Other transactions			
<b>(1)</b> Sales of assets to a noncharitable exempt organization.		<b>1b(1)</b>	<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization.		<b>1b(2)</b>	<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets.		<b>1b(3)</b>	<b>No</b>
<b>(4)</b> Reimbursement arrangements.		<b>1b(4)</b>	<b>No</b>
<b>(5)</b> Loans or loan guarantees.		<b>1b(5)</b>	<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations.		<b>1b(6)</b>	<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees.		<b>1c</b>	<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</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 <b>(d)</b> the value of the goods, other assets, or services received.			

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes  
☒ No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	<div style="text-align: center;">*****</div> <div style="border-top: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="text-align: center;">Signature of officer or trustee</div>	<div style="text-align: center;">2017-01-17</div> <div style="border-top: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="text-align: center;">Date</div>	<div style="text-align: center;">*****</div> <div style="border-top: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="text-align: center;">Title</div>

May the IRS discuss this return with the preparer shown below?  
 (see instr.)? ☒ **Yes** ☐ **No**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name AMY GOHN ANSTINE	Preparer's Signature	Date 2017-01-17	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00072689
	Firm's name ▶ RKL LLP			Firm's EIN ▶	23-2108173
	Firm's address ▶ 3501 CONCORD ROAD PO BOX 21439 YORK, PA 17402			Phone no ▶	(717) 843-3804

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

<b>(a) Name and address</b>	<b>Title, and average hours per week (b) devoted to position</b>	<b>(c) Compensation(If not paid, enter -0-)</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>Expense account, (e) other allowances</b>
JOANN SEIDENSTRICKER	PRESIDENT 1 00	0	0	0
3090 CAPE HORN ROAD RED LION, PA 17356				
B ROBERT SNYDER	VICE PRESIDENT 1 00	0	0	0
3090 CAPE HORN ROAD RED LION, PA 17356				
CAROLYN KLINE	VICE PRESIDENT 1 00	0	0	0
3090 CAPE HORN ROAD RED LION, PA 17356				
DARLA HOLTZAPPLE	TREASURER 1 00	0	0	0
3090 CAPE HORN ROAD RED LION, PA 17356				
HOLLY SEACE	SECRETARY 1 00	0	0	0
3090 CAPE HORN ROAD RED LION, PA 17356				

**Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).**

JOANN SEIDENSTRICKER

B ROBERT SNYDER



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ALZHEIMER'S ASSOCIATION SOUTH CENTRAL PA CHAPTER 3544 NORTH PROGRESS AVENUE SUITE 205 HARRISBURG,PA 17110	NONE	PC	TO HELP FAMILIES COPE WITH ALZHEIMER'S DISEASE	18,000
AMERICAN CANCER SOCIETY 314 GOOD DRIVE LANCASTER,PA 17603	NONE	PC	TO FIND A CURE FOR CANCER	5,000
AMERICAN DIABETES ASSOCIATION 3544 NORTH PROGRESS AVENUE SUITE 101 HARRISBURG,PA 17110	NONE	PC	TO FUND RESEARCH TO PREVENT, CURE AND MANAGE DIABETES	7,000
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS,TX 75231	NONE	PC	TO BUILD HEALTHIER LIVES, FREE OF CARDIOVASCULAR DISEASE	8,000
AMERICAN PARKINSON DISEASE ASSOCIATION 10850 WILSHIRE BLVD STE 730 LOS ANGELES,CA 90024	NONE	PC	TO FIND A CURE FOR PARKINSON DISEASE	18,000
AMERICAN RED CROSS 724 SOUTH GEORGE STREET YORK,PA 17401	NONE	PC	FOR THE GENERAL OPERATING FUND	5,000
BELL SOCIALIZATION SERVICE 160 SOUTH GEORGE STREET YORK,PA 17401	NONE	PC	TO PROVIDE QUALITY MENTAL HEALTH, MENTAL RETARDATION	3,000
CAMPUS CRUSADE FOR CHRIST 23181 VERDUGO DR SUITE 106 LAGUNA HILLS,CA 92653	NONE	PC	TO COMMUNICATE GOD'S LOVE THROUGH MUSIC	3,000
CANCER PAITENT HELP FUND - YORK CANCER CENTER 25 MONUMENT ROAD SUITE 194 YORK,PA 17403	NONE	PC	FINANCIAL ASSISTANCE TO CANCER PATIENTS	5,000
CANINE PARTNERS FOR LIFE 334 FAGGS MANOR ROAD COCHRANVILLE,PA 19330	NONE	PC	FOR THE GENERAL OPERATING FUND	4,000
CENTRAL PA FOOD BANK 3908 COREY ROAD HARRISBURG,PA 17109	NONE	PC	TO PROVIDE FOOD TO FAMILIES IN NEED	10,000
CHILDREN'S AID SOCIETY 1008 SOUTH SECOND STREET CLEARFIELD,PA 16830	NONE	PC	TO FUND THE PREVENTION OF CHILD ABUSE	7,000
CHILDREN'S HOME OF YORK 77 SHOE HOUSE ROAD YORK,PA 17406	NONE	PC	TO PROVIDE COMMUNITY-BASED SVS TO STRENGTHEN CHILDREN	12,000
COMPASSIONATE CARE HOSPICE 2449 SOUTH QUEEN STREET YORK,PA 17402	NONE	PC	TO PROVIDE COMPASSIONATE, QUALITY CARE FOR TERMINALLY ILL	2,000
FEED THE CHILDREN PO BOX 36 OKLAHOMA CITY,OK 73101	NONE	PC	TO PROVIDE FOOD FOR CHILDREN	10,000
<b>Total . . . . . ▶ 3a</b>				381,000

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GOLDEN CONNECTIONS COMMUNITY CENTER 20C GOTHAM PLACE RED LION,PA 17356	NONE	PC	FOR THE GENERAL OPERATING FUND	1,000
HEARING HEALTH FOUNDATION 363 SEVENTH AVENUE 10TH FLOOR NEW YORK,NY 100013904	NONE	PC	FOR THE GENERAL OPERATING FUND	1,000
HERSHEY MEDICAL CENTER - 4 DIAMONDS 1875 CENTURY PARK EAST SUITE 200 LOS ANGELES,CA 90067	NONE	PC	TO SUPPORT THE FIGHT AGAINST CANCER	5,000
HOFFMAN HOME FOR YOUTH 815 ORPHANAGE ROAD LITTLETOWN,PA 17340	NONE	PC	TO PROVIDE A CARING ENVIRONMENT TO CENTRAL PA'S CHILDREN	8,000
HOUSE OF HOPE YORK PA 3899 STICKS ROAD GLEN ROCK,PA 17327	NONE	PC	TO PROVIDE CHRISTIAN COUNSELING FOR TROUBLED TEENS	7,000
LEADING THE WAY PO BOX 20100 ATLANTA,GA 30325	NONE	PC	FOR THE GENERAL OPERATING FUND	8,000
LEG UP FARM 4880 NORTH SHERMAN STREET MOUNT WOLF,PA 17347	NONE	PC	TO PROVIDE THERAPY FOR CHILDREN WITH DISABILITIES	7,000
MAKE A WISH FOUNDATION 2951 WHITEFORD ROAD SUITE 304 YORK,PA 17402	NONE	PC	GRANT WISH OF CHILD DIAGNOSED WITH LIFE- THREATENING MEDICAL CONDITION	2,000
MARGARET MOUL CEREBRAL PALSY HOME 2050 BARLEY ROAD YORK,PA 17408	NONE	PC	TO PROVIDE MEDICAL AND NURSING CARE AS WELL AS REHAB	10,000
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DR TRIANGLE,VA 22172	NONE	PC	FOR THE GENERAL OPERATING FUND	2,000
MDA 3300 EAST SUNRISE DRIVE TUCSON,AZ 85718	NONE	PC	TO FUND RESEARCH OF CAUSES AND TREATMENTS	3,000
MISSION TO CHILDREN LEPROSY FUND 425 WEST FIFTH AVENUE SUITE 201 ESCONDIDO,CA 92025	NONE	PC	TO CARE FOR AND CULTIVATE CHRIST LIKE CHARACTER IN CHILDREN	10,000
NATIONAL MULTIPLE SCLEROSIS SOCIETY CENTRAL PA CHAPTER 2040 LINGLESTOWN ROAD SUITE 104 HARRISBURG,PA 17110	NONE	PC	TO FUND RESEARCH INTO CAUSE AND CURE OF MS	4,000
OLIVIA'S HOUSE GRIEF AND LOSS 830 SOUTH GEORGE STREET YORK,PA 17403	NONE	PC	TO FACILITATE HEALING THROUGH GRIEF AND LOSS EDUCATION	3,000
PTC YOUTH SERVICES PO BOX 472 RED LION,PA 17356	NONE	PC	FOR THE GENERAL OPERATING FUND	4,000
<b>Total . . . . . ▶ 3a</b>				381,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
RED LION AREA COMMUNITY SERVICES INC 20 GOTHAM DR A RED LION,PA 17356	NONE	PC	FOR THE GENERAL OPERATING FUND	10,000
RONALD MCDONALD HOUSE 745 WEST GOVERNOR ROAD HERSHEY,PA 17033	NONE	PC	TO PROVIDE LODGING FOR FAMILIES OF SICK OR INJURED CHILDREN	5,000
SALVATION ARMY 50 EAST KING STREET YORK,PA 17401	NONE	PC	TO MEET HUMAN NEEDS WITHOUT DISCRIMINATION	20,000
SAMARITAN'S PURSE PO BOX 3000 BOONE,NC 28607	NONE	PC	TO PROVIDE AID TO VICTIMS OF WAR, POVERTY, NATURAL DISASTER	18,000
SERVANTS INC 100 REDCO AVENUE SUITE C-0 RED LION,PA 17356	NONE	PC	FOR THE GENERAL OPERATING FUND	1,000
SHRINERS' HOSPITAL 2900 ROCKY POINT DR TAMPA,FL 33607	NONE	PC	TO FUND PEDIATRIC SPECIALTY CARE, INNOVATIVE RESEARCH	18,000
SMILE TRAIN 41 MADISON AVE 28TH FLOOR NEW YORK,NY 10010	NONE	PC	TO PROVIDE FREE CLEFT SURGERY FOR CHILDREN	15,000
SON'SPOT MINISTRIES INC PO BOX 756 OCEAN CITY,MD 21842	NONE	PC	FOR THE GENERAL OPERATING FUND	7,000
SPIRITRUST FOUNDATION 1050 PENNSYLVANIA AVENUE YORK,PA 17404	NONE	PC	LINK THE DEAF COMMUNITY AND HEARING IMPAIRED TO HEARING COMMUNITY	7,000
ST JUDE RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS,TN 38105	NONE	PC	TO FIND CURES FOR CHILDREN WITH CANCER AND OTHER LIFE THREATENING DISEASES	12,000
ST PAUL'S HOUSE INC 335 WEST 51ST STREET NEW YORK,NY 10019	NONE	PC	FOR THE GENERAL OPERATING FUND	2,000
ST PAUL'S UNITED METHODIST CHURCH 128 S BELVIDERE AVE YORK,PA 17401	NONE	PC	FOR THE GENERAL OPERATING FUND	4,000
THE ARC OF YORK COUNTY 497 HILL STREET YORK,PA 17403	NONE	PC	FOR THE GENERAL OPERATING FUND	1,000
UM HOME FOR CHILDREN 5120 SIMPSON FERRY ROAD MECHANICSBURG,PA 17050	NONE	PC	TO PROVIDE A CARING ENVIRONMENT TO CENTRAL PA'S CHILDREN	8,000
VNA OF YORK COUNTY 218 EAST MARKET STREET YORK,PA 17403	NONE	PC	TO PROVIDE HOME HEALTH SERVICES	5,000
<b>Total . . . . . ▶ 3a</b>				381,000

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WORLD TEAM 1431 STUCKERT ROAD WARRINGTON,PA 18976	NONE	PC	FOR THE GENERAL OPERATING FUND	4,000
WORLD VISION PO BOX 9716 DEPT W FEDERAL WAY,WA 98063	NONE	PC	TO HELP TACKLE THE CAUSES OF POVERTY AND INJUSTICE	10,000
YORK BENEVOLENT ASSOCIATION PO BOX 5041 YORK,PA 17405	NONE	PC	TO PROVIDE FAMILIES IN NEED WITH FOOD AND EMERGENCY	9,000
YORK COUNTY BLIND CENTER 1380 SPAHN AVENUE YORK,PA 17403	NONE	PC	TO PROVIDE SERVICES TO PREVENT, PREPARE, AND ADJUST	7,000
YORK COUNTY FOOD BANK 254 WEST PRINCESS STREET YORK,PA 17401	NONE	PC	TO PROVIDE FOOD FOR PEOPLE IN NEED	10,000
YORK COUNTY LITERACY COUNCIL 800 EAST KING STREET YORK,PA 17403	NONE	PC	TO EDUCATE THE COMMUNITY	3,000
YORK RESCUE MISSION 367 WEST MARKET STREET YORK,PA 17401	NONE	PC	TO OFFER FOOD, CLOTHING, SHELTER AND SPIRITUAL GUIDANCE	10,000
YWCA - YORK - ACCESS YORK 320 EAST MARKET STREET YORK,PA 17403	NONE	PC	FOR THE GENERAL OPERATING FUND	1,000
HOPE INTERNATIONAL 227 GRANITE RUN DRIVE SUITE 250 LANCASTER,PA 17601	NONE	PC	FOR THE GENERAL OPERATING FUND	2,000
<b>Total . . . . . ▶ 3a</b>				381,000

**TY 2015 Investments Corporate Bonds Schedule****Name:** BRUCE R & MADELYN G SNYDER FOUNDATION**EIN:** 23-2706874

<b>Name of Bond</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
MORGAN STANLEY - BONDS	200,000	213,240

**TY 2015 Investments Corporate Stock Schedule****Name:** BRUCE R & MADELYN G SNYDER FOUNDATION**EIN:** 23-2706874

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
MORGAN STANLEY - STOCKS	3,095,962	4,190,552
MORGAN STANLEY - MUTUAL FUNDS	2,754,202	3,027,428

**TY 2015 Other Decreases Schedule****Name:** BRUCE R & MADELYN G SNYDER FOUNDATION**EIN:** 23-2706874

Description	Amount
BOOK/TAX DIFFERENCE ON VALUE OF STOCK DONATED	61,537

**TY 2015 Other Expenses Schedule****Name:** BRUCE R & MADELYN G SNYDER FOUNDATION**EIN:** 23-2706874

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT SERVICE FEES	98	98		0



**TY 2015 Other Increases Schedule****Name:** BRUCE R & MADELYN G SNYDER FOUNDATION**EIN:** 23-2706874

Description	Amount
MORGAN STANLEY COST BASIS ADJUSTMENTS	60,353

## TY 2015 Substantial Contributors Schedule

**Name:** BRUCE R & MADELYN G SNYDER FOUNDATION

**EIN:** 23-2706874

Name	Address
B ROBERT SNYDER	2708 HERITAGE HILLS CIRCLE YORK, PA 17402
CAROLYN KLINE	728 E MAIN STREET DALLASTOWN, PA 17313
JOANN SEIDENSTRICKER	2941 SUNSET DRIVE DALLASTOWN, PA 17313

**TY 2015 Taxes Schedule****Name:** BRUCE R & MADELYN G SNYDER FOUNDATION**EIN:** 23-2706874

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAXES	7,702	0		0

Schedule B

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

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2015

Name of the organization	Employer identification number
BRUCE R & MADELYN G SNYDER FOUNDATION	23-2706874

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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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	CAROLYN KLINE	\$ 48,489	Person <input type="checkbox"/>
	728 E MAIN STREET		Payroll <input type="checkbox"/>
	DALLASTOWN, PA 17313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
2	JOANN SEIDENSTRICKER	\$ 100,851	Person <input type="checkbox"/>
	2941 SUNSET DRIVE		Payroll <input type="checkbox"/>
	DALLASTOWN, PA 17313		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
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			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
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			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

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**Part II** **Noncash Property**  
(see instructions) Use duplicate copies of Part 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
1	600 SHARES OF EXXON MOBIL CORP STOCK	\$ 48,489	2016-09-30
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	640 SHS HONEYWELL, 545 SHS MICROSOFT CORPORATION, AND 37 SHS EXXON MOBIL CORP STOCK	\$ 100,851	2016-09-30
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
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		\$	
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		\$	

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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed

(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, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
--		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
--		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
--		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
--		_____	
_____		_____	