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For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

Name of foundation THE ROBERT AND ANGELA ORTENZIO FAMILY FOUNDATION		A Employer identification number 25-6843186	
Number and street (or P O box number if mail is not delivered to street address) 4732 GETTYSBURG ROAD - SUITE 401		Room/suite	B Telephone number (see instructions) (717) 972-1300
City or town, state or province, country, and ZIP or foreign postal code MECHANICSBURG, PA 17055		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <div><input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input checked="" type="checkbox"/> Address change</div> <div><input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H 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		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 6,324,672	J 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 )	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	1,000,000			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments . . . . .				
	4 Dividends and interest from securities . . . . .	108,076	108,061		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	-5,968			
	b Gross sales price for all assets on line 6a 1,328,940				
	7 Capital gain net income (from Part IV, line 2) . . . . .				
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	372	372		
	12 Total. Add lines 1 through 11 . . . . .	1,102,480	108,433		
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .	4,200	1,400		2,800
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	16,764	1		
	19 Depreciation (attach schedule) and depletion . . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	12,694	12,679		15
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	33,658	14,080		2,815
	25 Contributions, gifts, grants paid . . . . .	87,100			87,100
	26 Total expenses and disbursements. Add lines 24 and 25	120,758	14,080		89,915
	27 Subtract line 26 from line 12				
a Excess of revenue over expenses and disbursements		981,722			
b Net investment income (if negative, enter -0-)			94,353		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets		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			
Assets	1	Cash—non-interest-bearing . . . . .	2,424	7,321	7,321		
	2	Savings and temporary cash investments . . . . .	272,210	78,476	78,476		
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	5	Grants receivable . . . . .					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .					
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____					
	8	Inventories for sale or use . . . . .					
	9	Prepaid expenses and deferred charges . . . . .					
	10a	Investments—U S and state government obligations (attach schedule)	193,953	353,953	345,244		
	b	Investments—corporate stock (attach schedule) . . . . .	811,949	818,045	3,706,274		
	c	Investments—corporate bonds (attach schedule) . . . . .	1,373,647	2,232,469	2,185,751		
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
	12	Investments—mortgage loans . . . . .					
	13	Investments—other (attach schedule) . . . . .					
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
15	Other assets (describe ▶ _____)	124	1,606	1,606			
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	2,654,307	3,491,870	6,324,672			
Liabilities	17	Accounts payable and accrued expenses . . . . .					
	18	Grants payable . . . . .					
	19	Deferred revenue . . . . .					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule) . . . . .					
	22	Other liabilities (describe ▶ _____)					
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .		0			
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/></b> <b>and complete lines 24 through 26 and lines 30 and 31.</b>						
	24	Unrestricted . . . . .					
	25	Temporarily restricted . . . . .					
	26	Permanently restricted . . . . .					
	<b>Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/></b> <b>and complete lines 27 through 31.</b>						
	27	Capital stock, trust principal, or current funds . . . . .	2,654,307	3,491,870			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund					
	29	Retained earnings, accumulated income, endowment, or other funds					
30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	2,654,307	3,491,870				
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) .	2,654,307	3,491,870				

**Part III Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	2,654,307
2	Enter amount from Part I, line 27a . . . . .	2	981,722
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3 . . . . .	4	3,636,029
5	Decreases not included in line 2 (itemize) ▶ _____	5	144,159
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	3,491,870

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
<b>1 a</b> SEE ATTACHED JP MORGAN STMT 09102	P		
<b>b</b> SEE ATTACHED JP MORGAN STMT 09102	P		
<b>c</b> SEE ATTACHED JP MORGAN STMT 09102	P		
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 908,102		911,326	-3,224
<b>b</b> 380,008		400,347	-20,339
<b>c</b> 40,795		23,235	17,560
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b>			-3,224
<b>b</b>			-20,339
<b>c</b>			17,560
<b>d</b>			
<b>e</b>			

<b>2</b> 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 }	<b>2</b>	-5,968
<b>3</b> 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		<b>3</b>	

**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))
2015	375,115	4,672,173	0 080287
2014	440,915	3,438,212	0 128240
2013	1,040,177	2,681,232	0 387947
2012	1,246,151	2,605,713	0 478238
2011	1,482,806	3,052,230	0 485811

<b>2</b> Total of line 1, column (d)	<b>2</b>	1 560523
<b>3</b> 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	<b>3</b>	0 312105
<b>4</b> Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	<b>4</b>	5,149,606
<b>5</b> Multiply line 4 by line 3	<b>5</b>	1,607,218
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	944
<b>7</b> Add lines 5 and 6	<b>7</b>	1,608,162
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	89,915

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 VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	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>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	1,887
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	1,887
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	1,887
<b>6</b>	Credits/Payments		
<b>a</b>	2016 estimated tax payments and 2015 overpayment credited to 2016	<b>6a</b>	9,370
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	9,370
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	<b>10</b>	7,483
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2017 estimated tax</b> <input type="checkbox"/> 2,000 <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	5,483

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . <i>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</i>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities</i>	<b>2</b>	No
<b>3</b> 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? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>	No
<b>6</b> 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? . . . . .	<b>6</b>	Yes
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> PA		
<b>b</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? <i>If "No," attach explanation</i> .	<b>8b</b>	Yes
<b>9</b> 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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	<b>10</b>	No

**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>ROBERT L NAUSE</u> Telephone no ► <u>(717) 972-1300</u>			

Located at ► 4732 GETTYSBURG ROAD SUITE 401 MECHANICSBURG PA ZIP+4 ► 17055

<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 2016, 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?	<b>16</b>	<b>Yes</b>	<b>No</b>
	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 ►			

**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>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(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 checked="" type="checkbox"/> Yes <input 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>		<b>No</b>
	Organizations relying on a current notice regarding disaster assistance check here. . . . .			
<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 2016? . . . . .	<b>1c</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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? . . . . .		<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 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016) . . . . .	<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 2016?	<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))? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <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? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <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? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
<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)? . . . . . <span style="float:right;"><input type="checkbox"/></span> Organizations relying on a current notice regarding disaster assistance check here. . . . . <span style="float:right;"><input type="checkbox"/></span>	<b>5b</b>		
<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? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <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? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <i>If "Yes" to 6b, file Form 8870</i>	<b>6b</b>		<b>No</b>
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . . <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>	<b>7b</b>		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

<b>1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).</b>				
(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
ROBERT A ORTENZIO 1716 OLMSTEAD WAY E CAMP HILL, PA 17011	TRUSTEE 5 00	0	0	0
ANGELA D ORTENZIO 1716 OLMSTEAD WAY E CAMP HILL, PA 17011	TRUSTEE 5 00	0	0	0
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(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 number of other employees paid over \$50,000.</b> . . . . . <span style="float:right;"><input type="checkbox"/></span>				

**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. . . . . ▶		

**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
<b>1</b> 	
<b>2</b> 	
<b>3</b> 	
<b>4</b> 	

**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
<b>1</b> N/A	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
Total. Add lines 1 through 3 . . . . . ▶	



**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>	5,050,949
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	177,077
<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>	5,228,026
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	5,228,026
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	78,420
<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>	5,149,606
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	257,480

**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>	257,480
<b>2a</b>	Tax on investment income for 2016 from Part VI, line 5.	<b>2a</b>	1,887
<b>b</b>	Income tax for 2016 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	1,887
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	255,593
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	255,593
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<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>	255,593

**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>	89,915
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	
<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>	89,915
<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>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	89,915

**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 2015	(c) 2015	(d) 2016
<b>1</b> Distributable amount for 2016 from Part XI, line 7				255,593
<b>2</b> Undistributed income, if any, as of the end of 2016				
<b>a</b> Enter amount for 2015 only. . . . .				
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2016				
<b>a</b> From 2011. . . . . 1,331,800				
<b>b</b> From 2012. . . . . 1,122,793				
<b>c</b> From 2013. . . . . 913,657				
<b>d</b> From 2014. . . . . 270,969				
<b>e</b> From 2015. . . . . 150,869				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	3,790,088			
<b>4</b> Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 89,915				
<b>a</b> Applied to 2015, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2016 distributable amount. . . . .				89,915
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a) )	165,678			165,678
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,624,410			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 . . . . .				0
<b>7</b> 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). . . . .				
<b>8</b> Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions). . . . .	1,166,122			
<b>9</b> <b>Excess distributions carryover to 2017.</b> Subtract lines 7 and 8 from line 6a . . . . .	2,458,288			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2012. . . . . 1,122,793				
<b>b</b> Excess from 2013. . . . . 913,657				
<b>c</b> Excess from 2014. . . . . 270,969				
<b>d</b> Excess from 2015. . . . . 150,869				
<b>e</b> Excess from 2016. . . . .				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information** (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

**1 Information Regarding Foundation Managers:**

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

ROBERT A ORTENZIO

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

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

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

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

ROBERT A ORTENZIO  
4732 GETTYSBURG ROAD  
SUITE 401  
MECHANICSBURG, PA 17055  
(717) 972-1300

**b** The form in which applications should be submitted and information and materials they should include

A LETTER STATING REQUEST FOR FUNDS AND EXPLANATION OF NEED

**c** Any submission deadlines

APPLICATIONS ARE ACCEPTED AT ANY TIME

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

GRANTS ARE PRIMARILY TO CHARITABLE ORGANIZATIONS SUPPORTING THE ARTS, PROVIDING HEALTHCARE, EDUCATION, OR IMPROVED QUALITY OF LIFE TO THOSE IN NEED, AND/OR SUPPORTING OTHER CHARITABLE OR EDUCATIONAL PURPOSES. THE FOUNDATION DOES NOT EXPECT TO MAKE GRANTS TO INDIVIDUALS

**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)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	87,100
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .					
<b>4</b> Dividends and interest from securities. . . .			14	108,061	15
<b>5</b> Net rental income or (loss) from real estate					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .			18	372	
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	-5,968	
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal Add columns (b), (d), and (e). .				102,465	15
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . .			<b>13</b>		102,480

(See worksheet in line 13 instructions to verify calculations )

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

[illegible]

## Part XVII

- |       | Yes | No |
|-------|-----|----|
| 1a(1) |     | No |
| 1a(2) |     | No |
| 1b(1) |     | No |
| 1b(2) |     | No |
| 1b(3) |     | No |
| 1b(4) |     | No |
| 1b(5) |     | No |
| 1b(6) |     | No |
| 1c    |     | No |


[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

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

Print/Type preparer's name  RICHARD A BLUIS CPA	Preparer's Signature	Date  2017-06-13	Check if self-employed <input type="checkbox"/>	PTIN  P00486887
Firm's name ► MARTIN M SACKS & ASSOCIATES				Firm's EIN ► 23-1979781
Firm's address ► 4775 LINGLESTOWN RD STE 100  HARRISBURG, PA 17112				Phone no (717) 657-1300

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>				
HOLY CROSS MISSION CENTER POST OFFICE BOX 543 NOTRE DAME, IN 46556	N/A	PUBLIC	ORGANIZATIONS EXEMPT PURPOSE	9,600
A GIFT OF SMILES 105 WHEATLAND ROAD LEWISBERRY, PA 17339	N/A	PUBLIC	ORGANIZATIONS EXEMPT PURPOSE	1,000
TFEC- CEDAR CLIFF MINI THON 200 NORTH THIRD STREET 8TH FLOOR HARRISBURG, PA 17101	N/A	PUBLIC	ORGANIZATIONS EXEMPT PURPOSE	1,000
UNIVERSITY OF NOTRE DAME 400 MAIN BUILDING NOTRE DAME, IN 46556	N/A	PUBLIC	ORGANIZATIONS EXEMPT PURPOSE	25,000
NOTRE DAME CLUB OF HARRISBURG POST OFFICE BOX 60927 HARRISBURG, PA 171060927	N/A	PUBLIC	ORGANIZATIONS EXEMPT PURPOSE	500
<b>Total</b> . . . . . 				87,100
<b>3a</b>				

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>				
BISHOP MCDEVITT HS 1 CRUSADER WAY HARRISBURG, PA 17111	N/A	PUBLIC	CONSTRUCT EDUCATIONAL FACILITY	50,000
<b>Total</b> . . . . . 				87,100
<b>3a</b>				



**TY 2016 Accounting Fees Schedule**

**Name:** THE ROBERT AND ANGELA ORTENZIO  
FAMILY FOUNDATION

**EIN:** 25-6843186

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MARTIN M SACKS & ASSOCIATES				
PREPARATION OF FORM 990-PF	4,200	1,400		2,800

**TY 2016 Investments Corporate Bonds Schedule****Name:** THE ROBERT AND ANGELA ORTENZIO

FAMILY FOUNDATION

**EIN:** 25-6843186

<b>Name of Bond</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
OSTERWEIS STRATEGIC		
VANGUARD S/T CORP BOND ETF	41,686	41,669
OPPENHEIMER SR	138,815	138,694
PIMCO INCOME FD - D	5,542	5,403
VANGUARD FI SEC SHRT BD	69,654	68,941
TOLL BROS FINANCE CORP	5,228	5,264
TOLL BROS FINANCE CORP	15,356	15,019
DELL INC	72,366	74,136
DISH DBS CORP	27,021	27,665
CHS/COMMUNITY HEALTH SYS	63,357	49,800
KINDER HEALTHCARE INC	76,377	74,531
TENET HEALTHCARE CORP	122,929	112,985
HCA INC	74,027	75,486
CONSOL ENERGY INC	82,285	79,600
CHS/COMMUNITY HEALTH SYS	104,590	76,000
HD SUPPLY INC		
ICAHN ENTERPRISES/FIN	8,263	8,172
GOODYEAR TIRE & RUBBER	64,344	65,588
HDTFS INC	60,945	58,650
RANGE RESOURCES CORP	25,836	26,062

Name of Bond	End of Year Book Value	End of Year Fair Market Value
SELECT MEDICAL CORP	266,335	268,000
RITE AID CORP	68,274	68,087
DENBURY RESOURCES INC		
PENN NATIONAL GAMING INC	76,868	78,187
HEALTHSOUTH CORP		
RIVERNORTH FDS	55,000	57,753
BLACKROCK KELSO CAPITAL	43,279	42,630
LENNAR CORP	28,167	28,553
GENERAL MOTORS FINL CO	27,132	27,405
DUKE ENERGY CORP	28,951	29,026
ICAHN ENTERPRISES/FIN	18,300	20,192
CRED SUIS GP FUN LTD	26,757	26,645
FORD MOTOR CREDIT CO LLC	26,203	26,824
FIAT CHRYSLER AUTOMOBILE	56,828	58,140
ALLY FINANCIAL INC	33,439	33,638
PH GLATFELTER CO	29,645	29,507
BARCLAYS PLC	26,924	27,010
RR DONNELLEY & SONS CO	31,491	31,050
T MOBILE USA INC SR NT	31,223	31,200
TOLL BROS FINANCE CORP	29,070	29,833

Name of Bond	End of Year Book Value	End of Year Fair Market Value
ADT CORP	21,061	21,807
HILTON WORLDWIDE	30,910	30,900
UNITED RENTALS NORTH AM	11,761	11,578
AMERIGAS FINANCE LLC CORP	111,146	110,512
SALLY HOLDINGS/SALLY CAP	31,384	31,163
CIT GROUP INC	32,375	30,975
GAP INC	31,325	31,471

**TY 2016 Investments Corporate Stock Schedule**

**Name:** THE ROBERT AND ANGELA ORTENZIO  
FAMILY FOUNDATION

**EIN:** 25-6843186

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
SELECT MEDICAL CORP		2,650,000
APPLE INC	167,165	301,827
FPA CRESCENT FUND	113	111
GENERAL ELECTRIC CO	30,302	59,250
SPDR DOW JONES INDUSTRIAL		
SPDR S&P 500 ETF TRUST	377,403	447,060
T ROWE PRICE CAPITAL APPREC	389	409
GREENSPRING FUND INC COM	423	417
KINDRED HEALTHCARE INC		
RITE AID CORP	242,250	247,200

**TY 2016 Investments Government Obligations Schedule**

**Name:** THE ROBERT AND ANGELA ORTENZIO  
FAMILY FOUNDATION

**EIN:** 25-6843186

**US Government Securities - End  
of Year Book Value:**

353,953

**US Government Securities - End  
of Year Fair Market Value:**

345,244

**State & Local Government  
Securities - End of Year Book  
Value:**

**State & Local Government  
Securities - End of Year Fair  
Market Value:**

## TY 2016 Other Assets Schedule

**Name:** THE ROBERT AND ANGELA ORTENZIO  
FAMILY FOUNDATION

**EIN:** 25-6843186

### Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
INCOME IN TRANSIT	124	1,606	1,606

**TY 2016 Other Decreases Schedule**

**Name:** THE ROBERT AND ANGELA ORTENZIO  
FAMILY FOUNDATION

**EIN:** 25-6843186

Description	Amount
ADJUST FMV OF NON-CASH CONTRIBUTION TO COST BASIS	144,159



**TY 2016 Other Expenses Schedule**

**Name:** THE ROBERT AND ANGELA ORTENZIO  
FAMILY FOUNDATION

**EIN:** 25-6843186

**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
ASSET MGMT & CUSTODY FEES	12,679	12,679		
MISCELLANEOUS	15			15

**TY 2016 Other Income Schedule**

**Name:** THE ROBERT AND ANGELA ORTENZIO  
FAMILY FOUNDATION

**EIN:** 25-6843186

**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER ORDINARY INV INCOME	170	170	
SETTLEMENT FROM INV	202	202	

**TY 2016 Taxes Schedule**

**Name:** THE ROBERT AND ANGELA ORTENZIO  
FAMILY FOUNDATION

**EIN:** 25-6843186

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
990PF	16,763			
FOREIGN TAX WITHHELD	1	1		

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	<b>Schedule of Contributors</b>  ▶ <b>Attach to Form 990, 990-EZ, or 990-PF</b> ▶ <b>Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u></b>	OMB No 1545-0047  <b>2016</b>

<b>Name of the organization</b> THE ROBERT AND ANGELA ORTENZIO FAMILY FOUNDATION	<b>Employer identification number</b> 25-6843186
--	---

**Organization type** (check one)

<b>Filers of:</b>	<b>Section:</b>
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).

<b>Name of organization</b> THE ROBERT AND ANGELA ORTENZIO FAMILY FOUNDATION	<b>Employer identification number</b> 25-6843186
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<b>Part I</b> <b>Contributors</b> (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	ROBERT A ORTENZIO 1716 OLMSTEAD WAY EAST CAMP HILL, PA 17011	\$ 1,000,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )

<b>Name of organization</b> THE ROBERT AND ANGELA ORTENZIO FAMILY FOUNDATION	<b>Employer identification number</b> 25-6843186
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<b>Part II</b> <b>Noncash Property</b>			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	1,250 SHS APPLE INC	\$ 146 385	2016-12-28
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	2,000 SHS SPDR S&P 500	\$ 450 860	2016-12-28
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	30,000 SHS RITE AID CORP	\$ 246 750	2016-12-28
(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
		\$	

<b>Name of organization</b> THE ROBERT AND ANGELA ORTENZIO FAMILY FOUNDATION	<b>Employer identification number</b> 25-6843186
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<b>Part III</b>	<b>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.) ▶ \$ _____</b> Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	

**Capital Gain and Loss Schedule**  
**THE ROBERT & ANGELA ORTENZIO FDN**  
 Account Number Q 09102-00-7

\* Code W indicates Wash Sale  
 L indicates a Nondeductible Loss other than a Wash Sale  
 \*\* Ordinary Income D indicates Ordinary Income gain or loss  
 F indicates Foreign Exchange gain or loss on Capital transactions

**Short-Term Covered**

Description	CUSIP	Code*	Date Acquired Date Sold	Units	Proceeds	Cost or Other Basis	Adjustments to gain or loss	Gain or Loss Ordinary Income**
AMERIGAS FINANCE LLC/COR 6 3/4% MAY 20 2020 DTD 01/12/2012	03077JAA8		06/01/2016 07/27/2016	30,000 000	31,012 50	31,125 12		-112 62
DEUTSCHE BANK AG 1 875% 02/13/2018 DTD 02/13/2015	25152RYD9		02/18/2016 09/26/2016	30,000 000	29,678 70	29,350 50		328 20
DEUTSCHE BANK AG 2 950% 08/20/2020 DTD 08/20/2015	25152R2U6		04/12/2016 09/28/2016	27,000 000	26,257 50	26,932 50		-675 00
EXELON GENERATION CO LLC	30161MAP8		01/28/2016 09/28/2016	27,000 000	27,742 50	26,433 00		1,218 50 91 00 D
GOLDMAN SACHS GROUP INC	38148LAA4		01/28/2016 11/16/2016	27,000 000	27,175 77	26,828 01		347 76
GOODYEAR TIRE & RUBBER	382550BD2		Various 06/13/2016	42,000 000	44,047 50	44,177 47		-129 97
HANESBRANDS INC	410345AG7		Various 06/02/2016	57,000 000	58,817 16	58,961 66		-144 50
HD SUPPLY INC	40415RAK1		Various 04/27/2016	44,000 000	48,650 10	49,940 99		-1,290 89
HD SUPPLY INC	40415RAP0		Various 10/17/2016	70,000 000	72,625 00	73,930 60		-1,305 60
HEALTHSOUTH CORP	421924BJ9		Various 03/24/2016	19,000 000	19,736 25	19,823 16		-86 91
HEALTHSOUTH CORP	421924BJ9		Various 05/06/2016	20,000 000	20,775 00	20,853 86		-78 86
HEALTHSOUTH CORP	421924BJ9		Various 09/15/2016	28,000 000	28,723 24	29,141 13		-417 89





**Capital Gain and Loss Schedule**  
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**Short-Term Covered**

Description	CUSIP	Code*	Date Acquired Date Sold	Units	Proceeds	Cost or Other Basis	Adjustments to gain or loss	Gain or Loss Ordinary Income**
KINDRED HEALTHCARE INC	494580103		11/11/2015 03/09/2016	5,855 000	65,720 93	70,478 39		-4,757 46
PROSHARES ULTRASHORT S&P500	74347B300		01/08/2016 01/20/2016	1,000 000	24,582 84	21,994 20		2,588 64
PROSHARES ULTRASHORT S&P500	74347B300		01/07/2016 01/27/2016	100 000	2,257 47	2,179 90		77 57
PROSHARES ULTRASHORT S&P500	74347B300		01/07/2016 02/03/2016	250 000	5,683 64	5,449 75		233 89
PROSHARES ULTRASHORT S&P500	74347B300		01/07/2016 02/11/2016	650 000	15,774 76	14,169 35		1,605 41
SPDR S&P 500 ETF TRUST	78462F103		06/22/2015 01/14/2016	425 000	81,886 64	80,172 40		1,714 24
SPDR S&P 500 ETF TRUST	78462F103		06/22/2015 01/19/2016	600 000	112,605 20	112,884 56		-279 36
SPDR S&P 500 ETF TRUST	78462F103		06/22/2015 01/20/2016	400 000	73,181 09	75,205 68		-2,024 59
SPDR S&P 500 ETF TRUST	78462F103		06/22/2015 01/27/2016	150 000	28,144 69	28,186 44		-41 75
SPDR S&P 500 ETF TRUST	78462F103		06/22/2015 02/12/2016	146 000	27,216 11	27,434 80		-218 69
TOLL BROS FINANCE CORP	88947EAP5		08/20/2015 08/02/2016	15,000 000	15,600 00	15,246 28		353 72



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# Capital Gain and Loss Schedule

THE ROBERT & ANGELA ORTENZIO FDN  
Account Number Q 09102-00-7

## Short-Term Covered

Description	CUSIP	Code*	Date Acquired Date Sold	Units	Proceeds	Cost or Other Basis	Adjustments to gain or loss	Gain or Loss Ordinary Income**
UNITED RENTALS NORTH AM	911365AZ7		06/09/2016 11/23/2016	19,000 000	20,207 45	20,335 66		-128 21
Total Short-Term Covered					908,102.04	911,235.41		-3,224.37 91.00 D



**Capital Gain and Loss Schedule**  
**THE ROBERT & ANGELA ORTENZIO FDN**  
Account Number Q 09102-00-7

**Long-Term Covered**

\* Code W indicates Wash Sale  
L indicates a Nondeductible Loss other than a Wash Sale  
\*\* Ordinary Income D indicates Ordinary Income gain or loss  
F indicates Foreign Exchange gain or loss on Capital transactions

Description	CUSIP	Code*	Date Acquired Date Sold	Units	Proceeds	Cost or Other Basis	Adjustments to gain or loss	Gain or Loss Ordinary Income **
DENBURY RESOURCES INC 6 3/8% AUG 15 2021 DTD 02/17/2011	247916AC3		03/03/2015 05/31/2016	40,000 000	28,450 00	38,900 00		-10,450 00
OPPENHEIMER SR FLOAT RATE-Y	68381K408		04/19/2012 06/27/2016	1,293 661	10,000 00	10,634 45		-634 45
OPPENHEIMER SR FLOAT RATE-Y	68381K408		Various 06/28/2016	388 098	3,000 00	3,185 88		-185 88
OPPENHEIMER SR FLOAT RATE-Y	68381K408		02/26/2015 11/17/2016	748 130	6,000 00	6,089 78		-89 78
PIMCO INCOME FD-D	72201F458		02/26/2015 06/27/2016	848 176	10,000 00	10,491 94		-491 94
PIMCO INCOME FD-D	72201F458		02/26/2015 11/17/2016	500 417	6,000 00	6,190 16		-190 16
PROFESSIONALLY MANAGED PORTFOLIOS	742935489		04/19/2012 06/24/2016	929 368	10,000 00	10,762 08		-762 08
PROFESSIONALLY MANAGED PORTFOLIOS	742935489		Various 06/27/2016	2,410 255	25,910 24	27,910 75		-2,000 51
SPDR DJIA TRUST	78467X109		Various 01/15/2016	500 000	79,236 04	82,152 16		-2,916 12
SPDR DJIA TRUST	78467X109		08/18/2014 01/19/2016	350 000	56,295 62	57,491 68		-1,196 06
SPDR DJIA TRUST	78467X109		08/18/2014 01/22/2016	250 000	40,053 01	41,041 31		-988 30
SPDR DJIA TRUST	78467X109		08/18/2014 01/26/2016	170 000	27,450 24	27,882 61		-432 37



THE ROBERT & ANGELA ORTENZIO FDN  
Account Number Q 09102-00-7

## Capital Gain and Loss Schedule

### Long-Term Covered

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\*\* Ordinary Income D indicates Ordinary Income gain or loss  
F indicates Foreign Exchange gain or loss on Capital transactions

Description	CUSIP	Code*	Date Acquired Date Sold	Units	Proceeds	Cost or Other Basis	Adjustments to gain or loss	Gain or Loss Ordinary Income **
SPDR DJIA TRUST	78467X109		08/18/2014 02/03/2016	170 000	27,655 94	27,882 61		-226 67
SPDR DJIA TRUST	78467X109		08/18/2014 02/17/2016	242 000	39,887 43	39,691 71		195 72
VANGUARD S/T CORP BOND ETF	92206C409		04/27/2015 06/27/2016	125 000	10,069 15	10,039 37		29 78
Total Long-Term Covered					380,007.67	400,346.49		-20,338.82



THE ROBERT & ANGELA ORTENZIO FDN  
Account Number Q 09102-00-7

## Capital Gain and Loss Schedule

### Long-Term Noncovered

\* Code W indicates Wash Sale  
L indicates a Nondeductible Loss other than a Wash Sale  
\*\* Ordinary Income D indicates Ordinary Income gain or loss  
F indicates Foreign Exchange gain or loss on Capital Transactions

Description	CUSIP	Code*	Date Acquired Date Sold	Units	Proceeds	Cost or Other Basis	Adjustments to gain or loss	Gain or Loss Ordinary Income**
GENERAL ELECTRIC CO	369604103		05/06/2010 03/10/2016	1,370 000	40,795 37	23,235 61		17,559 76
Total Long-Term Noncovered					40,795.37	23,235.61		17,559.76