

For calendar year 2017, or tax year beginning 10-01-2017, and ending 09-30-2018

Name of foundation BRUCE R & MADELYN G SNYDER FOUNDATION		A Employer identification number 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 Telephone number (see instructions) (717) 244-1099	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach computation	
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	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 8,198,524		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	

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)	251,722			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	11,503	11,503		
	4 Dividends and interest from securities	247,935	247,935		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	42,965			
	b Gross sales price for all assets on line 6a _____ 608,392				
	7 Capital gain net income (from Part IV, line 2)		42,965		
	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)				
	12 Total. Add lines 1 through 11	554,125	302,403		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	1,700	850		850
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	8,575	0		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	130	130		0
	24 Total operating and administrative expenses. Add lines 13 through 23	10,405	980		850
	25 Contributions, gifts, grants paid	420,000			420,000
	26 Total expenses and disbursements. Add lines 24 and 25	430,405	980		420,850
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	123,720			
	b Net investment income (if negative, enter -0-)		301,423		
	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 (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	59,320	16,503	16,503
	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)			
	b	Investments—corporate stock (attach schedule)	5,799,710	5,858,633	7,980,521
	c	Investments—corporate bonds (attach schedule)	200,000	200,000	201,500
	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 ▶ _____)				
16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	6,059,030	6,075,136	8,198,524	
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	Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds	0	0	
	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	6,059,030	6,075,136	
	30	Total net assets or fund balances (see instructions)	6,059,030	6,075,136	
31	Total liabilities and net assets/fund balances (see instructions) .	6,059,030	6,075,136		

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	6,059,030
2	Enter amount from Part I, line 27a	2	123,720
3	Other increases not included in line 2 (itemize) ▶ _____	3	110,034
4	Add lines 1, 2, and 3	4	6,292,784
5	Decreases not included in line 2 (itemize) ▶ _____	5	217,648
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	6,075,136

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)
1 a PUBLICLY TRADED SECURITIES			
b CAPITAL GAINS DIVIDENDS	P		
c			
d			
e			

(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)
a 484,400		565,427	-81,027
b 123,992			123,992
c			
d			
e			

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	
a			-81,027
b			123,992
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	42,965
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))
2016	397,000	7,818,230	0 050779
2015	378,044	7,180,350	0 052650
2014	317,000	7,354,058	0 043105
2013	403,339	7,464,273	0 054036
2012	365,783	7,056,614	0 051835
2 Total of line 1, column (d)			0 252405
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			0 050481
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			8,130,943
5 Multiply line 4 by line 3			410,458
6 Enter 1% of net investment income (1% of Part I, line 27b)			3,014
7 Add lines 5 and 6			413,472
8 Enter qualifying distributions from Part XII, line 4			420,850

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)

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	3,014
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	3,014
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	3,014
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	5,960
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	0
7	Total credits and payments. Add lines 6a through 6d.	7	5,960
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0
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	2,946
11	Enter the amount of line 10 to be Credited to 2018 estimated tax <input type="checkbox"/> 2,946 Refunded <input type="checkbox"/>	11	0

Part VII-A Statements Regarding Activities

	Yes	No
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	No
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>	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? <i>If "Yes," attach a detailed description of the activities</i>	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? <i>If "Yes," attach a conformed copy of the changes</i>	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? <i>If "Yes," attach the statement required by General Instruction T</i>	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? <i>If "Yes," complete Part II, col (c), and Part XV</i>	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? <i>If "No," attach explanation</i> .	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 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> 	10	Yes

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	Yes	
14	The books are in care of B ROBERT SNYDER Telephone no (717) 244-1099			

Located at **3090 CAPE HORN ROAD RED LION PA** ZIP+4 **17356**

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2017, 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 ▶	16	Yes	No

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.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(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? (Exception. 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	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? <input type="checkbox"/>	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions) <input type="checkbox"/>	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	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	If "Yes," did it have excess business holdings in 2017 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 2017). <input type="checkbox"/>	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2017?	4b		No

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

5a	During the year did the foundation pay or incur any amount to				
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) 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			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) 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			
	(5) 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	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?		5b		
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>				
6a	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	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	No	
	<i>If "Yes" to 6b, file Form 8870</i>				
7a	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	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		7b		

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

[illegible]

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	Contributions to employee benefit plans and deferred compensation (d)	Expense account, other allowances (e)
NONE				

Total number of other employees paid over \$50,000.	0
--	---

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

[illegible]

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)
------------------	--

Summary of Program-Related Investments (see instructions)		Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		
1		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		

[illegible]

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	8,030,186
b	Average of monthly cash balances.	1b	224,578
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	8,254,764
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	8,254,764
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	123,821
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	8,130,943
6	Minimum investment return. Enter 5% of line 5.	6	406,547

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.)

1	Minimum investment return from Part X, line 6.	1	406,547
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	3,014
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	3,014
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	403,533
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	403,533
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	403,533

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	420,850
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	420,850
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	3,014
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	417,836

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 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				403,533
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.				
b From 2013. 38,612				
c From 2014.				
d From 2015. 24,938				
e From 2016. 12,047				
f Total of lines 3a through e.	75,597			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 420,850				
a Applied to 2016, 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 2017 distributable amount.				403,533
e Remaining amount distributed out of corpus	17,317			
5 Excess distributions carryover applied to 2017 (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	92,914			
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 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				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 2012 not applied on line 5 or line 7 (see instructions). . . .	0			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	92,914			
10 Analysis of line 9				
a Excess from 2013. 38,612				
b Excess from 2014.				
c Excess from 2015. 24,938				
d Excess from 2016. 12,047				
e Excess from 2017. 17,317				

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 2017, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the 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)) See Additional Data Table	
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 <input type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d	
a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed B ROBERT SNYDER 3090 CAPE HORN ROAD RED LION, PA 17356 (717) 244-1099	
b The form in which applications should be submitted and information and materials they should include ANY FORM IS ACCEPTABLE	
c Any submission deadlines NONE	
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors NONE	

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	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
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	420,000
b <i>Approved for future payment</i>				
Total			▶ 3b	0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

1 Program service revenue**a** _____**b** _____**c** _____**d** _____**e** _____**f** _____**g** Fees and contracts from government agencies**2** Membership dues and assessments.**3** Interest on savings and temporary cash investments**4** Dividends and interest from securities.**5** Net rental income or (loss) from real estate**a** Debt-financed property.**b** Not debt-financed property.**6** Net rental income or (loss) from personal property**7** Other investment income.**8** Gain or (loss) from sales of assets other than inventory**9** Net income or (loss) from special events**10** Gross profit or (loss) from sales of inventory**11** Other revenue **a** _____**b** _____**c** _____**d** _____**e** _____**12** Subtotal. Add columns (b), (d), and (e).**13 Total.** Add line 12, columns (b), (d), and (e). **13** (See worksheet in line 13 instructions to verify calculations.)**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes****Line No.**

Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions.)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

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?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described 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

Sign Here	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.		
	*****	2018-11-07	*****
	Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	AMY GOHN ANSTINE CPA		2018-11-07		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

(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
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)				
a <i>Paid during the year</i>				
18 SOUTH YOUTH MINISTRIES PO BOX 472 RED LION, PA 17356		PC	FOR THE GENERAL OPERATING FUND	4,000
ALLEGRO ORGANIZATIONAL SOLUTIONS 5535 MEMORIAL DRIVE STE F-811 HOUSTON, TX 77007		PC	FOR THE GENERAL OPERATING FUND	2,000
ALMONE ALM WAY GREENVILLE, SC 29601		PC	FOR THE GENERAL OPERATING FUND	4,000
Total ▶ 3a				420,000

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)				
a <i>Paid during the year</i>				
ALZHEIMER'S ASSOCIATION SOUTH CENTRAL PA CHAPTER 3544 NORTH PROGRESS AVENUE SUITE 205 HARRISBURG, PA 17110		PC	TO HELP FAMILIES COPE WITH ALZHEIMER'S DISEASE	20,000
AMERICAN CANCER SOCIETY ROUTE 422 SIPE AVENUE PO BOX 897 HERSHEY, PA 17033		PC	TO FIND A CURE FOR CANCER	5,000
AMERICAN DIABETES ASSOCIATION 150 MONUMENT ROAD SUITE 100 BALA CYNWYD, PA 19004		PC	TO FUND RESEARCH TO PREVENT, CURE AND MANAGE DIABETES	7,000
Total 				420,000
3a				

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)				
a Paid during the year				
AMERICAN HEART ASSOCIATION 610 COMMUNITY WAY LANCASTER, PA 17603		PC	TO BUILD HEALTHIER LIVES, FREE OF CARDIOVASCULAR DISEASE	8,000
AMERICAN PARKINSON DISEASE ASSOCIATION 130 PARKINSON AVENUE STATEN ISLAND, NY 10305		PC	TO FIND A CURE FOR PARKINSON DISEASE	20,000
AMERICAN RED CROSS 724 SOUTH GEORGE STREET YORK, PA 17401		PC	FOR THE GENERAL OPERATING FUND	4,000
Total ▶ 3a				420,000

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)				
a <i>Paid during the year</i>				
BELL SOCIALIZATION SERVICE 160 SOUTH GEORGE STREET YORK, PA 17401		PC	TO PROVIDE QUALITY MENTAL HEALTH, MENTAL RETARDATION	4,000
CAMPUS CRUSADE FOR CHRIST INTERNATIONAL 100 HART DRIVE ORLANDO, FL 32832		PC	TO COMMUNICATE GOD'S LOVE THROUGH MUSIC	3,000
CANINE PARTNERS FOR LIFE PO BOX 170 COCHRANVILLE, PA 19330		PC	FOR THE GENERAL OPERATING FUND	3,000
Total ► 3a				420,000

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)				
a <i>Paid during the year</i>				
CENTRAL PA FOOD BANK 3908 COREY ROAD HARRISBURG, PA 17109		PC	TO PROVIDE FOOD TO FAMILIES IN NEED	11,000
CHILDREN'S AID SOCIETY 343 LINCOLN WAY WEST NEW OXFORD, PA 17350		PC	TO FUND THE PREVENTION OF CHILD ABUSE	7,000
CHILDREN'S HOME OF YORK 77 SHOE HOUSE ROAD YORK, PA 17406		PC	TO PROVIDE COMMUNITY-BASED SVS TO STRENGTHEN CHILDREN	12,000
Total 				420,000
3a				


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)				
a <i>Paid during the year</i>				
COMPASSIONATE CARE HOSPICE 1513 CEDAR CLIFF DRIVE SUITE 100 CAMP HILL, PA 17011		PC	TO PROVIDE COMPASSIONATE, QUALITY CARE FOR TERMINALLY ILL	3,000
FEED THE CHILDRENPO BOX 36 OKLAHOMA CITY, OK 73101		PC	TO PROVIDE FOOD FOR CHILDREN	10,000
GOLDEN CONNECTIONS COMMUNITY CENTER 20 GOTHAM PLACE RED LION, PA 17356		PC	FOR THE GENERAL OPERATING FUND	1,000
Total ▶ 3a				420,000


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)				
a <i>Paid during the year</i>				
HEARING HEALTH FOUNDATION 363 SEVENTH AVENUE 10TH FLOOR NEW YORK, NY 100013904		PC	FOR THE GENERAL OPERATING FUND	2,000
HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202		PC	FOR THE GENERAL OPERATING FUND	2,000
HERSHEY MEDICAL CENTER - 4 DIAMONDS PO BOX 852 HERSHEY, PA 17033		PC	TO SUPPORT THE FIGHT AGAINST CANCER	7,000
Total ▶ 3a				420,000

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)				
a <i>Paid during the year</i>				
HOFFMAN HOME FOR YOUTH 815 ORPHANAGE ROAD LITTLETOWN, PA 17340		PC	TO PROVIDE A CARING ENVIRONMENT TO CENTRAL PA'S CHILDREN	8,000
HOPE INTERNATIONAL 227 GRANITE RUN DRIVE SUITE 250 LANCASTER, PA 17601		PC	FOR THE GENERAL OPERATING FUND	2,000
HOSPICE COMMUNITY CARE 224 ST CHARLES WAY SUITE 200 YORK, PA 17402		PC	FOR THE GENERAL OPERATING FUND	3,000
Total ► 3a				420,000

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)				
a <i>Paid during the year</i>				
HOUSE OF HOPE YORK PA 3899 STICKS ROAD GLEN ROCK, PA 17327		PC	TO PROVIDE CHRISTIAN COUNSELING FOR TROUBLED TEENS	10,000
LEG UP FARM 4880 NORTH SHERMAN STREET MOUNT WOLF, PA 17347		PC	TO PROVIDE THERAPY FOR CHILDREN WITH DISABILITIES	8,000
LEUKEMIALYMPHOMA SOCIETY 101 ERFORD ROAD SUITE 201 CAMP HILL, PA 17011		PC	FOR THE GENERAL OPERATING FUND	5,000
Total ▶ 3a				420,000

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)				
a <i>Paid during the year</i>				
LIFEPATH CHRISTIAN MINISTRIES PO BOX 196 YORK, PA 17405		PC	TO OFFER FOOD, CLOTHING, SHELTER AND SPIRITUAL GUIDANCE	12,000
MAKE A WISH FOUNDATION 707 GRANT ST-STE 3700 PITTSBURGH, PA 15219		PC	GRANT WISH OF CHILD DIAGNOSED WITH LIFE- THREATENING MEDICAL CONDITION	2,000
MARGARET MOUL CEREBRAL PALSY HOME 2050 BARLEY ROAD YORK, PA 17408		PC	TO PROVIDE MEDICAL AND NURSING CARE AS WELL AS REHAB	8,000
Total 3a				420,000


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)				
a <i>Paid during the year</i>				
MARINE TOYS FOR TOTS FOUNDATION PO BOX 7313 YORK, PA 17404		PC	FOR THE GENERAL OPERATING FUND	2,000
MDA 2080 LINGLESTOWN ROAD SUITE 104 HARRISBURG, PA 17110		PC	TO FUND RESEARCH OF CAUSES AND TREATMENTS	3,000
MISSION TO CHILDREN LEPROSY FUND PO BOX 2217 ESCONDIDO, CA 92033		PC	TO CARE FOR AND CULTIVATE CHRIST LIKE CHARACTER IN CHILDREN	10,000
Total 				420,000
3a				

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)				
a <i>Paid during the year</i>				
NATIONAL MULTIPLE SCLEROSIS SOCIETY CENTRAL PA CHAPTER 2040 LINGLESTOWN ROAD SUITE 104 HARRISBURG, PA 17110		PC	TO FUND RESEARCH INTO CAUSE AND CURE OF MS	5,000
NEW LIFE FOR GIRLS BOX 170 5925 LEWISBERRY ROAD DOVER, PA 17315		PC	FOR THE GENERAL OPERATING FUND	2,000
OLIVIA'S HOUSE GRIEF AND LOSS 830 SOUTH GEORGE STREET YORK, PA 17403		PC	TO FACILITATE HEALING THROUGH GRIEF AND LOSS EDUCATION	3,000
Total ► 3a				420,000

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)				
a <i>Paid during the year</i>				
PENNSYLVANIA WOUNDED WARRIORS INC 1117 COUNTRY CLUB ROAD CAMP HILL, PA 17011		PC	FOR THE GENERAL OPERATING FUND	3,000
RED LION AREA COMMUNITY SERVICES INC 15 1ST AVENUE RED LION, PA 17356		PC	FOR THE GENERAL OPERATING FUND	11,000
RONALD MCDONALD HOUSE 745 WEST GOVERNOR ROAD HERSHEY, PA 17033		PC	TO PROVIDE LODGING FOR FAMILIES OF SICK OR INJURED CHILDREN	6,000
Total ▶ 3a				420,000

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)				
a <i>Paid during the year</i>				
SALVATION ARMY50 EAST KING STREET YORK, PA 17401		PC	TO MEET HUMAN NEEDS WITHOUT DISCRIMINATION	20,000
SAMARITAN'S PURSEPO BOX 3000 BOONE, NC 28607		PC	TO PROVIDE AID TO VICTIMS OF WAR, POVERTY, NATURAL DISASTER	20,000
SERVANTS INC 100 REDCO AVENUE SUITE C-0 RED LION, PA 17356		PC	FOR THE GENERAL OPERATING FUND	4,000
Total ▶ 3a				420,000

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)				
a <i>Paid during the year</i>				
SHRINERS' HOSPITAL 3551 N BROAD STREET PHILADELPHIA, PA 19140		PC	TO FUND PEDIATRIC SPECIALTY CARE, INNOVATIVE RESEARCH	20,000
SMILE TRAIN 41 MADISON AVE 28TH FLOOR NEW YORK, NY 10010		PC	TO PROVIDE FREE CLEFT SURGERY FOR CHILDREN	10,000
SON'S SPOT MINISTRIES INCPO BOX 756 OCEAN CITY, MD 21842		PC	FOR THE GENERAL OPERATING FUND	7,000
Total ▶ 3a				420,000

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)				
a <i>Paid during the year</i>				
SPIRITRUST FOUNDATION 1050 PENNSYLVANIA AVENUE YORK, PA 17404		PC	LINK THE DEAF COMMUNITY AND HEARING IMPAIRED TO HEARING COMMUNITY	7,000
ST JUDE RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105		PC	TO FIND CURES FOR CHILDREN WITH CANCER AND OTHER LIFE THREATENING DISEASES	17,000
ST PAUL'S HOUSE INC 335 WEST 51ST STREET NEW YORK, NY 10019		PC	FOR THE GENERAL OPERATING FUND	2,000
Total 				420,000
3a				

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)				
a <i>Paid during the year</i>				
THE ARC OF YORK COUNTY 497 HILL STREET YORK, PA 17403		PC	FOR THE GENERAL OPERATING FUND	2,000
UM HOME FOR CHILDREN 5120 SIMPSON FERRY ROAD MECHANICSBURG, PA 17050		PC	TO PROVIDE A CARING ENVIRONMENT TO CENTRAL PA'S CHILDREN	7,000
UNITED STATES LEADING THE WAY PO BOX 20100 ATLANTA, GA 30325		PC	FOR THE GENERAL OPERATING FUND	8,000
Total ▶ 3a				420,000

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)				
a <i>Paid during the year</i>				
VNA OF YORK COUNTY CO YORK HEALTH FOUNDATION 50 NORTH DUKE STREET 2ND FLOOR YORK, PA 17401		PC	TO PROVIDE HOME HEALTH SERVICES	5,000
WELLSPAN HEALTH - YORK HEALTH FOUNDATION 50 N DUKE STREET 2ND FLOOR YORK, PA 17401		PC	FINANCIAL ASSISTANCE TO CANCER PATIENTS	7,000
WORLD VISIONPO BOX 9716 DEPT W FEDERAL WAY, WA 98063		PC	TO HELP TACKLE THE CAUSES OF POVERTY AND INJUSTICE	8,000
Total ► 3a				420,000

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)				
a <i>Paid during the year</i>				
YORK BENEVOLENT ASSOCIATION PO BOX 5041 YORK, PA 17405		PC	TO PROVIDE FAMILIES IN NEED WITH FOOD AND EMERGENCY	8,000
YORK COUNTY BLIND CENTER 1380 SPAHN AVENUE YORK, PA 17403		PC	TO PROVIDE SERVICES TO PREVENT, PREPARE, AND ADJUST	8,000
YORK COUNTY FOOD BANK 254 WEST PRINCESS STREET YORK, PA 17401		PC	TO PROVIDE FOOD FOR PEOPLE IN NEED	12,000
Total ▶ 3a				420,000

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)				
a <i>Paid during the year</i>				
YORK COUNTY LITERACY COUNCIL 800 EAST KING STREET YORK, PA 17403		PC	TO EDUCATE THE COMMUNITY	3,000
YORK FRESH FOOD FARMS 150 WILLIS ROAD YORK, PA 17404		PC	FOR THE GENERAL OPERATING FUND	1,000
YWCA - YORK - ACCESS YORK 320 EAST MARKET STREET YORK, PA 17403		PC	FOR THE GENERAL OPERATING FUND	2,000
Total ▶ 3a				420,000

TY 2017 Accounting Fees Schedule**Name:** BRUCE R & MADELYN G SNYDER FOUNDATION**EIN:** 23-2706874**Accounting Fees Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	1,700	850		850

TY 2017 Investments Corporate Bonds Schedule

Name: BRUCE R & MADELYN G SNYDER FOUNDATION

EIN: 23-2706874

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
MORGAN STANLEY - BONDS	200,000	201,500

TY 2017 Investments Corporate Stock Schedule**Name:** BRUCE R & MADELYN G SNYDER FOUNDATION**EIN:** 23-2706874

Name of Stock	End of Year Book Value	End of Year Fair Market Value
MORGAN STANLEY - STOCKS	3,469,004	5,008,327
MORGAN STANLEY - MUTUAL FUNDS	2,389,629	2,972,194

TY 2017 Other Decreases Schedule

Name: BRUCE R & MADELYN G SNYDER FOUNDATION

EIN: 23-2706874

Description	Amount
BOOK/TAX DIFFERENCE ON VALUE OF STOCK DONATED	217,648

TY 2017 Other Expenses Schedule**Name:** BRUCE R & MADELYN G SNYDER FOUNDATION**EIN:** 23-2706874**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT SERVICE FEES	130	130		0

TY 2017 Other Increases Schedule

Name: BRUCE R & MADELYN G SNYDER FOUNDATION

EIN: 23-2706874

Description	Amount
MORGAN STANLEY COST BASIS ADJUSTMENTS	110,034

**TY 2017 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 2017 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	8,575	0		0

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	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	OMB No 1545-0047 2017
	Name of the organization BRUCE R & MADELYN G SNYDER FOUNDATION	Employer identification number 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 not 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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	\$ 49,656	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	\$ 100,206	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)
3	B ROBERT SNYDER	\$ 101,860	Person <input type="checkbox"/>
	2708 HERITAGE HILLS CIRCLE		Payroll <input type="checkbox"/>
	YORK, PA 17402		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"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)

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

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	\$ 49,656	2017-12-12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	1,108 SHARES OF MICROSOFT CORP STOCK	\$ 100,206	2017-10-06
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	143 SHARES HONEYWELL INTERNATIONAL AND 580 SHS TRAVELERS COMPANIES INC	\$ 100,160	2017-12-27
(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
		\$	

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

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
	<div></div> <div></div> <div></div>	<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> <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>	<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> <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>	<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> <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>	<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> <div></div> <div></div>	