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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491280002129

2018

## OMB No 1545-0052

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

or	caler	ndar year 2018, or tax year	r beginning 01-01-20	018 , a	nd e	nding 12-31-	2018			
		ndation				A Employer id	entification numbe	r		
		AMILY FOUNDATION				42-1640416				
		l street (or P O box number if mail is n WOOD LANE NO 2	ot delivered to street address	) Room/suite		<b>B</b> Telephone nu	mber (see instruction	ns)		
C.t		, state or province, country, and ZIP or	a farrancia de la carda			(717) 757-1508				
	PRK, PA 17402						application is pending	g, check here		
G Cł	neck al	l that apply $\Box$ Initial return	$\square$ Initial return of a	former public charity		<b>D 1.</b> Foreign or	ganızatıons, check he	ere 📘 🔲		
		Final return	Amended return				ganizations meeting k here and attach coi			
		☐ Address chan	<u>-                                      </u>				undation status was t	—		
		pe of organization	501(c)(3) exempt private	foundation le private foundation		under sectio	n 507(b)(1)(A), chec	k here 🕨 🔲		
Fa	r mark	et value of all assets at end		Cash Accru	ıal		ation is in a 60-month			
		rom Part II, col (c), ▶\$ 3,035,318	Other (specify) (Part I, column (d) must	t be on cash basis )		under sectio	n 507(b)(1)(B), chec	k nere		
Pa	rt I	Analysis of Revenue and	•	(a) Revenue and				(d) Disbursements		
		of amounts in columns (b), (c), and ( equal the amounts in column (a) (see		expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)		
	1	Contributions, gifts, grants, etc , schedule)	received (attach	3,000,000	)					
	2	Check ▶ ☐ If the foundation is it	<b>not</b> required to attach							
	3	Interest on savings and tempora	ry cash investments							
	4	Dividends and interest from secu	urities	504		504				
	5a	Gross rents								
ө	b	Net rental income or (loss)  Net gain or (loss) from sale of as	esats not an line 10	-						
Revenue	6a b									
ŠeĶ	7	Gross sales price for all assets or Capital gain net income (from Pa		-		0				
<u>ı</u>	8	Net short-term capital gain .	•							
	9	Income modifications								
	10a	Gross sales less returns and allo	wances							
	b	Less Cost of goods sold								
	С	Gross profit or (loss) (attach sch	edule)							
	11	Other income (attach schedule)		2,000,504		504				
	12 13	<b>Total.</b> Add lines 1 through 11  Compensation of officers, director		3,000,504		1,500		1,500		
	14	Other employee salaries and was	,	3,000		1,300		1,500		
Ņ	15	Pension plans, employee benefits	-							
nse	16a	Legal fees (attach schedule) .								
<u>ē</u>	ь	Accounting fees (attach schedule	e)	1,500		750		750		
es Es	С	Other professional fees (attach s	schedule)	100		100		0		
Ě	17	Interest								
25	18	Taxes (attach schedule) (see ins	tructions)							
Ξ	19	Depreciation (attach schedule) a	nd depletion							
<b>=</b>	20	Occupancy								
ב ב	21	Travel, conferences, and meeting	-							
ਰ ਹ	22 23	Printing and publications Other expenses (attach schedule								
Ē	24	Total operating and administr	•							
Operating and Administrative Expenses		Add lines 13 through 23	<u>-</u>	4,600		2,350		2,250		
5	25	Contributions, gifts, grants paid		10,000				10,000		
	26	Total expenses and disburser	ments. Add lines 24 and	14,600	)	2,350		12,250		
	27	Subtract line 26 from line 12		14,000		2,330		12,230		
	a	Excess of revenue over exper	nses and	2.005.00						
	ь	disbursements Net investment income (if neg	gative, enter -0-)	2,985,904		0				
	c	Adjusted net income (if negati	•							

49,414

49,414

49,414

49,414

0 0 3,035,318

3,035,318

3,035,318

3,035,318

2

3

4

5

6

49,414

2,985,904

3,035,318

3,035,318 Form 990-PF (2018)

0

3,035,318

disqualified persons (attach schedule) (see instructions) . . . . .

Investments—U S and state government obligations (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . . .

Foundations that do not follow SFAS 117, check here 🕨 🗹

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Investments—corporate stock (attach schedule) . . . . . . Investments—corporate bonds (attach schedule) . . . . . . . .

Other notes and loans receivable (attach schedule)

Prepaid expenses and deferred charges . . . . . .

Investments—land, buildings, and equipment basis ▶ \_ Less accumulated depreciation (attach schedule) ▶ \_\_

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Paid-in or capital surplus, or land, bldg, and equipment fund

Less allowance for doubtful accounts

Inventories for sale or use . . . . .

Land, buildings, and equipment basis ▶

instructions Also, see page 1, item I)

Other assets (describe > \_

Other liabilities (describe ▶\_

Unrestricted . . . Temporarily restricted

Permanently restricted . . . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a . . . . . .

Other increases not included in line 2 (itemize) ▶ \_\_\_\_\_

Grants payable

Assets	
•	

7

8

9 10a

h

C 11

12

13

14

15 16

17 18

19

20

21 22

23

24

25

26

28

29

31 Part III

Liabilities

Balances

Fund

ö

Assets 27

Net 30

2

d е

Capital gain net income or (net capital loss)

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

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

152,200

631,250

242,115

239,089

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

2,200,952

Adjusted qualifying distributions

3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the

. . . . . . . . . . .

number of years the foundation has been in existence if less than 5 years

4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5

6 Enter 1% of net investment income (1% of Part I, line 27b) .

8 Enter qualifying distributions from Part XII, line 4

If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7

Net value of noncharitable-use assets

65,804

304,463

610,936

882,980

4

5

6

7

1,940,344

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

2

3

Page 3

(d)

Date sold

Yes 🗸 No

(d) Distribution ratio

(col (b) divided by col (c))

2 312929

2 073323

0 396302

0 270775

1 134310

6 187639

1 237528

170,406

210,882

210,882

12,250

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0

If section 4940(d)(2) applies, leave this part blank

the distributable amount of any year in the base period?

Vas the	foundation	liable fo	r the	section	4942	tax	on
f "Voc "	the founds	tion door	not	auslify.	undar		+10

qualify under section 4940(e) Do not complete this part

in Part I, line 8

(a)

Base period years Calendar

year (or tax year beginning in)

2017

2016

2015

2014

2013

2 Total of line 1, column (d)

5 Multiply line 4 by line 3

instructions

Part V

Page **6** 

Pa	Statements Regard	ling Activities for Which	n Form 4720 May Be	Required (continued)			
Ба	During the year did the foundation p	pay or incur any amount to				Yes	No
	(1) Carry on propaganda, or otherw	rise attempt to influence legis	lation (section 4945(e))?	☐ Yes ✓	No		
	(2) Influence the outcome of any sp	pecific public election (see sec	tion 4955), or to carry	□ fes ⊡	NO		
	on, directly or indirectly, any vo	ter registration drive?		· · · 🗌 Yes 🗸	No		
	(3) Provide a grant to an individual	for travel, study, or other sim	nılar purposes?	Yes V	No		
	(4) Provide a grant to an organizati		· -	d			
	in section 4945(d)(4)(A)? See in			· · · · Yes 🗹	No		
	(5) Provide for any purpose other th	- · · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •				
<b>L</b>	educational purposes, or for the			∟ Yes 🖭	No		
D	If any answer is "Yes" to 5a(1)–(5), Regulations section 53 4945 or in a	=			5b		
	Organizations relying on a current n				30		
С	If the answer is "Yes" to question 5a						
٠	tax because it maintained expenditu		•				
	If "Yes," attach the statement require			· · □ Yes □	No		
= -		· -		ume an			
5a	Did the foundation, during the year,			uilis oii			
h	a personal benefit contract? Did the foundation, during the year,			Yes V	No 6b		No
ь	If "Yes" to 6b, file Form 8870	pay premiums, directly or mo	ulrectly, on a personal be	enent contract?	80		NO
7a	At any time during the tax year, was	the foundation a party to a	prohibited tay chalter tra	neaction? $\square$			
	If yes, did the foundation receive an			∟ tes 🖭	No 7b		
	Is the foundation subject to the sect				/6		
,	excess parachute payment during th						
	<u> </u>			Yes 🔽	No L		<u> </u>
Pa	and Contractors	Officers, Directors, Trus	tees, Foundation Ma	anagers, Hignly Paid En	npioyees	,	
1	List all officers, directors, trustee				1		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans and	(e) Expe		
	. ,	devoted to position	-0-)	deferred compensation	other a	llowand	ces
ee .	Additional Data Table						
2	Compensation of five highest-pa	id employees (other than t	hose included on line	1—see instructions). If nor	ne, enter "	NONE	."
_ \	Name - and address of angle amounts.	(b) Title, and average		(d) Contributions to	(a) Funan		
a)	Name and address of each employee more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expen other al		
		devoted to position		compensation			
ON	E						
ota	I number of other employees paid over	er \$50,000					(
				L	Form 00	O-DE	(2019

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Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued)	Foundation Managers, Highly Pa	nid Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		- 0
Part IX-A Summary of Direct Charitable Activities		0
List the foundation's four largest direct charitable activities during the tax year. Include releving anizations and other beneficiaries served, conferences convened, research papers produc		of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see in	nstructions)	
Describe the two largest program-related investments made by the foundation during the	e tax year on lines 1 and 2	Amount
1		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		• 0
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2a

2b

8.520

8.520

8.520

8.520

12,250

12.250

12.250

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2c

3

4

5

6

1a

1b

2

3a 3h

4

5

organizations check here ightharpoonup and do not complete this part )

Tax on investment income for 2018 from Part VI. line 5. . . . . .

Income tax for 2018 (This does not include the tax from Part VI ). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

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

Distributable amount before adjustments Subtract line 2c from line 1. . . . . . . . . . . . . . . .

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

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

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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Part XI

1

2a

3

4 5

6

1

2

3

4

5

Part XII

2018

Page 9

8,520

8,520

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0

_	_	_	_	_	_	_	_	_	_	_	_	_	_
	ŀ	9	ŀ	ī	7	3	X	ī	ī	ľ		Γ	

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Part XIII	Undistributed Income	(see instructions)

**b** Total for prior years

a From 2013. . . . .

**b** From 2014. . . . . c From 2015. . .

d From 2016. . . . .

e From 2017. . . . .

f Total of lines 3a through e. . . . . . . .

**d** Applied to 2018 distributable amount. . . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

5 Excess distributions carryover applied to 2018

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . .

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. .

**b** Excess from 2015. .

c Excess from 2016. . . .

d Excess from 2017. . .

e Excess from 2018. . .

(If an amount appears in column (d), the

6 Enter the net total of each column as

**b** Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . . . 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. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 . . . . . . 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) . . . . . . . . 8 Excess distributions carryover from 2013 not

indicated below:

4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

- 1 Distributable amount for 2018 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only. . . . . .
  - Excess distributions carryover, if any, to 2018

616.527 148,910

196.297

213,444

616.527

148.910

3.730

- 2,105,031 196,297
  - 213 444

(a)

Corpus

3.280.209

3.730

3,283,939

2.105.031

1,178,908

0

(b)

Years prior to 2017

(c)

2017



inter gros	s amounts unless otherwise indicated		usiness income	Excluded by section	(e) Related or exempt	
_	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions )
a Fees	and contracts from government agencies					
_	ership dues and assessments					
	st on savings and temporary cash					
4 Divide	nds and interest from securities			14	504	
5 Net re	ntal income or (loss) from real estate					
a Debt	-financed property					
	lebt-financed property					
	ntal income or (loss) from personal property					
	investment income					
8 Gain o invento	r (loss) from sales of assets other than ory					
9 Net ind	come or (loss) from special events					
	profit or (loss) from sales of inventory					
<b>1</b> Other	revenue <b>a</b>					
с						
е						
			0		504	
.2 Subtot 3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)	lations	0	1	504 <b>3</b>	
2 Subtot 3 Total. (See w	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations )		1		
2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations ) I <b>e Accomplisi</b> Income is report	nment of Exempled in column (e) of	1  pt Purposes  Fart XVI-A contribu	3uted importantly to	504
2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) I <b>e Accomplisi</b> Income is report	nment of Exempled in column (e) of	1  pt Purposes  Fart XVI-A contribu	3uted importantly to	504
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2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) I <b>e Accomplisi</b> Income is report	nment of Exempled in column (e) of	1  pt Purposes  Fart XVI-A contribu	3uted importantly to	504
2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) I <b>e Accomplisi</b> Income is report	nment of Exempled in column (e) of	1  pt Purposes  Fart XVI-A contribu	3uted importantly to	504
2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) I <b>e Accomplisi</b> Income is report	nment of Exempled in column (e) of	1  pt Purposes  Fart XVI-A contribu	3uted importantly to	504
2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) I <b>e Accomplisi</b> Income is report	nment of Exempled in column (e) of	1  pt Purposes  Fart XVI-A contribu	3uted importantly to	504
2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) I <b>e Accomplisi</b> Income is report	nment of Exempled in column (e) of	1  pt Purposes  Fart XVI-A contribu	3uted importantly to	504
2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) I <b>e Accomplisi</b> Income is report	nment of Exempled in column (e) of	1  pt Purposes  Fart XVI-A contribu	3uted importantly to	504
2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) I <b>e Accomplisi</b> Income is report	nment of Exempled in column (e) of	1  pt Purposes  Fart XVI-A contribu	3uted importantly to	504
2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) I <b>e Accomplisi</b> Income is report	nment of Exempled in column (e) of	1  pt Purposes  Fart XVI-A contribu	3uted importantly to	504

(20	,10)
	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
/TT	Thiornation Regarding Transfers to and Transactions and Relationships with Noncharitable
/II	Exempt Organizations

Ŀ	art XVI	Exempt	Organi:	zations						<u> </u>				
1		organization dire	ctly or in	directly enga					other organization	on described in sec	tion 501		Yes	No
а	Transfer	s from the report	tıng foun	dation to a n	oncha	rıtable exe	empt organizati	on c	of					
	<b>(1)</b> Cas	h										1a(1)		No
	(2) Oth	er assets										1a(2)		No
b	Other tra	ansactions												
		es of assets to a		•	_							1b(1)		No
		chases of assets										1b(2)		No
		ital of facilities, e		•								1b(3)		No
		mbursement arra	-								•	1b(4)		No
												1b(5)		No
_				·		_					•	1b(6) 1c		No No
	-		•			-				ways show the fair				NO
	of the go	ods, other asset	ring arra	vices given b ngement, sh	y the ow in	reporting t column (d	foundation If th	he f	oundation receive goods, other asse	ed less than fair ma ets, or services rece transfers, transaction	arket valu eived	e	ngemen	ts
								$\vdash$						
2a				•			•		ax-exempt organ	_	г	<b>7</b> 1		
					า 501(	c)(3)) or i	in section 527?			⊔	Yes 🗅	Z No		
b	If "Yes,"	complete the fol (a) Name of o	_			(1	) Type of organiz	ation	, I	(c) Description	on of relation	nchin		
		(a) Name or	or garnizatio	,,,,		(1	ype or organiz	atioi	<u>'</u>	(c) Description	on or relation	лізпір		
	T								<u>.                                      </u>					
c:	of wh		nd belief	, it is true, co						ing schedules and : than taxpayer) is l	based on	all infor	matior	n of
	gn ere	*****					2019-09-08		*****		return	ne IRS di: ne prepar		
		Signature of of	ficer or to	rustee			Date		Title	,		nstr)? 🕻	/ Yes	□No
		Print/Type p	reparer's	name	Prepa	arer's Sıgr	nature		Date	Check if self-	PTIN	P00072	689	
_	iid	AMY GOHI	N ANSTIN	NE CPA					2019-09-08	employed ▶ Ш				
	epare se Onl	у				D DO DO:	21.120				Fırm's E	IN ▶23-	21081	.73
		Firm's addres	ss ▶ 35	01 CONCOR	ROA ر	ро вох	. 21439				l Di-			
			YO	PRK, PA 174	02						Phone n	o (717)	843-3	3804
_														

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation DIANE G NAYLOR PRESIDENT 1 00 100 BOXWOOD LANE SUITE 2 YORK, PA 17402

IRVIN S NAYLOR	VICE-PRESIDENT	0	0	0
100 BOXWOOD LANE SUITE 2 YORK, PA 17402	1 00			
SCOTT W ROMBERGER	TREASURER	3,000	0	0
100 BOXWOOD LANE SUITE 2 YORK, PA 17402	1 00			

YORK, PA 1/402				
SCOTT W ROMBERGER	TREASURER	3,000	0	0
100 BOXWOOD LANE SUITE 2 YORK, PA 17402	1 00			
BRAD LEBER	SECRETARY	0	0	0
100 BOXWOOD LANE SUITE 2 YORK, PA 17402	1 00			

SCOTT W ROMBERGER	TREASURER 1 00	3,000	0	0
100 BOXWOOD LANE SUITE 2 YORK, PA 17402				
BRAD LEBER	SECRETARY	0	0	0
100 BOXWOOD LANE SUITE 2 YORK, PA 17402	1 00			

YORK, PA 17402				
BRAD LEBER	SECRETARY	0	0	0
100 BOXWOOD LANE SUITE 2 YORK, PA 17402	1 00			
S CHESTER NAYLOR II	DIRECTOR	0	0	0

100 BOXWOOD LANE SUITE 2 YORK, PA 17402	SECRETARY 1 00	0	0	0
S CHESTER NAYLOR II	DIRECTOR	0	0	0
	7 1 00			1

S CHESTER NAYLOR II	DIRECTOR	0	0	0
100 BOXWOOD LANE SUITE 2 YORK, PA 17402	1 00			
LEAH NAYLOR-ICKES	DIRECTOR	0	0	0

0

1 00

1 00

DIRECTOR

100 BOXWOOD LANE SUITE 2

100 BOXWOOD LANE SUITE 2

YORK, PA 17402 SARAH NAYLOR-MCPHEE

YORK, PA 17402

orm 990PP Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the tota ontributions received by the foundation before the close of any tax year (but only if they have contributed more han \$5,000).
IRVIN S NAYLOR

S CHESTER NAYLOR II

LEAH NAYLOR-ICKES

SARAH NAYLOR-MCPHEE

Recipient If recipient is an individual, show any relationship to status of status of

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ANIMAL RESCUE INC 2 HERITAGE FARM DRIVE NEW FREEDOM, PA 17349		PC	GENERAL DONATION	500
BEDFORD RESEARCH FOUNDATION PO BOX 1028 BEDFORD, MA 01730		PC	GENERAL DONATION	500
BETHANY CHRISTIAN SERVICE 1681 CROWN AVENUE LANCASTER, PA 17601		PC	GENERAL DONATION	1,125

10,000

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

CHESAPEAKE BAY FOUNDATION

Total .

6 HERNDON AVE ANNAPOLIS, MD 21403			
CHILDREN'S AID SOCIETY C/O THE LEHMAN CENTER 400 W MARKET STREET	PC	THE LEHMAN CENTER/CHILD CARE	500
LVODV DA 17401			

PC

GENERAL DONATION

500

10,000

MARKET STREET YORK, PA 17401			
CHRISTIAN SCHOOL OF YORK 907 GREENBRIAR RD	PC	GENERAL DONATION	500

TORK, PA 17401			
CHRISTIAN SCHOOL OF YORK 907 GREENBRIAR RD YORK, PA 17404	PC	GENERAL DONATION	50

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

a raid during the year			
COMPASSION & CHOICESPO BOX 485 ETNA, NH 03750	PC	GENERAL DONATION	500
CONSERVATION FUND 1655 N FORT MYER DR SUITE 1300	PC	GENERAL DONATION	625

CONSERVATION FUND 1655 N FORT MYER DR SUITE 1300 ARLINGTON, VA 22209	PC	GENERAL DONATION	625
DOCTORS WITHOUT BORDERS USA PO BOX 5023 HAGERSTOWN, MD 21741	PC	GENERAL DONATION	625

DOCTORS WITHOUT BORDERS USA PO BOX 5023 HAGERSTOWN, MD 21741	PC	GENERAL DONATION	625
Total	 	▶ 3a	10,000

Recipient If recipient is an individual, show any relationship to status of recontribution Spaid During the Year or Approved for Future Payment

Recipient If recipient is an individual, show any relationship to status of recontribution Amount status of recontribution

recipient

10,000

any foundation manager

or substantial contributor.

Name and address (home or business)

PO BOX 17046 BALTIMORE, MD 21287

Total .

	or substantial continuator			
a Paid during the year				
EPISCOPAL RELIEF AND DEVELOPMENT PO BOX 7058 MERRIFIELD, VA 22116		PC	GENERAL DONATION	500
FARM & NATURAL LANDS TRUST OF 156 N GEORGE STREET YORK, PA 17401		PC	GENERAL DONATION	100
JOHN HOPKINS MEDICINE		PC	KIMMEL CANCER CENTER	500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
MARYLAND HISTORICAL SOCIETY		PC	GENERAL DONATION	500

recipient

10,000

201 W MONUMENT STREET BALTIMORE, MD 21298			
NATURE CONSERVANCY	PC	GENERAL DONATION	

Name and address (home or business)

Total.

NATURE CONSERVANCY 4245 N FAIRFAX DR SUITE 100 ARLINGTON, VA 22203	PC	GENERAL DONATION	625
PLANNED PARENTHOOD OF MARYLAND	PC	GENERAL DONATION	300

ARLINGTON, VA 22203			
PLANNED PARENTHOOD OF MARYLAND 330 N HOWARD STREET BALTIMORE, MD 21201	PC	GENERAL DONATION	30

·			
PLANNED PARENTHOOD OF MARYLAND 330 N HOWARD STREET BALTIMORE, MD 21201	PC	GENERAL DONATION	30

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
SECOND CHANCE FARMPO BOX 834	PC	2ND CHANCE FARM IN	500

SARATOGA SPRINGS, NY 12866		MARYLAND	
ST JOHN EPISCOPAL CHURCH 140 N BEAVER STREET	PC	GENERAL DONATION	

Total .

ST JOHN EPISCOPAL CHURCH	PC	GENERAL DONATION	
140 N BEAVER STREET			
YORK, PA 17401			

YORK, PA 17401			
V-LINK2301 ARGONNE DRIVE	PC	GENERAL DONATION	100

500

10,000

TORK, PA 17401			
V-LINK2301 ARGONNE DRIVE	PC	GENERAL DONATION	100
BALTIMORE, MD 21218			i

· ·			
V-LINK2301 ARGONNE DRIVE BALTIMORE, MD 21218	PC	GENERAL DONATION	

/-LINK2301 ARGONNE DRIVE	PC	GENERAL DONATION	
BALTIMORE, MD 21218			

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial continuation			
a Paid during the year				
WHOLE PLANET FOUNDATION 550 BOWIE ST AUSTIN TY 78703		PC	GENERAL DONATION	500

AUSTIN, TX 78703			
YORK COUNTY SPCA 3159 SUSQUEHANNA TRAIL NORTH YORK, PA 17406	PC	GENERAL DONATION	500

YORK COUNTY SPCA	PC	GENERAL DONATION	500
3159 SUSQUEHANNA TRAIL NORTH YORK, PA 17406			

10,000

efile GRAPHIC print - DO NOT PROCESS   As Filed Data - DLN: 93491280002129							
TY 2018 Accounting Fees Schedule							
	Name: NAYLOR	FAMILY FOUNDATION	ON				
	<b>EIN:</b> 42-1640416						
		1		1			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
ACCOUNTING	1,500	750		750			

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491280002129								
TY 2018 Other Professional Fees Schedule								
Name: NAYLOR FAMILY FOUNDATION								
<b>EIN:</b> 42-1640416								
Category	Amount	Net Investment	Adjusted Net	Disbursements				

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
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INVESTMENT FEE

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491280002129
TY 2018 Substantial Contribut Schedule	cors		
	NAYLOR FAMII 42-1640416	_Y FOUND	DATION
Name			Address
SARAH NAYLOR-MCPHEE			100 BOXWOOD LANE SUITE 2 YORK, PA 17402
LEAH R NAYLOR-ICKES			100 BOXWOOD LANE SUITE 2 YORK, PA 17402
IRVIN S NAYLOR			100 BOXWOOD LANE SUITE 2 YORK, PA 17402
SCOTT CHESTER NAYLOR II			100 BOXWOOD LANE SUITE 2 YORK, PA 17402

efile GRAPHIC print -	DO NOT PROCESS A	As Filed Data -			Ι	DLN: 93491280002129
Schedule B		Schedule	of Contributo	rs	-	OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	►c		rm 990, 990-EZ, or 990- F <u>orm990</u> for the latest in			2018
Name of the organizat					Employer ide	entification number
					42-1640416	
Organization type (ch	eck one)					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)( ) (e	enter number) orga	nızatıon			
	☐ 4947(a)(1) n	onexempt charitat	ole trust <b>not</b> treated as	a private foundat	ion	
	☐ 527 political	organization				
Form 990-PF	<b>✓</b> 501(c)(3) ex	empt private found	lation			
	☐ 4947(a)(1) n	onexempt charitat	ole trust treated as a p	rivate foundation		
	☐ 501(c)(3) tax	kable private found	lation			
	ation filing Form 990, 99 r property) from any one					
Special Rules						
under sections a received from a	tion described in section 509(a)(1) and 170(b)(1)( ny one contributor, durir ne 1h, or (ii) Form 990-E	(A)(vı), that checkeng the year, total c	ed Schedule A (Form 9 contributions of the grea	990 or 990-EZ), Pa	art II, line 13, 1	16a, or 16b, and that
during the year,	tion described in section total contributions of me the prevention of cruelt	ore than \$1,000 <i>ex</i>	clusively for religious,	charitable, scient		
during the year, If this box is che purpose Don't o	tion described in sectior contributions exclusived ecked, enter here the tot complete any of the part able, etc, contributions t	ly for religious, cha al contributions that is unless the <b>Gene</b>	ritable, etc. purposes at were received durin ral Rule applies to thi	, but no such conf g the year for an e s organization bed	ributions total exclusively relicates cause it receiv	ed more than \$1,000 igious, charitable, etc , red nonexclusively
990-EZ, or 990-PF), bu	on that isn't covered by t t it <b>must</b> answer "No" or Form 990PF, Part I, line	n Part IV, line 2, of	its Form 990, or chec	k the box on line I	d of its	
For Paperwork Reduction for Form 990, 990-EZ, or 9	Act Notice, see the Instruct	tions	Cat No 30613X	Schedu	le B (Form 990,	990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)