Form 990-PF
Department of the Treasury

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 www.irs gov/Form990PF for instructions and the latest information.

2019

For calendar year 2019 or tax year beginning , and ending Name of foundation A Employer identification number THE PATRICIA H SNYDER FAMILY FOUNDATION C/O NORMAN E SNYDER, TRUSTEE 35-6710105 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 315 WEST WORTMAN ROAD 812-457-0131 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 47725 EVANSVILLE, IN G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here 」 Fınal return Amended return 2 Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation Check type of organization: E If private foundation status was terminated 24 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: X Cash Accrual If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here 5,029,006. (Part I, column (d), must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (a) Revenue and (c) Adjusted net (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income ıncome 325,000 Contributions, gifts, grants, etc., received Check In the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 147,366. STATEMENT 147,366 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 317.841 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 5,<u>809,564.</u> 317,841 7 Capital gain net income (from Part IV, line 2) C 8 Net short-term capital gain \mathbf{C} 9 Income modifications 10a Gross sales less returns and allowances OGUEN, UT Operating and Administrative Expenses NNED NOV 16 b Less Cost of goods sold c Gross profit or (loss) 11 Other income 790,207 465,207 0 12 Total Add lines 1 through 11 0. 0. 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 0. 1,900. 1,900. 0. **b** Accounting fees STMT 2 c Other professional fees STMT 3 27,893. 27,893. 0. 0. 17 Interest 0. STMT 4 2,353 2,353. 0. 18 Taxes Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 32,146 0 expenses Add lines 13 through 23 32,146. 378,097. 378,097 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 378,097 410,243 32,146 0 Add lines 24 and 25 27 Subtract line 26 from line 12. 379,964. a Excess of revenue over expenses and disbursements 433,061 b Net investment income (if negative, enter -0-) 0. c Adjusted net income (if negative, enter -0-)

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions.

TRUSTEE

35-6710105

Page 2

C/O NORMAN E SNYDER

923511 12-17-19

Part II Balance Sheets Attached schedules and amounts in the description Beginning of year End of year (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 77,806. 634,029. 634,029. 2 Savings and temporary cash investments 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 7 Other notes and loans receivable Less, allowance for doubtful accounts Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations 4,472,393. 4,394,977. STMT 5 4,648,652. b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment: basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 5,106,422. instructions. Also, see page 1, item 1) 4,726,458. 5,029,006. 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 22 Other liabilities (describe > _ 0 0 23 Total liabilities (add lines 17 through 22) Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. 24 Net assets without donor restrictions 25 Net assets with donor restrictions Foundations that do not follow FASB ASC 958, check here ▶ 🗶 and complete lines 26 through 30 þ 4,726,458. 5,106,422 26 Capital stock, trust principal, or current funds **Vet Assets** 27 Paid-in or capital surplus, or land, bldg., and equipment fund 0. 0 28 Retained earnings, accumulated income, endowment, or other funds 4,726,458. 5,106,422 29 Total net assets or fund balances 30 Total liabilities and net assets/fund balances 4,726,458. 5,106,422 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 29 4,726,458. (must agree with end-of-year figure reported on prior year's return) 379,964. 2 Enter amount from Part I, line 27a 2 Other increases not included in line 2 (itemize) 0. 3 106,422. Add lines 1, 2, and 3 4 Decreases not included in line 2 (itemize) 5,106,422. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29

Form 990-PF (2019)

Form **990-PF** (2019)

6

7

8

4,331.

265,269.

378,097.

7 Add lines 5 and 6

See the Part VI instructions.

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

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.

8 Enter qualifying distributions from Part XII, line 4

THE PATRICIA H SNYDER FAMILY FOUNDATION 35-6710105 Form 990-PF (2019) C/O NORMAN E SNYDER, TRUSTEE 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 and enter "N/A" on line 1.

ıa	Exempt operating foundations described in section 4940(d)(2), check here				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			<i>-</i> -	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1		4,3	31.
	of Part I, line 27b				
	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		4,3	
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		4,3	<u>31.</u>
6	Credits/Payments:				•
a	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 2,800.				
þ	Exempt foreign organizations - tax withheld at source 6b 0.				
C	Tax paid with application for extension of time to file (Form 8868) 6c 0.				
d	Backup withholding erroneously withheld 6d 0.	1.			
7	Total credits and payments Add lines 6a through 6d	7		2,8	00.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		1,5	31.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
	Enter the amount of line 10 to be; Credited to 2020 estimated tax	11			
	rt VII-A Statements Regarding Activities				
_	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene			Yes	No
	any political campaign?		1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	tion	1b		X
•	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.				í
	Did the foundation file Form 1120-POL for this year?		1c	-	\mathbf{x}_{-}
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		"		
u	(1) On the foundation. > \$ 0. (2) On foundation managers > \$ 0.				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
E			1		
^	managers > \$ 0.		٠ -	-	x
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	1	
^	If "Yes," attach a detailed description of the activities.	_			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, o		,	-	v '
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	\vdash	<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	37 / 3	4a	\vdash	
	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b	\vdash	37
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	\vdash	<u>X</u>
	If "Yes," attach the statement required by General Instruction T				
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	~ -	· <u></u>	1
	remain in the governing instrument?		6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7	Х	
					1
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.		ĺ		*
	<u>IN</u>				'
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		-		
	of each state as required by General Instruction G? If "No," attach explanation		8b_	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar			
	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV		9	Щ.	_X_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		X

Page 4

Form 990-PF (2019) 35-6710105 C/O NORMAN E SNYDER. TRUSTEE Page 5 Part VII-A Statements Regarding Activities (continued) Yes No 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of X 11 section 512(b)(13)? If "Yes," attach schedule. See instructions 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 Х 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address N/A Telephone no. > 812-457-013114 The books are in care of ▶ NORMAN E SNYDER Located at ►315 W WORTMAN RD., EVANSVILLE, ZIP+4 ▶47725 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here N/A and enter the amount of tax-exempt interest received or accrued during the year 15 No At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank. Yes 16 X securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCFN Form 114. If "Yes," enter the name of the ati nii foreign country Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No 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 X No (1) Engage in the cale or exchange, or leasing of property with a disqualified person? (2) Burrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? Yes X No (3) Formsh goods, services, or facilities to (or accept them from) a disqualified person? отво о Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (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 Yes X No termination of government service, if terminating within 90 days) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations N/Λ section 53.4941(d) 3 or in a current notice regarding disaster assistance? See instructions 1h Organizations relying on a current notice regarding disaster assistance, check here . original contraction of the cont c Did the foundation ongage 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 2019? 1c Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(i)(3) or 4942(i)(5)); a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines Yes X No 6d and 6e) for tax year(s) beginning before 2019? If "Yes," list the years 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 1942(a)(2) to all years listed, answer "No" and attach N/A 2b statement - see instructions.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No during the year? b If "Yes," did it have excess business holdings in 2019 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(o)(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 Form 4720, N/A 3b Schedule C, to determine if the foundation had excess business holdings in 2019.) 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a

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 2019?

Form **990-PF** (2019)

41.

Form 990-PF (2019) C/O NORMAN E SNYDER, TRUSTEE 35-6710105

Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be I	Required (continu	ied)		
5a During the year, did the foundation pay or incur any amount to:				Yes	s No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(0))?	Yo	c 🗶 No 🗍		. 1000 0
(2) Influence the outcome of any specific public election (see section 1955); or	r to carry on, directly or indire	ectly.		l	
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	>		s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
4945(d)(4)(A)? See instructions		Ye	s X No		1.
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t				
the prevention of cruelty to children or animals?	or ododanoma. parpooco, or		s X No		
b If any answer is "Yes" to 5a(1) (5), did any of the transactions fail to qualify und	for the excentions described			., ا	.1 .
section 53 4945 or in a current notice regarding disaster assistance? See instru		in riogalations	N/A	5b	' `
Organizations relying on a current notice regarding disaster assistance, check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for		nad			,
expenditure responsibility for the grant?		. —	s 🔲 No		,
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	•	1/1			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	nay promitime on				
a personal benefit contract?	Jay promitants on	□ v _a	s X No		` ··
• • • • • • • • • • • • • • • • • • • •	arcanal banafit contract?	16	\$ 22 110	6h	X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a pr	al solial nalialit colli acti			"	-
If "Yes" to 6b, file Form 8870.	halter transaction?	□ v _a	s X No		l .
7a At any time during the tax year, was the foundation a party to a prohibited tax sl		16	N/A	7b	+'
b If "Yes," did the foundation receive any proceeds or have any net income attribu		_			
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration o		s X No	1	' '
Part VIII Information About Officers, Directors, Truste	oc Foundation Ma				
Paid Employees, and Contractors	ees, i ouridation wie	magers, riiginy	•		
1 List all officers, directors, trustees, and foundation managers and the	neir compensation.		 -		
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) E	xpense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	accour	nt, other vances
	to position	- citer o /	- Compensation	1	
		[
SEE STATEMENT 6		0.	0.		0.
DIII DIIII V		 		1	
		 		†	_
		 	· -	 	
*					
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		•	
	(b) Title, and average		(d) Contributions to employee benefit plans	(e) E	xpense
(a) Name and address of each employee paid more than \$50,000	` hours per week devoted to position	(c) Compensation	and deferred compensation	accoun	nt, other vances
NONE				1	
					-

	<u> </u>			1	
	· ·				
	1			1	

Page 6

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

Form 990-PF (2019) C/O NORMAN E SNYDER, TRUSTEE		<u>6710105. Page 7</u>
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	lation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, en	ter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
_ 		
_ _	 	
		
		
Total number of others receiving over \$50,000 for professional services		> (
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant sta number of organizations and other beneficiaries served, conferences convened, research papers pr	tistical information such as the roduced, etc.	Expenses
N/A		
3	-	
	 	
<u> </u>		
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	-
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	Amount
N/A		1
		ı
All other program-related investments. See instructions.		
B		
Total, Add lines 1 through 3	>	_0.

0 . Form **990-PF** (2019)

35-6710105

Page 8

Form 990-PF (2019)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 4,206,209. 1a a Average monthly fair market value of securities 511,796. b Average of monthly cash balances 1b 1¢ c Fair market value of all other assets 4,718,005. 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 2 4,718,005. 3 Subtract line 2 from line 1d 70,770. 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 647,235. Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4 5 362. Minimum investment return Enter 5% of line 5 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.) 232,362. Minimum investment return from Part X, line 6 1 4,331 Tax on investment income for 2019 from Part VI, line 5 2a Income tax for 2019. (This does not include the tax from Part VI.) 2b 2c Add lines 2a and 2b C 228.031. 3 Distributable amount before adjustments. Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions 228,031. 5 Add lines 3 and 4 6 Deduction from distributable amount (see instructions) 228,031 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 378,097. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the: 3 3a a Suitability test (prior IRS approval required) b Cash distribution test (attach the required schedule) 3b 378,097. Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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

Form **990-PF** (2019)

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4,331.

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Page 9

Part XIII Undistributed Income (see instructions)

				
	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI,	001700			
line 7				228,031.
2 Undistributed income, if any, as of the end of 2019				220,031.
a Enter amount for 2018 only			0.	
b Total for prior years:				
g rotation prior yours.		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 20142, 371.				,
b From 2015 30,809.				
c From 2016 8,721.				
d From 2017 44, 286.				
e From 2018 74,770.				
f Total of lines 3a through e	160,957.			
4 Qualifying distributions for 2019 from	100,557.			
Part XII, line 4: ► \$ 378, 097.	'		1	
a Applied to 2018, 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	····		·	
•	0.			
(Election required - see instructions) d Applied to 2019 distributable amount	_		_ 	228,031.
e Remaining amount distributed out of corpus	150,066.			220,031.
· '	130,000.			
Excess distributions carryover applied to 2019 (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	311,023.			
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				
tho section 4942(a) tax has been previously	антич ачиныныминыны		1	1 1 1 41 11 11 11 111 1114 114
assessed		0.		
d Subtract line 6c from line 6b. Taxable		ĺ		
amount - see instructions		0.		,
e Undistributed income for 2018 Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				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 2014				
not applied on line 5 or line 7	2,371.			
9 Excess distributions carryover to 2020.				,
Subtract lines 7 and 8 from line 6a	308,652.			
10 Analysis of line 9.				
a Excess from 2015 30,809.		ĺ		
b Excess from 2016 8,721.				
c Excess from 2017 44,286.				
d Excess from 2018 74,770.		:		
e Excess from 2019 150,066.				<u></u>

	RICIA H SNYD MAN E SNYDER		FOUNDATION	35-671	.0105 Page,10
Part XIV Private Operating F			A. question 9)	N/A	.0105 rage ro
1 a If the foundation has received a ruling o			,,, q.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
foundation, and the ruling is effective fo					
b Check box to indicate whether the found		-	a section	4942(j)(3) or 494	2(1)(5)
2 a Enter the lesser of the adjusted net	Tax year	TOUTION TOUCHTOUGH	Prior 3 years	<u> </u>	
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
investment return from Part X for					
each year listed					
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				<u> </u>	
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		ł		1	
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from				 	
an exempt organization					
(4) Casas in instrument in a second				 	-
Part XV Supplementary Info		e this part only i	f the foundation	n had \$5,000 or mo	re in assets
at any time during t					
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh	o have contributed more th	an 2% of the total contr	butions received by th	c foundation before the close	e of any tax
year (but only if they have contributed n	nore than \$5,000). (See sec	tion 507(d)(2).)			
ZACHARY H SNYDER		_			
b List any managers of the foundation wh			or an equally large port	tion of the ownership of a par	tnership or
other entity) of which the foundation ha	s a 10% or greater interest.				
NONE					
2 Information Regarding Contribut					
Check here ► X if the foundation of	only makes contributions to	preselected charitable of	organizations and does	not accept unsolicited reque	sts for funds. If
the foundation makes gifts, grants, etc.,	to individuals or organizati	ons under other conditi	ons, complete items 2a	a, b, c, and d	
a The name, address, and telephone num	ber or email address of the	person to whom applica	ations should be addre	ssed:	
			-		
b The form in which applications chould t	o submitted and information	n and materials they sh	ould include:		
				,	
c Any submission deadlines.					
d American de la contraction d			lunda af makk kurur.	other feeters	
d Any restrictions or limitations on award	s, such as by geographical	arcas, cnaritable ficids,	kinas ot institutions, or	order factors.	

C/O NORMAN E SNYDER, TRUSTEE

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or Foundation show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year NONE PC CHARITABLE ALBION FELLOWS BACON CENTER CONTRIBUTION P.O. BOX 3164 5,000. EVANSVILLE IN 47731 BROOKSIDE COMMUNITY DEVELOPMENT NONE ₽C CHARITABLE CONTRIBUTION COPORATION 1035 N OLNEY STREET 25,000. INDIANAPOLIS IN 46201 CHILD EVANGELISM FELLOWSHIP NONE ÞС CHARITABLE CONTRIBUTION 3309 WEST 96TH STREET 5,000. INDIANAPOLIS, IN 46268 CHRISTIAN FELLOWSHIP CHURCH NONE ÞС CHARITABLE CONTRIBUTION 4100 MILLERSBURG RD. 5,000, EVANSVILLE, IN 47725 ÞС MISSIONARY SERVICES DALLAS THEOLOGICAL SEMINARY NONE 3909 SWISS AVE. 10,000 DALLAS TX 75204 SEE CONTINUATION SHEET(S) ▶ 3a 378,097 Total **b** Approved for future payment NONE **▶** 3b Total

35-6710105

Page 11

Form 990-PF (2019)

35-6710105 Page 12

Form 990-PF (2019)

Part XVI-A **Analysis of Income-Producing Activities**

nter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	711100111	Tanotion moonto
a	-		i-		
b		·	-		
<u> </u>	l l		-		
d	_				
e	_	·		<u> </u>	
f	-			<u></u> -	
Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
Dividends and interest from securities			14	147,366.	
5 Net rental income or (loss) from real estate:				127,300.	
a Debt-financed property					<u> </u>
b Not debt-financed property					
6 Net rental income or (loss) from personal			 		
property					
7 Other investment income			<u> </u>		<u> </u>
8 Gain or (loss) from sales of assets other					
than inventory			18	317,841.	
Net income or (loss) from special events			10	317,041.	
Gross profit or (loss) from sales of inventory			 		
1 Other revenue:			 		
	_				
	l l				
d	I I			-	
e					<u> </u>
2 Subtotal. Add columns (b), (d), and (e)	-	0.		465,207.	0.
3 Total Add line 12, columns (b), (d), and (e)	<u> </u>			13	
See worksheet in line 13 instructions to verify calculations.))			_	
Part XVI-B Relationship of Activities	· 	mplichment of Ex	- <u></u>	t Burnosos	
Relationship of Activities	to the Acct	mpusiment of Ex	emp	it Fulposes	
Line No Explain below how each activity for which in	come is reported i	n column (e) of Part XVI-A	contri	buted importantly to the accor	nplishment of
the foundation's exempt purposes (other the	an by providing fui	nds for such purposes)	_		
			_		
			_		
					<u> </u>
			_		
			_		
					-
		<u></u>			
				<u>-, -</u>	
			_		
					- <u>-</u>
			_		
		<u> </u>	_		

Form 990-PF (2019)

C/O NORMAN E SNYDER, TRUSTEE

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J J	v.	_, _	L ∪	_	U J	

	rt XVII	Information Re			nd Transactions	and Relations	ships With Non	charitable		90 10
_	Did Abo or	Exempt Organi		ef the fellows	a with any other ereepine	tion described in sec	otion FO1(a)	- 1	Yes	No
1		ganization directly or indir					ction 50 t(c)		163	140
(other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of:										
_	(1) Cash (2) Other assets									_X
	, ,		1a(1) 1a(2)		_X					
b	Other tran	sactions:								
	(1) Sales of assets to a noncharitable exempt organization(2) Purchases of assets from a noncharitable exempt organization									<u>X</u>
				organization				1b(2)		X
		al of facilities, equipment, o	or other assets					1b(3)		<u>X</u>
	` '	bursement arrangements s or loan guarantees						1b(4) 1b(5)		<u>X</u>
		s of loan guarantees frmance of services or met	mbership or fundrais	sına solicitatio	ns			1b(6)		$\frac{X}{X}$
C		f facilities, equipment, mai	•	-				1c		X
	_	wer to any of the above is	_			always show the fair	market value of the go	oods, other ass	ets,	
	or service	s given by the reporting fo	oundation. If the four	ndation receive	ed less than fair market va	aluo in any transactio	on or sharing arrangen	nent, show in		
		i) the value of the goods, o								
(a) l	une no	(b) Amount involved	(c) Name of		exempt organization	(d) Description	on of transfers, transaction	s, and sharing ar	rangeme	nts
	-	-		N/A	-					
	-+		·							
			· 							
				_						
				<u>-</u>						
					<u> </u>					
				***************************************						••
		·	<u> </u>							
				,						
			\ <u></u>					···		
2a		ndation directly or indirect			or more tax-exempt orga	nizations described		<u> </u>	T-	٦
L		501(c) (other than section		ction 527?				Yes	LX	No
	ii tes, c	omplete the following sche (a) Name of org			(b) Type of organization	<u> </u>	(c) Description of rel	ationship		
_		N/A		·	(-) -) po or organization		(5)			
_	Lindo	a possition of paramet. I dealers	that I have averaged the			-d statements and to th	so heat of my knowledge			
Si		penalties of perjury, I declare to elief, it is true, correct, and corr						May the IRS return with th	e prepar	er
He	ere	8/1		Xo	15/3/20-	TRUST	ਸਤਾ	shown below		str No
	Sigi	nature of officer or trustee)0 (0		Date	Title	<u> </u>			
_		Print/Type preparer's na	ime)	Preparer's si		Date	Check if	PTIN		
_							self- employed			
	aid	MICHELE R.			E R. GRAHAM	05/07/20		P00742		
	eparer se Only	Firm's name HAR	DING SHYM	ANSKI	& CO., PSC		Firm's EIN ► 35	-13462	11	
J:	se Only	Firm's address > D	O BOY 30	77		· · · · · · · · · · · · · · · · · · ·				
		Firm's address P.	ANSVILLE,		735		Phone no. 812	2-461-0	161	
		E.V.	TAND A THIR '	T74 # 1	100		Tritolie IIU. O I 2	Form 99		(2019)

C/O NORMAN E SNYDER, TRUSTEE 35-6710105

Part XV Supplementary Information

Part XV Supplementary Information				
3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
DEACONESS HOSPITAL FOUNDATION	NONE	PC	CHARITABLE	
600 MARY STREET	[CONTRIBUTION	
EVANSVILLE, IN 47747				5,000
		1		
EASTERSEALS REHABILITATION CENTER	NONE	PC	CHARITABLE	
3701 BELLEMEADE AVENUE	NORE		CONTRIBUTION	
EVANSVILLE IN 47714		<u> </u>		5_000
ECHO COMMUNITY HEALTHCARE 315 MULBERRY STREET	NONE	PC	CHARITABLE CONTRIBUTION	
EVANSVILLE IN 47713			CONTRIBUTION	10,000
ENGLISH LANGUAGE INSTITUTE	NONE	PC	EDUCÁTIONAL	
301 SOUTH JEFFERSON AVE. SPRINGFIELD MO 865806			CONTRIBUTION	3,000
STRINGFIELD, MO 005000		1.		
EVANSVILLE CHRISTIAN SCHOOL	NONE	PC	HIGH SCHOOL CAPITAL	
4400 LINCOLN AVENUE			CAMPAIGN	25 000
EVANSVILLE, IN 47714				25,000
EVANSVILLE PHILHARMONIC ORCHESTRA	NONE	PC	PHILHARMONIC FUND AND	
P.O. BOX 84			YOUTH ORCHESTRA	10.000
EVANSVILLE, IN 47701				10,000
			1	
EVANSVILLE RESCUE MISSION	NONE	PC	CHARITABLE DONATION	
500 E WALNUT STREET				30 000
EVANSVILLE, IN 47713				30,000
EVANSVILLE CHRISTIAN LIFE CENTER	NONE	PC	CHARITABLE	
509 S KENTUCKY AVE.	,		CONTRIBUTION	-
EVANSVILLE, IN 47714				10,000
FELLOWSHIP OF CHRISTIAN ATHLETES	NONE	PC	CHARITABLE	
1101 BRECKENRIDGE ST.			CONTRIBUTION	
OWENSBORO, KY 42303		_		10,000
HOLY ROSARY	NONE	PC	EDUCATIONAL	
1301 S GREEN RIVER RD.			CONTRIBUTION	
EVANSVILLE, IN 47715		<u> </u>		25,000
Total from continuation sheets				328,097

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient INSTITUTO DE TRANSFORMACION CRISTIANA NONE PC CHARITABLE CONTRIBUTION INTEGRAL (ITCI) CALLE FRANK FELIX MIRANDA 16A 10,000. SANTO DOMINGO, DOMINICAN REPUBLIC JORDAN EVANGELICAL THEOLOGICAL NONE PC CHARITABLE CONTRIBUTION SEMINARY PO BOX 33042 TULSA OK 74153 5,000. NONE MISSION TRAINING INTERNATIONAL PC TO SUPPORT P.O. BOX 1220 MISSIONARIES AROUND PALMER LAKE, CO 80133 THE GLOBE 3,000. OVERSEAS COUNCIL NONE ₽C TO DEVELOP CHRISTIAN LEADERS AROUND THE P.O. BOX 17638 INDIANAPOLIS IN 47617 GLOBE 25,000. RIGHT TO LIFE SOUTHWEST INDIANA NONE PC CHARITABLE 20 NW 3RD ST. STE. 810 CONTRIBUTION EVANSVILLE, IN 47708 10 000. THE OAKS ACADEMY NONE ÞС EDUCATIONAL 2301 N PARK AVE. CONTRIBUTION INDIANAPOLIS IN 46205 25,000. UNIVERSITY OF EVANSVILLE NONE PC SNYDER FAMILY ENDOWED SCHOLARSHIP 1800 LINCOLN AVENUE EVANSVILLE, IN 47722 35,000. UNIVERSITY OF INDIANAPOLIS NONE ÞС EDUCATIONAL 940 E 7TH ST. CONTRIBUTION BLOOMINGTON, IN 47405 2,097. YOUNG LIFE NONE PC CHARITABLE P.O. BOX 2920 CONTRIBUTION 14. 55,000. COLORADO SPRINGS, CO 80901 YOUTH FIRST NONE PC CHARITABLE 111 SE 3RD ST. STE. 405 CONTRIBUTION 25,000. EVANSVILLE, IN 47708 Total from continuation sheets

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.
➤ Go to www.irs.gov/Form990 for the latest information.

THE PATRICIA H SNYDER FAMILY FOUNDATION

OMB No 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

2019

C/O NORMAN E SNYDER, TRUSTEE 35-6710105 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributors Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

THE PATRICIA H SNYDER FAMILY FOUNDATION

C/O NORMAN E SNYDER, TRUSTEE

Employer identification number

35-6710105

Part I	Contributors (see instructions) Use duplicate copies of Part I if add	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WESTERN EXCELSIOR CORP 4505 E BOONVILLE NEW HARMONY RD. EVANSVILLE, IN 47725	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

THE PATRICIA H SNYDER FAMILY FOUNDATION

Employer identification number

C/O NORMAN E SNYDER, TRUSTEE

35-6710105

Part II	Noncash Property (see instructions) Use duplicate copies of Part	t 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
(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
		\$	
(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

Employer identification number

/O NOR	RICIA H SNYDER FAMILY <u>MAN E SNYDER, TRUSTEE</u>			35-6710105				
f	exclusively religious, charitable, etc., contribution any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following line ent	try For organizations					
	ompleting Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	space is needed	less for the year (chief this line onc	e) V				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held				
-	•		_					
-		(e) Transfer of gift						
	Transferee's name, address, a		nsferor to transferee					
-	Transfered o mame, dual edgy a		notation on a d					
(a) No. from	4)2		(0.0					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held				
_								
	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee				
-								
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held				
		(e) Transfer of gif	t					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee				
a) No. from Part I	(b) Dumage of sift	(c) Her of sift	(d) Doos	rentian of how sitt is hold				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held				
_								
		(e) Transfer of gif	t					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee				
-								

FORM 990-PF	DIVIDENDS	AND INTER	EST FROM SECUR	ITIES ST	ATEMENT 1
SOURCE	GROSS · AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE S PER BOOKS	(B) NET INVEST- MENT INCOME	
MORGAN STANLEY DIVIDENDS MORGAN STANLEY	147,087.	604	1. 146,483.	146,483.	0.
INTEREST	883.	(883.	883.	0.
TO PART I, LINE 4	147,970.	604	147,366.	147,366.	0.
FORM 990-PF		ACCOUNTI	NG FEES	ST	PATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
ACCOUNTING FEES		1,900.	1,900.	0.	0.
TO FORM 990-PF, PG 1		1,900.	1,900.	0.	0.
FORM 990-PF	ОТ	HER PROFESS	SIONAL FEES	sı	PATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES		27,893.	27,893.	0.	′ 0.
TO FORM 990-PF, PG 1		27,893.	27,893.	0.	0.

FORM 990-PF	TAX	ES 	STATEMENT 4			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	(D) CHARIT	(D) CHARITABLE PURPOSES	
ESTIMATED TAXES	2,353.	2,353.		0.	0.	
TO FORM 990-PF, PG 1, LN 18	2,353.	2,353.		0.	0.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	5	
DESCRIPTION		вос	OK VALUE	FAIR MARK VALUE	ET	
PUBLICLY TRADED SECURITIES			1,472,393.	4,394,977.		
TOTAL TO FORM 990-PF, PART I		1,472,393.	4,394,977.			

FORM 990-PF	PART VIII - TRUSTEES	STATEMENT 6			
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
NORMAN E SNYDER 315 W WORTMAN RD. EVANSVILLE, IN 477	725	TRUSTEE 5.00	0.	0.	0.
SUSAN H SNYDER 315 W WORTMAN RD. EVANSVILLE, IN 477	⁷ 25 .	MANAGER 1.00	0.	0.	0.
LUKE E SNYDER 315 W WORTMAN RD. EVANSVILLE, IN 477	725	MANAGER 1.00	0.	0.	0.
ZACHARY H SNYDER 315 W WORTMAN RD. EVANSVILLE, IN 477	725	MANAGER 1.00	0.	0.	0.
JOSEPH H SNYDER 315 W WORTMAN RD. EVANSVILLE, IN 477	125	MANAGER 1.00	0.	0.	0.
TOTALS INCLUDED ON	1 990-PF, PA	GE 6, PART VIII	0.	0.	0.
i					