

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2015**  
Open to Public Inspection

**A For the 2015 calendar year, or tax year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **THE WILDCAT FOUNDATION**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address): **500 SOUTH BROAD STREET**  
 Room/suite \_\_\_\_\_  
 City or town, state or province, country, and ZIP or foreign postal code: **MECHANICSBURG PA 17055**

**D** Employer identification number: **23-2975211**

**E** Telephone number: **717-691-4500**

**G** Gross receipts \$: **183,743**

**F** Name and address of principal officer:  
**ALAN VANDREW**  
**500 SOUTH BROAD STREET**  
**MECHANICSBURG PA 17055**

H(a) Is this a group return for subordinates?  Yes  No  
 H(b) Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WILDCATFOUNDATION.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1998** **M** State of legal domicile: **PA**

**Part I Summary**

1 Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	255,414	78,403
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	994	1,252
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	75,677	71,732
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	332,085	151,387
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	29,507	32,826
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	21,212	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	229,149	99,283
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	258,656	132,109
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	73,429	19,278
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	894,305	914,351
	22 Net assets or fund balances. Subtract line 21 from line 20	1,624	2,392
		892,681	911,959

**Part II Signature Block**

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 officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: **ALAN VANDREW** *Alan Vandrew* Date: **8/20/16**  
 Type or print name and title: **ASSISTANT TREASURER**

**Paid Preparer Use Only**

Print/Type preparer's name: **WILLIAM P ASHMAN, CPA** Preparer's signature: *William P. Ashman* Date: **8/20/16** Check  if PTIN self-employed: **P00817094**

Firm's name: **HAMILTON & MUSSER, PC, CPAS** Firm's EIN: **23-2213999**  
 Firm's address: **176 CUMBERLAND PARKWAY**  
**MECHANICSBURG, PA 17055** Phone no.: **717-697-3888**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions. **DAA**