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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

**Short Form**  
**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

OMB No. 1545-1150

2008

Open to Public  
Inspection

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form  
► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning **7/01/08**, and ending **6/30/09**

B Check if applicable

Address change

Name change

Initial return

Termination

Amended return

Application pending

Please  
use IRS  
label or  
print or  
type.  
See  
Specific  
Instruc-  
tions.

C Name of organization

**THE DONEGAL FOUNDATION**

Number and street (or P O box, if mail is not delivered to street address)

**1051 KOSER ROAD, PO BOX 495**

D Employer identification number

**23-2679755**

City or town, state or country, and ZIP + 4

**MOUNT JOY PA 17552-0495**E Telephone number  
**717-426-3031**F Group Exemption  
Number ►G Accounting method  Cash  Accrual  
Other (specify) ►

► Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ► **WWW.DONEGALFOUNDATION.ORG**J Organization type (check only one) —  501(c)(3) (insert no.)  4947(a)(1) or  527H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete returnL Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► **\$ 13,688****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

1	Contributions, gifts, grants, and similar amounts received	1	<b>9,495</b>
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	<b>4,193</b>
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)		
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6a	
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6b	
b	Less direct expenses other than fundraising expenses		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8	Other revenue (describe ► )	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<b>13,688</b>
10	Grants and similar amounts paid (attach schedule)	10	<b>12,818</b>
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ► See Statement 2)	16	<b>5,451</b>
17	Total expenses. Add lines 10 through 16	17	<b>18,269</b>
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<b>-4,581</b>
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<b>147,491</b>
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	<b>142,910</b>

**Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ**

(See the instructions for Part II )

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	<b>147,491</b>	<b>142,910</b>
23 Land and buildings		23
24 Other assets (describe ► )	24	
25 Total assets	<b>147,491</b>	<b>142,910</b>
26 Total liabilities (describe ► )	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<b>147,491</b>	<b>142,910</b>

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

Form 990-EZ (2008)

## Form 990-EZ (2008) THE DONEGAL FOUNDATION

23-2679755

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## Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

See Statement 3

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses  
(Required for 501(c)(3)  
and (4) organizations  
and 4947(a)(1) trusts,  
optional for others )

28	PROMOTION OF SCHOLASTIC ACHIEVEMENT, HEALTH ISSUES AND ENRICH THE EDUCATIONAL, CULTURAL, ATHLETIC, HEALTH AND WELLNESS OPPORTUNITIES WITHIN DONEGAL SCHOOL DISTRICT	(Grants \$ <b>12,818</b> ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	<b>17,818</b>
29					
30		(Grants \$ <b>)</b> If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a	
31	Other program services (attach schedule)	(Grants \$ <b>)</b> If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)		► <input type="checkbox"/>	32	<b>17,818</b>

## Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JOHN FELIX, JR. 1051 KOSER ROAD	MOUNT JOY PA 17552	PRESIDENT 2	0	0
JOHN COLEMAN 1051 KOSER ROAD	MOUNT JOY PA 17552	VICE- PRES. 2	0	0
SUSAN HEYDT 1051 KOSER ROAD	MOUNT JOY PA 17552	SECRETARY 2	0	0
KENNETH GALL 1051 KOSER ROAD	MOUNT JOY PA 17552	TREASURER 2	0	0
LINDA GOOD 1051 KOSER ROAD	MOUNT JOY PA 17552	MEMBER 1	0	0
JAN JOHNSON 1051 KOSER ROAD	MOUNT JOY PA 17552	MEMBER 1	0	0
CYNTHIA LABUDA 1051 KOSER ROAD	MOUNT JOY PA 17552	MEMBER 1	0	0
THURMAN MCNECE, JR. 1051 KOSER ROAD	MOUNT JOY PA 17552	MEMBER 1	0	0
DIANE SHULTZ 1051 KOSER ROAD	MOUNT JOY PA 17552	MEMBER 1	0	0
JOSH BOWER 1051 KOSER ROAD	MOUNT JOY PA 17552	MEMBER 1	0	0
ALIXANDRA SHEAKLEY 1051 KOSER ROAD	MOUNT JOY PA 17552	MEMBER 1	0	0

## Part V Other Information (Note the statement requirements in the instructions for Part VI.)

33. Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33

34. Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes 34

35. If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T

a. Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 35a

b. If "Yes," has it filed a tax return on Form 990-T for this year? 35b

36. Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N 36

37a. Enter amount of political expenditures, direct or indirect, as described in the instr ► 37a

b. Did the organization file Form 1120-POL for this year? 37b

38a. Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 38a

b. If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39. Section 501(c)(7) organizations Enter 39a

a. Initiation fees and capital contributions included on line 9 39b

b. Gross receipts, included on line 9, for public use of club facilities

40a. Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► \_\_\_\_\_, section 4912 ► \_\_\_\_\_, section 4955 ► \_\_\_\_\_ 40b

b. Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I 40c

c. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40d

d. Enter amount of tax on line 40c reimbursed by the organization 40e

e. All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

41. List the states with which a copy of this return is filed ► **PA**42a. The books are in care of ► **CORPORATE OFFICER**  
1051 KOSER ROADTelephone no ► **717-653-1447**Located at ► **MOUNT JOY, PA**ZIP + 4 ► **17552**

b. At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country ► \_\_\_\_\_

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c. At any time during the calendar year, did the organization maintain an office outside of the U S ?  
If "Yes," enter the name of the foreign country ► \_\_\_\_\_43. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 44. Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 45. Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 

	Yes	No
33		<input checked="" type="checkbox"/>
34		<input checked="" type="checkbox"/>
35a		<input checked="" type="checkbox"/>
35b		
36		<input checked="" type="checkbox"/>
37b		<input checked="" type="checkbox"/>
38a		<input checked="" type="checkbox"/>
38b		
39a		
39b		
40b		<input checked="" type="checkbox"/>
40c		
40d		
40e		<input checked="" type="checkbox"/>

	Yes	No
42b		<input checked="" type="checkbox"/>
42c		<input checked="" type="checkbox"/>

	Yes	No
44		<input checked="" type="checkbox"/>
45		<input checked="" type="checkbox"/>

Form 990-EZ (2008)

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

47. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48. Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a. Did the organization make any transfers to an exempt non-charitable related organization?

b. If "Yes," was the related organization(s) a section 527 organization?

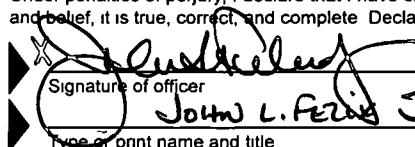
50. Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000 ►				

51. Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000 ►		

<b>Sign Here</b>	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		
		Date 12/22/09	
	Signature of officer John L. Feiss Jr / President Donegal Foundation	Type or print name and title	
<b>Paid Preparer's Use Only</b>	Preparer's signature ► PJO	Date 12/09/09	Preparer's Identifying Number (See instr.) P00852929
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► WHITE RUDY & COMPANY, LLP 436 CLOVERLEAF ROAD ELIZABETHTOWN, PA 17022-9614	EIN ► 25-1587130	Phone no ► 717-367-4820

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

Form 990-EZ (2008)

**SCHEDULE A**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**To be completed by all section 501(c)(3) organizations and section 4947(a)(1)  
nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

**2008**Open to Public  
Inspection

Name of the organization

**THE DONEGAL FOUNDATION**Employer identification number  
**23-2679755****Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only one organization)

1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  
 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E )  
 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H )  
 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )  
 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II )  
 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  
 9  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )  
 10  An organization organized and operated exclusively to test for public safety See section 509(a)(4). (see instructions)  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III—Functionally Integrated      d  Type III—Other  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box   
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?  
 h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 **THE DONEGAL FOUNDATION****23-2679755**

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**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)						12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	►	<input type="checkbox"/>

## Schedule A (Form 990 or 990-EZ) 2008 THE DONEGAL FOUNDATION

23-2679755

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**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,660	1,660	24,257	31,415	9,495	68,487
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	680	1,125				1,805
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total. Add lines 1-5</b>	<b>2,340</b>	<b>2,785</b>	<b>24,257</b>	<b>31,415</b>	<b>9,495</b>	<b>70,292</b>
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support (Subtract line 7c from line 6 )</b>	<b>2,340</b>	<b>2,785</b>	<b>24,257</b>	<b>31,415</b>	<b>9,495</b>	<b>70,292</b>

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	2,340	2,785	24,257	31,415	9,495	70,292
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,930	2,892	2,872	6,044	4,193	17,931
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	1,930	2,892	2,872	6,044	4,193	17,931
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support. (Add lines 9, 10c, 11, and 12 )</b>	<b>4,270</b>	<b>5,677</b>	<b>27,129</b>	<b>37,459</b>	<b>13,688</b>	<b>88,223</b>

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► **Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	79.6754 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	80.5254 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	20.3246 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	19.4746 %
19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2008 **THE DONEGAL FOUNDATION****23-2679755**

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**Part IV Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)**Supplemental Information****NONE**

200339 THE DONEGAL FOUNDATION  
23-2679755  
FYE: 6/30/2009

12/9/2009 12:54 PM

## Federal Statements

### Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name and Address	Relationship to Organization	Class of Activity	Date of Gift
Noncash Contribution	Book Value Explanation	FMV Explanation	Purpose
SCHOLARSHIPS/TEACHER GRNT			NONE
Total			

### Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
OFFICE EXPENSES	101
STATE REGISTRATION FEES	350
SOFTBALL EQUIPMENT	5,000
Total	\$ 5,451

## Federal Statements

### Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

#### Description

TO ENCOURAGE SCHOLASTIC ACHEIVEMENT BY PROVIDING SCHOLARSHIPS TO DESERVING STUDENTS OF THE SCHOOL DISTRICT; TO PROMOTE STUDENT HEALTH BY PROVIDING HEALTH PROGRAMS WITHIN THE SCHOOL DISTRICT; AND TO PROMOTE AND ENRICH THE EDUCATIONAL, CULTURAL, ATHLETIC, HEALTH AND WELLNESS OPPORTUNITIES OF THE STUDENTS AND RESIDENTS OF DONEGAL SCHOOL DISTRICT.

Form **8868**

(Rev April 2009)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

► Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete

Part I only ► 

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print  File by the due date for filing your return. See instructions	Name of Exempt Organization  <b>THE DONEGAL FOUNDATION</b>	Employer identification number  <b>23-2679755</b>
	Number, street, and room or suite no. If a P O box, see instructions  <b>1051 KOSER ROAD, PO BOX 495</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions  <b>MOUNT JOY PA 17552-0495</b>	

Check type of return to be filed (file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► **CORPORATE OFFICER**

Telephone No ► **717-653-1447**

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension will cover

► 

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **2/15/10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

►  calendar year or  
►  tax year beginning **7/01/08**, and ending **6/30/09**

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 4-2009)