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Form **990**

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 1545-0047

2008

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspi

	For t	he 2008 calen	dar year,	or tax year beginning	7/01	, 2008,	and ending	6/	30 ,	, 2009
		ıf applicable							D Employer Identif	fication Number
	\square_{Δ}	ddress change	Please use IRS label	FOUNDATION FOR	THE CENTRAL	DAUPHT	N		36-45117	725
	\vdash	lame change	or print	SCHOOLS					E Telephone numb	
	\vdash	•	or type. See	600 RUTHERFORD	ROAD				717-545-	-4703
	⊢,"	nitial return	specific Instruc-	HARRISBURG, PA					111-343	-4703
	ЩТ	ermination	tions							
	A	mended return		<u> </u>					G Gross receipts \$	
	A	pplication pending	F Name a	and address of principal officer	LESLIE MECK		I .		a group return for affil	lates? Yes X No
	_		COMMERC	E BANK, 3801 PAXTO	N ST HARRISBUR	G, PA 171	11		affiliates included? attach a list (see inst	Yes No
ī	Та	x-exempt statu	ıs X 501	(c) (3) ◄ (insert	no) 4947	'(a)(1) or	527	11 140,	attach a list (see liist	auctions)
J		bsite: N/		· · · · · · · · · · · · · · · · · · ·		· / · · · · · · · · · · · · · · · · · ·		H(c) Group	exemption number	
ĸ		e of organization	X Corpora	ation Trust Associa	ation Other		Year of Formati			egal domicile PA
	rt I	Summa		, , , , , , , , , , , , , , , , , , , ,						
.,,	1			ganization's mission or	most significant ac	tivities TI	IF CORPO)RATTC	N TS TNCOR	PORATED
	•	-		R CHARITABLE, 1						
ည				CIONAL ENRICHME						
Governance				USICAL, CULTUR						
Ve	2			if the organization disco						
ၓ	3			nbers of the governing b			osed of file	ie triair z	3	7
≪	4			nt voting members of the			e 1b)		4	7
ţį	5			yees (Part V, line 2a)	, governing 2005 (,		5	0
Activities &	6		•	teers (estimate if neces	sary)				6	0
Ą	7a			business revenue from l		olumn (C)			7a	0.
		_		s taxable income from F					7ь	0.
									Prior Year	Current Year
	8	Contributions	and orar	nts (Part VIII, line 1h)					7,363.	113,603.
Ë	9		_	nue (Part VIII, line 2g)					.,,500.	220,000.
Revenue	10	_		art VIII, column (A), line	s 3 4 and 7d)			<u> </u>	1,047.	229.
æ	11		-	III, column (A), lines 5,	·	nd 11e)		ļ	2/02/1	
	12			nes 8 through 11 (must			ne 12)		8,410.	113,832.
	13			ounts paid (Part IX, col					8,605.	5,250.
_	14					<u>, </u>		_		
5	 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 									
y sa				· ·		iiii (A), iiiles	3-10)	-		
5. 6. 1. 2010 Expenses	1			ng fees (Part IX, column				grand file	71.3 miles 177 8/25/4	5/25-13-13-13-13-13-13-13-13-13-13-13-13-13-
7 8] [o Total fundrai	sıng expe	nses (Part IX, column (D), line 25) 🟲		667.	T. Ch	.,	· · · · · · · · · · · · · · · · · · ·
	17	Other expens	ses (Part	IX, column (A), lines 11	a-11d, 11f-24f).				2,416.	90,156.
긲	18	Total expens	es Add I	ines 13-17 (must equal	Part IX, column (A), line 25)			11,021.	95,406.
`	19	Revenue less	s expense	es Subtract line 18 from	Jine 12				-2,611.	18,426.
					RECE	IVFD		Begi	nning of Year	End of Year
	20	Total assets	(Part X. I	ine 16)					33,341.	51,767.
5₩	21				ω	ſ	SC		0.	0.
٦ĕ	22	Not consto a	. 4	, line 26) ances Subtract line 21	18 NOV 3 (2010			33,341.	51,767.
9 ₀ ,	irt II	Signat	ure Blo	ck	from line 20		<u> </u>		33,341.1	31,707.
1 6	41 C II				OCDE	NI LIT				
		Under penaltu true, correct	es of perjuty and opmoleti	I declare that I have examined Declaration of preparer other	this return including act	companying sch n all information	edules and stat of which prepa	ements, and irer has any	d to the best of my kno knowledge	owledge and belief, it is
C:		_ \	NVY	1 /MIM				1		3-10
Sig He	gn	<u> </u>	of officer	• • • • • •					ate	770
116	:10		of officer							
			IE MEC					TREA	SURER	· · · · · · · · · · · · · · · · · · ·
		Type or p	rint name ar	nd title				1	- 16:	
_			α		/	ŀ	Date		Check if (self-	reparer s identifying number ee instructions)
Pa		Preparer's	- /]	(/ ////	POL	'	. /		employed ►	
Pr	_	signature	7 20	cim 1 111 th	<u> </u>		1/1231	10	P	00176237
	rer':	Firm's name (or BULES ME/12GER BRADIUS & EMRICK PC								
eU 10		yours if self employed),	360	 / ///					in ► 23-21	75024
U	пy	address, and ZIP + 4		RISBURG, PA 47					Phone no ► (71	
Ma	v the			with the preparer show		tructions)				X Yes No
				with the preparer show				_	TEE A01121 12/22	

		-451172	5		Page 2
	rt III Statement of Program Service Accomplishments (see instructions)				
1	Briefly describe the organization's mission				
	SEE SCHEDULE O	- -	- -		
2	Did the organization undertake any significant program services during the year which were not listed on the pri	or		ចោ	
	Form 990 or 990-EZ?		Yes	X	No
	If 'Yes,' describe these new services on Schedule O	_			
3	, , , , , , , , , , , , , , , , ,		Yes	X	No
	If 'Yes,' describe these changes on Schedule O				
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expand 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations.	enses Se	ction 5	01(c)	(3)
	expenses, and revenue, if any, for each program service reported	แดกร เด ดแ	ners, t	ne tot	ai
	, , , , , , , , , , , , , , , , , , , 				
			-		
4 a	a (Code (Expenses \$ 94,072. including grants of \$) (Revenue))
	THE CORPORATION GIVES GRANTS AND SCHOLARSHIPS TO SUPPORT EDUCATIONAL				
	ENDEAVORS WHICH MAY INCLUDE BUT NOT BE LIMITED TO EDUCATIONAL, MUSICA				
	ATHLETIC AND/OR RELATED SCHOOL PURPOSES THAT BENEFIT THE STUDENTS OF	THE CEN	TRAL		
	DAUPHIN SCHOOL DISTRICT.				
					
	61a/42+6.004				
41	b (Code (Expenses \$ including grants of \$) (Revenue)	ле \$)
		- 			
					
				· ·	
	357/97. (")569.				
4	c (Code (Code (Expenses \$ including grants of \$) (Reven	ue \$)
		- -			. _
			_		
		_ 			
4	d Other program services (Describe in Schedule O)				
	(Expenses \$ including grants of \$) (Revenue \$)	
4	e Total program service expenses ► \$ 94,072. (Must equal Part IX, Line 25, column (B))			′	
	The state of the s				

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete			
	Schedule A •	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	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	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Χ_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X_
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		<u>X</u> _
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		X
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		X
	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I.	_17		_X_
18 19	, , , , , , , , , , , , , , , , , , , ,	18 19		X
20		20		X
21		21		X
	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		Х
				 -
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		<u>x</u>
BA	A	Form	990	(2008)

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.			
ā	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		<u> X</u>
(Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R , Part V , line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
BAA		Form	990	(2008)

Form 990 (2008) FOUNDATION FOR THE CENTRAL DAUPHIN

Part V. Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	,		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1	2.E	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	(- 3 + 4 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1	3	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>	3ь		
4a 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)?	4a		Х
b If 'Yes,' enter the name of the foreign country ►		ار م	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts		P. Carlo	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
6a Did the organization solicit any contributions that were not tax deductible?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6ь		
7 Organizations that may receive deductible contributions under section 170(c).	100	with.	
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7ъ		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year		14372	42
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	The F	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Х
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			12.0
a Did the organization make any taxable distributions under section 4966?	9a	744	
b Did the organization make any distribution to a donor, donor advisor, or related person?	9ь		
10 Section 501(c)(7) organizations. Enter	7.6	19.00	
a Initiation fees and capital contributions included on Part VIII, line 12] "	1	
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities],,;'		
11 Section 501(c)(12) organizations. Enter	. '	ام کند اورسر اورسر	新疆
a Gross income from other members or shareholders	3.5		外相
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		1	多層
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	<u> </u>		黑虎
BAA	Form	990 ((2008)

Section A. Governing Body and Management

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O See instructions	و داده	Yes	No					
		学技术						
Enter the number of voting members of the governing body			200					
Enter the number of voting members that are independent 7	100							
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X					
Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х					
Did the organization make any significant changes to its organizational documents	4		X					
since the prior Form 990 was filed?								
Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х					
Does the organization have members or stockholders?	6		X					
a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Х					
Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7ь		X					
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	100							
The governing body?	8a		X					
Each committee with authority to act on behalf of the governing body?	8b		X					
Does the organization have local chapters, branches, or affiliates?	9a		Х					
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates.								
Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 SEE SCHEDULE O	10	Х						
Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	11		х					
tion B. Policies								
		Yes	No					
Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X						
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O	12c	X						
Does the organization have a written whistleblower policy?	13		X					
Does the organization have a written document retention and destruction policy?	14		X					
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	, ,	遊						
The organization's CEO, Executive Director, or top management official?	15a		X					
Other officers of key employees of the organization?	15 b		Χ					
Describe the process in Schedule O (see instructions)	5 1							
a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	,՝ 16a	4	X					
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		F. 7.	獨					
tion C. Disclosures								
List the states with which a copy of this Form 990 is required to be filed ► PA								
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available								
inspection. Indicate how you make these available. Check all that apply		0 .0.						
Inspection Indicate how you make these available. Check all that apply Own website		0 101						
inspection Indicate how you make these available. Check all that apply	ıcy, ar	•						
a o a o a o a o a o a	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization's assets? Does the organization have members or stockholders? Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? Does the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Each committee with authority to act on behalf of the governing body? Does the organization have local chapters, branches, or affiliates? If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? Was a copy of the Form 990 provided to the organization uses to review the Form 990. SEE SCHEDDILE 0 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization smalling address? If 'Yes,' provide the names and addresses in Schedule O tion B. Policies Does the organization have a written conflict of interest policy? If 'No,' go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization have a written whistleblower policy? Does the organizat	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or frustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents James and the prior Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization's assets? Does the organization have members or stockholders? Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? The governing body? Bach committee with authority to act on behalf of the governing body? Bach committee with authority to act on behalf of the governing body? Bach committee with authority to act on behalf of the governing body? Bach committee with authority to act on behalf of the governing body? Bach committee with authority to act on behalf of the governing body? Bach committee with authority to act on behalf of the governing body? Bach committee with authority to act on behalf of the governing body? Bach committee with authority to act on behalf of the governing body? Bach committee with authority to act on behalf of the governing body? Bach committee with authority to act on behalf of the governing body? Bach committee with authority to act on behalf of the governing body? Bach committee with authority to act on behalf of the governing body? Bach committee with authority to act on behalf of the governing body? Bach committee with authority to act on behalf of the governing body? Bach committee with authority to act on behalf of the governing body? Bach committee with authority to act on behalf of the governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization is review the Form 990 SEE SCHEDULE O Boes the organizatio	Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3					

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Form 990 (2008)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation; and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)		sate any officer, director, tru (c)					(D)	(E)	(F)
Name and Title	Average hours	1			all t	hat app		Reportable compensation from	Reportable	Estimated amount of other
	per week	Institutional trustee Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099 MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JOSEPH BRESSI									-	
TRUSTEE	2	Х						0.	0.	0.
EVELYN_R_BURTON			ļ							
TRUSTEE	2	X	_					0.	0.	0.
KIM FISHER SECRETARY	4			Х				0.	0.	0.
DR. WILLIAM GASKINS										
TRUSTEE	2	X		ļ				0.	0.	0.
LESLIE MECK	4	į		ι,						•
TREASURER KATHY A STONE	4	-	<u> </u>	Х			-	0.	0.	0.
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JOAN B TRACY	 	^	-				\vdash		0.	<u> </u>
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(A)	(B)	_		-	c)			(D)	(E)	(F)
Name and Title	Average hours				, .	-		Reportable compensation from	Reportable compensation from	Estimated amount of other
•	per week	유효	Inst	Officer	Key	Highest compensa employee	Former	the organization	related organizations	compensation
		lrec vid	Ĕ	Ger	en	hest ploy	Ter I	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		학교	Institutional		employee	ee co				and related organizations
		- Tust	2		yee					organizations
		ee	trustee			88				1
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	L	<u> </u>	L	J		<u> </u>	<u> </u>			
1 b Total							<u> </u>	0.	<u> </u>	0.
2 Total number of individuals (including those in 1a) v	who rece	eive	d m	ore f	thar	\$10	0,00	00 in reportable c	ompensation from	the
organization 🕨 0										
										Yes No
										. 艺艺艺艺
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust	ee, l	key	emp	oloye	ee, o	or hi	ghest compensate	ed employee	1 1 1
										3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t	portable	COL	mpe	nsa	tion	and	oth	er compensation	from	
the organization and related organizations greater t	nan \$15	0,00	JU /	IT 'Y	es'	com	ipiet	e Schedule J for s	such	4 X
5 Did any person listed on line 1a receive or accrue of	ompens	atio	n fr	om a	any	unre	elate	ed organization for	r services	
rendered to the organization? If 'Yes,' complete Sci	hedule .	for	suc	h pe	erso	n				5 X
Section B. Independent Contractors										
1 Complete this table for your five highest compensation.	ted inde	pen	dent	t cor	ntrac	ctors	s tha	it received more t	han \$100,000 of	
compensation from the organization										
(A)								(B)	(C)
Name and business address Description of Services Compensation										
	,									
										
										
								<u> </u>		
2 Total number of independent contractors (including	those II	n 1)	who	rec	eive	ed n	nore	than \$100,000 in	£ 4.	では、大学の大学の大学は大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大

compensation from the organization ► 0

Par	t VIII Statement of Revenue		·	· · · · · · · · · · · · · · · · · · ·	
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribus included in lns 1a-1f \$				
N S	h Total. Add lines 1a-1f	113,603.	الأنبي ريونوه أي بالميا		
PROGRAM SERVICE REVENUE	Business Code 2 a b c d e		11 1 1/2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	COLUMBIA CONTRACTOR	
GRA	f All other program service revenue				
PR OR	g Total. Add lines 2a-2f			7 / 17 7	े दिन्दी
	 Investment income (including dividends, interest and other similar amounts). Income from investment of tax-exempt bond proceeds. Royalties 	229.			229.
	(i) Real (ii) Personal 6a Gross Rents b Less rental expenses c Rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other	Service Strategy of the		Printed and the second	
	b-Less-cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)				1.20
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events			The second second	
	9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities		高度的基础	A CANADA SANTANA	
	10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory		a de la companya de	REAL PROPERTY OF THE PARTY OF T	
	Miscellaneous Revenue Business Code		,	and designation	1. 新元元222 · 第
	b c d All other revenue.			52 - 1934 5 h	
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c,	440			
	10c, and 11e	113,832.	0.	0.	229.

Form 990 (2008)

Part IX Statement of Functional Expenses

BAA

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (**D)** Fundraising (B) (C) (A) Program service Do not include amounts reported on lines Management and Total expenses 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and organizations in the US See Part IV, line 21 Grants and other assistance to individuals in 2 5,250 the U.S. See Part IV, line 22 5,250 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16. Benefits paid to or for members Compensation of current officers, directors, 0 0 trustees, and key employees 0 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) 0 0 0 0. Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Payroll taxes 11 Fees for services (non-employees) a Management **b** Legal c Accounting **d** Lobbying 社人类的情况 e Prof fundraising svcs See Part IV, In 17 f Investment management fees g Other 12 Advertising and promotion Office expenses 13 Information technology 15 Royalties Occupancy 16 17 Travel Payments of travel or entertainment 18 expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 667 23 2 001 Insurance 667 667 Other expenses Itemize expenses not ACT TO covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a WEIGHT ROOM 88,155 88,155 b f All other expenses 95,406 94,072 667 667. 25 Total functional expenses Add lines 1 through 24f Joint Costs. Check here ► I If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

<u> </u>	· · · ·	Dalatice officer		г	· · · · · · · · · · · · · · · · · · ·		
			(A) Beginning of year		(B) End of year		
	1	Cash — non-interest-bearing		1	,		
	2	Savings and temporary cash investments	33,341.	2	51,767.		
	3	Pledges and grants receivable, net	33,341.	3	31,101.		
	4	Accounts receivable, net	·	4			
		·		-			
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	4.54	5	Control of the contro		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))	एक्टिकी एक मानिकारी	三條	STATE OF THE		
٨		and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6			
A S S E T S	7	Notes and loans receivable, net		7			
Ē	8	Inventories for sale or use		8			
Ś	9	Prepaid expenses and deferred charges		9			
	10 a	Land, buildings, and equipment cost basis 10a		~ r 1,-	一个人的现在分		
	b	Less accumulated depreciation Complete Part VI of					
		Schedule D 10b	ļ	10 c			
	11	Investments — publicly-traded securities		11			
	12	Investments – other securities See Part IV, line 11		12			
	13	Investments – program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		15			
	16	Total assets Add lines 1 through 15 (must equal line 34)	33,341.	16	51,767.		
	17	Accounts payable and accrued expenses	33,341.	17	31,707.		
	18	Grants payable Grants payable		18			
	19	Deferred revenue		19			
L	i i			+			
Ĩ	20	Tax-exempt bond liabilities		20			
B	21	Escrow account liability Complete Part IV of Schedule D	1) 201 1 1 1 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1	21			
LIABILIT	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II					
- 1		of Schedule L		22			
S	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable		24			
	-25	-Other-liabilities-Complete-Part-X-of-Schedule-D		-25-			
	26	Total liabilities. Add lines 17 through 25	0.	26	0.		
Ν̈́		Organizations that follow SFAS 117, check here ► X and complete lines	and the state of	(5.1	· · · · · · · · · · · · · · · · · · ·		
N E T		27 through 29 and lines 33 and 34.	19- m 19- galan	"(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Ą	27	Unrestricted net assets	24,004.	27	19,110.		
ASSET	28	Temporarily restricted net assets	9,337.	28	32,657.		
Ś	29	Permanently restricted net assets	,	29	, , , , , , , , , , , , , , , , , , ,		
O R		Organizations that do not follow SFAS 117, check here ► and complete	张施武(以及)(X)(()	15,100			
		lines 30 through 34.		题	表入于《艾斯斯		
FUZD	30	Capital stock or trust principal, or current funds	X 3 Mark of the K Park I	30	27. 22. 1. 4. 2-Carl # 52.72.00		
	31	Paid-in or capital surplus, or land, building, and equipment fund		31			
Ļ	32	Retained earnings, endowment, accumulated income, or other funds		32			
Ň	33	Total net assets or fund balances.	33,341.	33	51,767.		
BALAZCES	34	Total liabilities and net assets/fund balances	33,341.	34	51,767.		
_	irt X] 33,341.	34	31,707.		
1 6	<u> </u>	Financial Statements and Reporting			V N-		
1	۸۵	Counting method wood to avenue the Form 000. V Cook	ا مید		Yes No		
1		counting method used to prepare the Form 990. X Cash Accrual	Other		2a X		
4	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
b Were the organization's financial statements audited by an independent accountant?							
	c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single						
:							
•	Au	dit Act and OMB Circular A-133?	adia da sociordi ili tile	Jany!	3a X		
	b If '	Yes,' did the organization undergo the required audit or audits?			3Ь		
BA	A				Form 990 (2008)		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. FOUNDATION FOR THE CENTRAL DAUPHIN

_	SCHO	OLS						36-45	11/25)		
Par	TI Reason for Pu	blic Charity Statu	s (All organizations	must c	omple	te this	part.)	(see ii	nstruct	ions)		
The o			ise it is (Please check o									
1	A church, conventi	on of churches or ass	ociation of churches des	cribed in	section	170(b)	1)(A)(i)					
2			A)(ii). (Attach Schedule I									
3	├ ──		e organization described	-	on 170/l	ν1ΥΔΥ	iii) (Att	ach Sch	H aluba	`		
4	H	· ·	ed in conjunction with a h		•		• •			•	nutal'e	
4	L		d in conjunction with a n	iospitai t	ie aci ine	u III SEC	11011 171	NDK I KM	X) ⊏	itel the nos	pitais	•
5	name, city, and standard An organization of 170(b)(1)(A)(iv).	perated for the benefit	of a college or university	y owned	or opera	ated by	a gover	nmental	unit des	scribed in s	ection	
6 7												
8			170(b)(1)(A)(vi). (Comple	te Part I	1.)							
9	· ·		more than 33-1/3 % of its			ributions	memb	erchin fe	es and d	ross receini	te	
3	from activities relate investment income	ed to its exempt function	ns — subject to certain exce ess taxable income (less	eptions, a	and (2) n	o more t	han 33-	1/3 % of	its suppo	ort from aros	SS	fter
10	<u> </u>	•	exclusively to test for pu		•			• • •		•		
11	more publicly support describes the type	oorted organizations (exclusively for the bene described in section 509(zation and complete line	a)(1) or	section	509(a)(2	ctions o ?) See	of, or car section	ry out th 509(a)(3)	ne purposes). Check th	s of or ne box	ne or that
	a Type I	b Type II	c Type II	I — Fund	tionally	ıntegrat	ed		d 📗	Type III-	Other	•
€	By checking this b than foundation m 509(a)(2)	ox, I certify that the o anagers and other tha	rganization is not control in one or more publicly s	led direct	tly or in d organi	directly zations	by one describe	or more ed in sec	disquali tion 509	fied perso (a)(1) or se	ns oth ection	ner
f	, , , ,	received a written de	termination from the IRS	that is a	Type I	, Type II	or Typ	e III sup	porting o	organizatioi	n,	
ç	Since August 17, 2	2006, has the organiza	ation accepted any gift of	r contrib	ution fro	om any	of the fo	ollowing	persons	7		
											Yes	No
	below, the g	overning body of the s	controls, either alone or supported organization?	together	with pe	rsons d	escribe	in (II) a	and (III)	11 g (i)		
	—— (ii) —-a-famıly-mer	nberof-a-person-des	cribed-in-(i)-above-7	-	-					11 g (ii)		
	(iii) a 35% contro	olled entity of a persoi	n described in (i) or (ii) a	bove?						11 g (iii)	L	Ĺ
t	Provide the follow	ing information about	the organizations the org	ganizatio	n suppo	rts						
	(i) Name of Supported Organization	(u) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) lister gove	(iv) Is the organization in col (i) listed in your governing document?		ou notify ization in (i) of ipport?	(vi) Is the organization in co		(vii) Amoun	it of Sup	port
				Yes	No	Yes	No	Yes	No			
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	•	<u> </u>			1	L'	1.00 - 1.00 - 1.00	I*~				

Sec	(Complete only if you check tion A. Public Support	ed the box on line	5, 7, or 8 of Par	11)	· · · · · · · · · · · · · · · · · · ·			·
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')			-	-			
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public 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							
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4		ر المجار سره - المجار سره - المجار	The state of the s	The second secon			
Sec	tion B. Total Support		. ,	1	1.1 % " markenshe 25 mg	a Lambia makanan	Sec. 2446.5.	
Cale	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
9	Net income form unrelated business activities, whether or -not-the-business-is-regularly—carried on					-		
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10			- R			治学	
12	Gross receipts from related activ	rities, etc (see ins	structions)				12	
	First five years. If the Form 990 organization, check this box and	stop here	·	nd, third, fourth,	or fifth tax year a	s a section !	501(c)((3)
	tion C. Computation of Pu							
14 15	Public support percentage for 20 Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	, ,,			14 15	<u>%</u> %
16 a	33-1/3 support test - 2008. If the and stop here. The organization	e organization did	I not check the bo	ox on line 13, and	d the line 14 is 33	-1/3 % or m	ore, cl	neck this box
t	33-1/3 support test - 2007. If the and stop here. The organization	e organization did	I not check a box	on line 13, or 16a	a, and line 15 is 3	3-1/3% or m	nore, c	heck this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop her	re. Explain i	n Part	IV how
ŀ	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop her	re. Explaın ı	n Part	
18	Private foundation. If the organi	zation did not che	eck a box on line,	13, 16a, 16b, 17a	a, or 17b, check ti	nis box and	see in	structions -
BAA					Sc	hedule A (F	orm 99	90 or 990-EZ) 2008

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 yr beginning in)► (f) Total (d) 2007 (a) 2004 **(b)** 2005 (c) 2006 (e) 2008 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 25,966 107,383 19,764 7,363 113,603 274,079. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 0. purpose Gross receipts from activities that are not an unrelated trade or business 0. under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on 0. its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 0. 107,383 19,764 7,363 113,603 274,079. 25,966. 6 Total. Add lines 1-5 7a Amounts included on lines 1. 2, 3 received from disqualified 0 0. 0 0 0 0. persons **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, 0. 0 0 0 0 0 and 12 for the year or \$5,000 0 0 0 0 0 0. c Add lines 7a and 7b Public support (Subtract line · 公司司官 1 、 公司 20 克拉 医乳腺性衰竭 2 Fr = 131 . 274,079. 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 274,079. 25,966 19,764 7,363 113,603 107,383 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 229 10,289. 65 2,717 6,231 1,047 **b** Unrelated business taxable income (less section 511 taxes) from businesses 0 acquired after June 30, 1975. 229 10,289. 65 2,717. 6,231 1,047 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is 0. regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). 0. 5 4 4 to 35 284. 368. 13 Total support. (add Ins 9, 10c, 11, and 12) 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 96.4% 15 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 95.5% Section D. Computation of Investment Income Percentage 17 3.6% 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 4.5% 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 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 ► X more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization **b 33-1/3 support tests** – **2007.** If the organization did not check a box on line 14 or 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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule /	4 (Form 990 o	r 990-EZ) 20	008 FC	DUNDATI	ON FO	R THE	CENTRA	L DAUPH:	[N 36-45	11725	Page 4
Part IV	Suppleme	ntal Infor	mation	. Comple	ete this	part to	provide	the expla	IN 36-45 nation required by onal information. (s	Part II, line 10	
	Part II, line	e 17a or 1	17b; or l	Part III,	line 12	. Provid	lė any oti	her addıtı	onal information. (s	ee instructions	s)
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SCHEDULEI		Ğ	ants and Oth	er Assistance t	to Organization	ý.		OMB No 1545-0047
()66 ш	_		Governmen	Governments and Individuals in the U.S.	als in the U.S.			2008
Department of the Treasury Internal Revenue Service		► Complete if the	e if the organizatio	organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.	orm 990, Part IV, lines 0.	21 or 22.		Open to Public Inspection
Name of the organization FOUNDATION FOR THE	CENTRAL	DAUPHIN	0.0				Employer identification number 36-4511725	ation number 25
1 Does the organizathe selection crite	ation maintain records the grant state of the grant	to substantiate the grants or assistance	amount of the gran	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	rantees' eligibility for the	ne grants or assistanc	e, and	Yes
art II Grants and 990, Part IV Part IV and	Grants and Other Assistance to Governments and Organizations 990, Part IV, line 21 for any recipient that received more than \$5,0 Part IV and Schedule I-1 (Form 990) if additional space is needed	e to Government recipient that re	nts and Organice of the converted more the converted more the converted more is a converted to the converted	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	ed States. Complei his box if no one r	e if the organizat ecipient received	ion answered 'Y more than \$5,00	es' on Form 00. Use
1 (a) Name and address of organization or government	iss of organization	(b) E!N	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Enter total number	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	and government org	ganizations				A A	
For Privacy Act a	BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	on Act Notice, see	the Instructions fo	ır Form 990.	TEEA3901L 12/19/08	12/19/08	Sched	Schedule I (Form 990) 2008

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Page 2 Schedule I (Form 990) 2008 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 36-4511725 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non cash assistance TEEA3902L 10/02/08 1,050. 4,200 (c) Amount of cash grant FOUNDATION FOR THE CENTRAL DAUPHIN 10 (b) Number of recipients STIPENDS PAID FOR SADD ADVISORY (a) Type of grant or assistance OLYMPIC TRAVEL ASSISTANCE Schedule I (Form 990) 2008 Part III BAA

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

	2008
e	Open to Public
Employer ide	ntification number

Name of the organization FOUNDATION FOR THE CENTRAL DAUPHIN SCHOOLS	Employer identification number 36-4511725
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	
THE CORPORATION IS INCORPORATED EXCLUSIVELY FOR CHARITABLE, EDU	JCATIONAL AND
SCIENTIFIC PURPOSES, PARTICULARLY TO SUPPORT EDUCATIONAL ENRICE	MENT ENDEAVORS WHICH
MAY INCLUDE BUT NOT BE LIMITED TO EDUCATIONAL, MUSICAL, CULTURA	AL, ATHLETIC AND/OR
RELATED SCHOOL PURPOSES, OR SCHOLARSHIPS, THAT BENEFIT THE STUI	DENTS_OF_THE_CENTRAL
DAUPHIN SCHOOL DISTRICT.	
FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS	·
A COPY OF THE FORM 990 WILL BE DISTRIBUTED TO EACH OF THE GOVER	RNING BOARD MEMBERS
BEFORE THE 990 IS SUBMITTED.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEM	ENT OF C
EACH TRUSTEE SHALL EXECUTE A STATEMENT IN JANUARY OF EACH YEAR	SETTING FORTH ANY
POSSIBLE CONFLICTS OF INTEREST OR STATING THAT NO SUCH CONFLICT	rs exist.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	/AILABLE
AVAILABLE UPON REQUEST.	