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Form **990-PF** Department of the Treasury Internal Revenue Service

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052 Open to public Inspection_

For	caler	ndar year 2012 or tax year beginning		, and ending		
Na	ne o	foundation			A Employer identification	number
Т	HE	MID-DEL CHARITABLE FOU	JNDATION		38-3642292	
		and street (or P O box number if mail is not delivered to stree		Room/suite	B Telephone number	
1	5	WEST RIDER ROAD			(302) 398-	7223
Cit		own, state, and ZIP code			C If exemption application is p	. ["]
		RINGTON, DE 19952				<u>.</u>
		call that apply: Initial return	Initial return of a for	mer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return			
		Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test, imputation
H (heck	type of organization: X Section 501(c)(3) e	xempt private foundation		 E If private foundation sta	tus was terminated
] Se	ection 4947(a)(1) nonexempt charitable trust	Other taxable private foundati	ion	under section 507(b)(1)	
1 Fa	ır m	arket value of all assets at end of year J Account	ting method: X Cash	Accrual	F If the foundation is in a	60-month termination
(fi	om i	Part II, col (c), line 16)	ther (specify)		under section 507(b)(1)	
<u></u>	\$_		umn (d) must be on cash ba	asıs)		
Pa	ırt <u>l</u>	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	103,311.		N/A	
	2	Check I if the foundation is not required to attach Sch B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities				
	5a	Gross rents				
	Ь	Net rental income or (loss)				`
a)	6a	Net gain or (loss) from sale of assets not on line 10				
ž	Ь	Gross sales price for all assets on line 6a	REGI	EIVED		
Revenue	7	Capital gain net income (from Part IV, line 2)	(0)	<u> </u>		
Œ	8	Net short-term capital gain	₩AY 9	0 2013 5		
	9	Income modifications	4	2013 87		
	10a	Gross sales less returns and allowances	OGD	ő l		·
	1	Less Cost of goods sold	OGDE	14, 01		
	C	Gross profit or (loss)				
	11	Other income	102 211			
	12	Total. Add lines 1 through 11	103,311.	0.		
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
es	15	Pension plans, employee benefits				
nse	16a	Legal fees	1 000	0.		1,000.
Expense	ם ו	Accounting fees STMT 1	1,000.	<u> </u>		1,000.
e E		Other professional fees	-			
æį	17 18	Interest Taxes STMT 2	25.	0.		25.
Operating and Administrative	19	Depreciation and depletion	23.	<u> </u>		
ij	20	Occupancy				
Adn	21	Travel, conferences, and meetings				
Ď	22	Printing and publications				
<u>a</u>	23	Other expenses STMT 3	964.	0.		964.
at n	24	Total operating and administrative				_
Jer.		expenses. Add lines 13 through 23	1,989.	0.		1,989.
Ö	25	Contributions, gifts, grants paid	95,000.			95,000.
	26	Total expenses and disbursements				
		Add lines 24 and 25	96,989.	0.		96,989.
	27	Subtract line 26 from line 12.				
	l	Excess of revenue over expenses and disbursements	6,322.			
	Ь	Net investment income (if negative, enter -0-)		0.		
		Adjusted net income (if negative, enter -0-)	1		N/A	
2235	01	LHA For Paperwork Reduction Act Notice, see	instructions.			Form 990-PF (2012)

THE MID-DEL CHARITABLE FOUNDATION

38-3642292

Form **990-PF** (2012)

		ind(s) of property sold (e o or common stock, 200 sh			1, Þ	How aco - Purch - Dona	iase [acquired lay, yr.)	(d) Date sold (mo., day, yr.)		
<u>1a</u>					_							
b N	ONE				_					· · · · · · · · · · · · · · · · · · ·		
<u>C</u>												
d e												
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale					aın or (loss) s (f) mınus (
<u>a</u>												
<u>b</u>				-								
<u>c</u>			 						<u>_</u> _			
e	_		 				 -					
Complete only for assets sho	wing gain in	column (h) and owned by	the foundation	on 12/31/69			(1) Gains (C	ol (h) gain	minus		
(1) F M V6 10/04/00		(j) Adjusted basis		cess of col. (ı)				Ĺ (k), buť i	(k), but not less than -0-) or Losses (from col. (h))			
(i) F.M.V. as of 12/31/69		as of 12/31/69	over	col. (j), if any				LUSSES	(1101111 COI (
a												
b												
<u>c</u>												
<u>d</u>												
е		(16 ann alan anta	a un David I luna	7	7							
! Capital gain net income or (net	capital loss	If gain, also ente If (loss), enter -(r in Part I, line)- in Part I. line	, 7	}	2						
Net short-term capital gain or (loss) as defi	`			ر ا							
If gain, also enter in Part I, line			(0).] [
If (loss), enter -0- in Part I, line	8	10.40() (3						
<u> </u>		Section 4940(e) for					ent inc	ome				
For optional use by domestic priv	ate toundati	ons subject to the section	4940(a) tax on	net investment ir	icome	9.)						
f section 4940(d)(2) applies, leav	e this part bl	ank.										
Was the foundation liable for the s	ection 4942	tax on the distributable ar	nount of any ve	ear in the base pe	riod?					Yes X N		
f "Yes," the foundation does not q												
Enter the appropriate amount					ntries	S.						
(a) Base period years		(b)		.	(c)				Distrib	(d) ution ratio		
Calendar year (or tax year begin	nning in)	Adjusted qualifying dis		Net value of no	nchar				(col. (b) div	ded by col. (c))		
2011			7,285.				5,433			6.30370		
2010			02,185. 01,321.				9,422			10.84536		
2009 2008			35,222.				6,438 3,539			5.55548 24.08082		
2007			6,078.				5,089			14.94949		
	l	•	<u> </u>									
? Total of line 1, column (d)								2		61.73485		
Average distribution ratio for the	ne 5-year ba	se period - divide the total	on line 2 by 5,	or by the number	of ye	ars						
the foundation has been in exis	stence if less	than 5 years						3		12.3469		
										4 - 44		
Enter the net value of nonchar	table-use as	sets for 2012 from Part X,	line 5					4		15,200		
Multiplication Aboution O								ا ـ		107 740		
Multiply line 4 by line 3								5		187,748		
6 Enter 1% of net investment inc	ome (1% of	Part I line 27h)						6		(
, which the or not investment life	(1 /0 01	, arei, mio Eroj						,				
7 Add lines 5 and 6								7		187,748		
										····································		
Enter qualifying distributions fi	rom Part XII,	line 4						8		96,989		
If line 8 is equal to or greater the See the Part VI instructions.	han line 7, ch	neck the box in Part VI, line	e 1b, and comp	olete that part usin	ig a 1º	% tax ra	ate.					

	1990-PF (2012) THE MID-DEL CHARITABLE FOUNDATION		3642			Page 4
	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	1948	see ir	istri	ictio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1				0.
	of Part I, line 27b					,
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)				_	» i
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				0.
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				0.
6	Credits/Payments					
a	2012 estimated tax payments and 2011 overpayment credited to 2012 6a					
b	Exempt foreign organizations - tax withheld at source 6b]				:
	Tax paid with application for extension of time to file (Form 8868) 6c	7				
	Backup withholding erroneously withheld 6d	1				
7	Total credits and payments Add lines 6a through 6d	7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be: Credited to 2013 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 interven	e in		_	Yes	No
14	any political campaign?	<i>.</i>	Ì	1a		Х
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		Ì	1b		X
U	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ed or	ŀ			
	distributed by the foundation in connection with the activities.	eu oi	ļ			
	Did the foundation file Form 1120-POL for this year?		İ	1c	-	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		ŀ	10		
u	(1) On the foundation. \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$		ļ			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	<u>-</u>				
6	managers. > \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		1	2		х
	If "Yes," attach a detailed description of the activities		ŀ			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	٥r	i			
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	01		3		х
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		Ì	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	14	/ 1	5		X
,	If "Yes," attach the statement required by General Instruction T		Ì		<u> </u>	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
U	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 sta 	o lavu				
		e law				v
-	remain in the governing instrument?		ŀ	<u>6</u> 7	X	<u>X</u>
7	Did the foundation have at least \$5,000 in assets at any time during the year?		-			
٥.	If "Yes," complete Part II, col. (c), and Part XV				İ	
88	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	DE					
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)			D.L		
_	of each state as required by General Instruction G? If "No," attach explanation	4	ŀ	<u>8b</u>	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call and 2010 on the triple way beginning as 2010 (see particulous for Part VIV) (1) as an along the Part VIV)	enuar		_	1	v
	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV		ŀ	9		X
<u>10</u>	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses			10	<u> </u>	X

Statements Regarding Activities for Which Form 4720 May Be Required (continued) Sa During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No	orm 990-PF (2012) THE MID-DEL CHARITABLE F		_ 	<u> 38-36422</u>	<u> 192 </u>	Page 6
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (6) If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? N/A	Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)		
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (6) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (8) If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? (9) Organizations relying on a current notice regarding disaster assistance check here (1) If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? (1) "Yes" attach the statement required by Regulations section 53.4945-5(d) (6) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (7) Yes X No (8) Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? (8) Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? (8) The foundation of the grant of the g	5a During the year did the foundation pay or incur any amount to:					
any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (6) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (7) If yes in a current notice regarding disaster assistance (see instructions)? (8) If any answer is 'Yes' to fa(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance check here (8) If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? (9) If 'Yes,'' attach the statement required by Regulations section 53.4945-5(d) (1) Ba Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (1) But the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? (1) But 'Yes,'' at 66, file Form 8870 (2) A at any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? (2) A tax any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? (3) If 'Yes,'' did the foundation About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, and Countries and delenies compensat	(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es X No		l
(3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted for provide allowances (c) Compensation (d) Compensation (d) Compensation (d) Compensation (d) Compensation (d) Compensation (e) Expense account, othe allowances	(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				
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the prevention of cruelty to children or animals? Yes	509(a)(1), (2), or (3), or section 4940(d)(2)?		Y	es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes," to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation.	(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or			
Section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted (c) Compensation (d) Contributions in employee benefit plans and deferred compensation (finot paid, enter -0-) employee benefit plans and deferred compensation.	the prevention of cruelty to children or animals?		Y	es X No		
Organizations relying on a current notice regarding disaster assistance check here c. If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(d) 6a. Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b. Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a. At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b. If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (f) Compensation (f) Compensation employee benefit plans and deferred compensation.	b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations			
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Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (lf not paid, enter -0-) (d) Contributions to employee benefit plans and deferred compensation allowances	Information About Officers Directors Trust		nagers, Highly		,,,	
(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 and deterred compensation allowances	Part VIII Paid Employees, and Contractors	ood, r danaation ma		,		
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to position enter-u-) compensation allowances		 		T	T	_
		(b) Title, and average	(c) Compensation	(d) Contributions to	(e)	Expense
SEE STATEMENT 4 0. 0. 0	(a) Name and address	I nours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	acco	Expense ount, other owances
SEE STATEMENT 4 0. 0. 0	(a) Name and address	I nours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	acco allo	expense ount, other owances
DEE STATEMENT 4	(a) Name and address	I nours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e) acco allo	Expense ount, other owances
		I nours per week devoted	(If not paid, enter -0-)	compensation	(e) acco allo	owances
	(a) Name and address SEE STATEMENT 4	I nours per week devoted	(If not paid, enter -0-)	compensation	(e) acco allo	Expense ount, other owances
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		I nours per week devoted	(If not paid, enter -0-)	compensation	(e) acco allo	owances
		I nours per week devoted	(If not paid, enter -0-)	compensation	(e) accc alle	owances
	BEE STATEMENT 4	nours per week devoted to position	(If not paid, enter -0-)	compensation	(e) accc allo	owances
Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."	BEE STATEMENT 4	to position	(If not paid, enter -0-)	O .	alle	O.
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week (c) Compensation employee benefit plans account, other	BEE STATEMENT 4 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none, (b) Title, and average	(If not paid, enter -0-)	O .	(e)	Expense unt, other
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation allowances	SEE STATEMENT 4 Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	(e)	Expense unt, other
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week (c) Compensation employee benefit plans account, other	SEE STATEMENT 4 Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	(e)	Expense unt, other
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation allowances	SEE STATEMENT 4 Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	(e)	Expense unt, other
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		I nours per week devoted	(If not paid, enter -0-)	compensation	(e) acco allo	Expe
		I nours per week devoted	(If not paid, enter -0-)	compensation	(e) accc alle	owances
1		I nours per week devoted	(If not paid, enter -0-)	compensation	(e) accc alle	owances
		I nours per week devoted	(If not paid, enter -0-)	compensation	(e) acco allo	owances
		I nours per week devoted	(If not paid, enter -0-)	compensation	(e) acco allo	owances
		I nours per week devoted	(If not paid, enter -0-)	compensation	(e) accc allo	owances
		I nours per week devoted	(If not paid, enter -0-)	compensation	(e) accc allo	owances
Componentian of five highest need ampleyees (other than these included on line 1) If none enter "NONE"	BEE STATEMENT 4	nours per week devoted to position	(If not paid, enter -0-)	compensation	(e) acco allo	owances
	BEE STATEMENT 4	to position	(If not paid, enter -0-)	O .	alle	O.
	BEE STATEMENT 4 Compensation of five highest-paid employees (other than those inc	to position luded on line 1). If none,	(If not paid, enter -0-)	O .	alle	O.
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week (c) Compensation employee benefit plans account, other	BEE STATEMENT 4 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none, (b) Title, and average	(If not paid, enter -0-)	O .	alle	O.
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week (c) Compensation employee benefit plans account, other	BEE STATEMENT 4 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none, (b) Title, and average	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	(e)	Expense unt, other
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation allowances	SEE STATEMENT 4 Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	(e)	Expense unt, other
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Total number of other employees paid over \$50,000

Form 990-PF (2012) THE MID-DEL CHARITABLE FOUNDATION 38-	3642292 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
TOTAL	
Total number of others receiving over \$50,000 for professional services	▶ 0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	
Don't IV D. O	
Part IX-B Summary of Program-Related Investments	A
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 <u>N/A</u>	
0	
2	
All other program-related investments. See instructions.	
3	
×	
Total, Add lines 1 through 3	0.

Pan			ndations, see	instructions)
	ir market value of assets not used (or held for use) directly in carrying out charitable, etc ,	purposes:	-	_
a Av	erage monthly fair market value of securities		1a	0.
b Av	erage of monthly cash balances		1 <u>b</u>	15,438.
	ir market value of all other assets		1c	
d To	tal (add lines 1a, b, and c)		1d	15,438.
e Re	duction claimed for blockage or other factors reported on lines 1a and			
1c	(attach detailed explanation) 1e	0.		
2 Ac	quisition indebtedness applicable to line 1 assets		2	0.
3 Su	btract line 2 from line 1d		3	15,438.
4 Ca	sh deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see in	structions)	4	232.
5 Ne	t value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part \	/, line 4	5	15,206.
<u>6 Mi</u>	nimum investment return. Enter 5% of line 5		6	760.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) foreign organizations check here and do not complete this part.)) private operating foundations an	d certain	
1 Mi	nimum investment return from Part X, line 6		1	760.
2a Ta:	x on investment income for 2012 from Part VI, line 5		` ~	
b Inc	come tax for 2012. (This does not include the tax from Part VI.)			
c Ad	d lines 2a and 2b		2c	0.
3 Dis	stributable amount before adjustments. Subtract line 2c from line 1		3	760.
4 Re	coveries of amounts treated as qualifying distributions		4	0.
5 Ad	d lines 3 and 4		5	760.
6 De	duction from distributable amount (see instructions)		6	0.
7_Dis	stributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, lir	ie 1	7	760.
	XII Qualifying Distributions (see instructions)			
	nounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		4.	06 000
	penses, contributions, gifts, etc total from Part I, column (d), line 26	•	1a	96,989. 0.
	ogram-related investments - total from Part IX-B		1b	<u> </u>
	nounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc	, purposes	2	
	nounts set aside for specific charitable projects that satisfy the:			
	stability test (prior IRS approval required)	·	3a	
	sh distribution test (attach the required schedule)		3b	06 000
	alifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part		4	96,989.
	undations that qualify under section 4940(e) for the reduced rate of tax on net investment		_	^
	come. Enter 1% of Part I, line 27b		_ 5	06.000
	justed qualifying distributions. Subtract line 5 from line 4		6	96,989.
No	ite. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca 4940(e) reduction of tax in those years.	iculating whether the foundation q	ualifies for the	section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,		- Francis prior to 2011	2011	2012
line 7				760.
2 Undistributed income, if any, as of the end of 2012				700.
a Enter amount for 2011 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2012:				
a From 2007 75,824.			*	
b From 2008 85,045.				
c From 2009 90,499.				
d From 2010 101,714.			ž.	
e From 2011 96,513.	440 505		¥ •	
f Total of lines 3a through e	449,595.		^	
4 Qualifying distributions for 2012 from				,
Part XII, line 4: ▶\$ 96,989.			,	
a Applied to 2011, but not more than line 2a b Applied to undistributed income of prior			0.	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus			The first of the f	
(Election required - see instructions)	0.			> , , ,
d Applied to 2012 distributable amount				760.
e Remaining amount distributed out of corpus	96,229.		· · · · · · · · · · · · · · · · · · ·	700•
5 Excess distributions carryover applied to 2012	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))			- Anti-	<u>.</u>
6 Enter the net total of each column as indicated below:				· ·
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	545,824.			"
b Prior years' undistributed income. Subtract	313,024.			
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 the section 4942(a) tax has been previously				
assessed		0.	<	
d Subtract line 6c from line 6b. Taxable			-	
amount - see instructions		0.		
e Undistributed income for 2011. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract				
lines 4d and 5 from line 1. This amount must				•
be distributed in 2013				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7	75,824.			
9 Excess distributions carryover to 2013.	7370211			
Subtract lines 7 and 8 from line 6a	470,000.			
10 Analysis of line 9:				
a Excess from 2008 85,045.				
b Excess from 2009 90,499.				
c Excess from 2010 101,714.				
d Excess from 2011 96,513.				
e Excess from 2012 96,229.				

Form 990-PF (2012) THE MID-DEL CHARITABLE FOUNDATION 38-3642292 Page 11 Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of contribution Amount any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year BIGGS MUSEUM OF AMERICAN ART 501(C)3 BIGGS KIDS & MINI 406 FEDERAL WAY, P.O. BOX 711 MASTERS PROGRAMS DOVER DE 19903 500. CANCER SUPPORT COMMUNITY 501(C)3 QUALITY OF LIFE 812 S BRADFORD ST PROGRAMS 5 000. DOVER DE 19904 CENTER FOR THERAPEUTIC & EDUCATIONAL 501(C)3 THERAPEUTIC EQUINE RIDING, INC. ACTIVITIES FOR SPECIAL NEEDS INDI 3491 HARRIS RD. TOWNSEND, DE 19734 4,500. CHEER, INC 501(C)3 CHRISTMAS MEAL AND 546 S. BEDFORD STREET PRESENTS FOR ELDERLY GEORGETOWN DE 19947 1,000. CONFERENCE ROOM SCREEN COMMUNITY BUILDING FOR CENDEL 501(C)3 FOUNDATION 101 W LOOCKERMAN ST, SUITE 1B DOVER DE 19904 1 000. SEE CONTINUATION SHEET(S) ▶ 3a Total 95 000 b Approved for future payment NONE

<u>3b</u>

Total

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated by	isiness income	Exclude	d by section 512, 513, or 514	(-)
Program service revenue	(a) . Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
a					
b		• • • • • • • • • • • • • • • • • • • •			
С					
d					
e	l l				
f	1 1				
g Fees and contracts from government agence					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					*·····································
investments					
4 Dividends and interest from securities		·····			
5 Net rental income or (loss) from real estate			-		
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b					
C					
d					
e					
2 Subtotal. Add columns (b), (d), and (e)		0.		0.	0
3 Total Add line 12, columns (b), (d), and (e)				13	0
See worksheet in line 13 instructions to verify cal	culations.)				
	ctivities to the Accom	plishment of Ex	empt l	Purposes	
Line No. Explain below how each activity for			contribut	ted importantly to the accom	nplishment of
▼ the foundation's exempt purposes	(other than by providing funds	for such purposes).			
				, 	
					·
					: _ _
					-
			_		

Form 99	• 0-PF (2)	012) THE 1	MID-DEL CH	HARITAE	BLE FOU	NDATIO	N	38-	3642292	Page	13
Part	XVII	Information F	Regarding Tran								
		Exempt Orga		- f the follows		h				Yes N	lo
		janization directly or inc other than section 501(=		::::::::::::::::::::::::::::::::::::::		162 1	
		from the reporting foun				political organ	iizatioii5*				
) Cash	Tom the reporting loan	dation to a noncharti	avic exempt of	yamzanon oi.				1a(1)	,	X
•	Other	assets							1a(2)		X
		sactions							1(2)		-
		of assets to a nonchard	table exempt organiza	ation					1b(1)		<u>X_</u>
•		ases of assets from a n	. •						1b(2)		X
(3)	, Renta	of facilities, equipment	, or other assets	•					1b(3)		X_
(4)) Reimt	ursement arrangement	S						1b(4)		X
(5)) Loans	or loan guarantees							1b(5)		X
(6)) Perfor	mance of services or m	nembership or fundra	ising solicitatio	ons				1b(<u>6</u>)		X_
c Sh	aring of	facilities, equipment, m	naılıng lists, other ass	ets, or paid em	nployees				1c		X_
		er to any of the above i		-			•		•	ets,	
		given by the reporting				air market valu	ie in any transactio	n or sharing arrang	ement, show in		
		the value of the goods					1 (1)				_
(a) Line i	10	(b) Amount involved	(c) Name o	of noncharitable	e exempt orga	nization	(d) Description	on of transfers, transacti	ons, and sharing an	rangements	
				N/A							
											
			 	 -							
		· · · · · · · · · · · · · · · · · · ·	<u> </u>								
	_										
			-				- 				
								·			
	İ										
		dation directly or indire				exempt organi	zations described				
		501(c) of the Code (oth	•	c)(3)) or in sec	tion 527?				L Yes	X 1	ю
b If"	Yes," co	mplete the following sc			(h) Tupo of	organization	Γ	(a) December of r	olotionobin		
		(a) Name of or	ganization		(b) Type of	organization		(c) Description of r	elationship		
		N/A									
		·			 -			··· ··· ···			
				····							
		/		·					·		_
	Under	enalties of perjury, I declar	e that I have examined the	nis return, includir	ng accompanyin	g schedules and	statements, and to the	e best of my knowledge	May the IRS of	dingues this	_
Sign		lef, it's true, correct, and c	mplete Declaration of p	reparer (other tha	in taxpayer) is ba	ised on all inform	ation of which prepar	er has any knowledge	return with the	e preparer	,
Here		Minuat.), New/		15	1311		0	X Yes		oV
	Sign	ature of officer or truste	ee /		Date		Title				_
		Print/Type preparer's i	name (Preparer's s	signature		Date	Check ıf	PTIN		
		DOUGLAS R						self- employed			
Paid		PHILLIPS		DOUGLA	S R.	PHILL	04/22/13		P00068	641	

<u>(302) 652-4194</u>

Firm's EIN ► 51-0218897

Phone no.

Preparer

Use Only

Firm's name ► HORTY & HORTY, P.A.

Firm's address ► 503 CARR ROAD, SUITE 120 WILMINGTON, DE 19809

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2012

Name of the organization Employer identification number 38-3642292 THE MID-DEL CHARITABLE FOUNDATION Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 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, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II Special Rules For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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 Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Employer identification number

THE MID-DEL CHARITABLE FOUNDATION

38-3642292

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DELAWARE STATE FAIR, INC. P.O. BOX 28 HARRINGTON, DE 19952	\$25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HARRINGTON RACEWAY, INC. 15 WEST RIDER ROAD HARRINGTON, DE 19952	\$ 50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NKS DISTRIBUTORS 399 NEW CHURCHMANS ROAD NEW CASTLE, DE 19720	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 12-2	1.10	\$Schedule 8 /Form	Person Payroll Noncash (Complete Part II if there is a noncash contribution) 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

THE MID-DEL CHARITABLE FOUNDATION

38-3642292

Part II	Noncash Property (see instructions) Use duplicate copies of P	art 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. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

vame oi orga	mization		Employer identification number
THE MII	D-DEL CHARITABLE FOUNDA Exclusively religious, charitable, etc., individual year. Complete columns (a) through (e) and the	TION fual contributions to section 501(c)(following line entry. For organization	38-3642292 (7), (8), or (10) organizations that total more than \$1,000 for the scompleting Part III, enter the year. (Enter this information once)
	the total of exclusively religious, charitable, etc., Use duplicate copies of Part III if additional	contributions of \$1,000 or less for t	the year. (Enter this information once)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- -			
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and		Relationship of transferor to transferee

Part XV Supplementary Information		·		
3 Grants and Contributions Paid During the You				
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		
DELAWARE 4-H FOUNDATION		501(C)3	STATE TEEN CONFERENCE	
13 TOWNSEND HALL, 531 COLLEGE AVE		501(0/3	AND NATIONAL 4H	
EWARK, DE 19716			CONFERENCE	5,00
DELAWARE BRANCH OF QUALITY DEER		501(C)3	PROMOTE EXPO	
IANAGEMENT			ACCOMODATIONS FOR	
1140 LONE CYPRESS RD			SPEAKERS AND	
ILLSBORO, DE 19947			EDUCATIONAL MATERIALS	50
DELAWARE BREAST CANCER COALITION,		501(C)3	STRUCTURED AND	
inc.			TARGETED PEER TO PEER	
.11 W. 11TH STREET, SUITE 3			SUPPORT GROUPS	
VILMINGTON, DE 19801				8,000
DELAWARE CHILDRENS MUSEUM		501(C)3	SPRING SPEEDWAY DAYS	
550 JUSTISON ST			CHILDRENS EDUCATION	
VILMINGTON, DE 19801				1,00
DELAWARE DUCKS UNLIMITED, GREENWING		501(C)3	CHILDRENS AWARENESS	
VENT				
2613 HUNTERS COVE RD.				
REENWOOD, DE 19950				4,000
		F01 (G) 2		
DELAWARE HOSPICE, INC. .00 PATRIOTS WAY		501(C)3	SUPPORT AND COUSELING	
ILLFORD DE 19963			FOR BEREAVED CHILDREN	12,000
ELICIA, DE 1990				12,000
OVFA FOUNDATION		501(C)3	SCHOLARSHIPS FOR	
O. BOX 1849			MEMBERS OF FIRE	_
OVER, DE 19903			SERVICE	5,000
REDERICA SPRINGS CREEK LIONS CLUB		501(C)3	EYE EXAMS AND GLASSES	
P.O. BOX 304 PREDERICA DE 19946				1,000
NEDERICA, DE 19940				1,000
RIENDS OF HARRINGTON PUBLIC LIBRARY		501(C)3	BOOKS AND DVDS FOR JOB	
10 CENTER STREET	!		CENTER	
ARRINGTON, DE 19952				1,000
RIENDS OF THE BRIDGEVILLE LIBRARY		501(C)3	CULTURE EVENTS AND	
00 S CANNON ST			PROGRAMS	
RIDGEVILLE DE 19933	Ī		<u> </u>	500

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
The same decision (notice of beautice)	or substantial contributor	recipient		
REATER DOVER COMMITTEE CAPITAL		501(C)3	SCHOOL MENTORING	
ENTORING PROGRAM			PROGRAM	
01 WEST LOCKERMAN STREET OVER_ DE 19904				3.00
OVER, DE 19904				3,00
REENWOOD POLICE DEPT.			CRIME PREVENTION	
00 WEST MARKET STREET, P.O. BOX 208			CRIME PREVENTION	
REENWOOD DE 19950				1,00
ARRINGTON POLICE DEPT.			POLICE DEPT. COMMUNITY	
0 MECHANIC STREET			PROGRAMS	
ARRINGTON, DE 19952				2,00
ARRINGTON RECREATION DEPT.		501(C)3	OVERSEES MANY YOUTH	
14 EAST LIBERTY ST.			AND ADULT ACTIVITIES	1 50
ARRINGTON, DE 19952				1,50
		501/0/2	CONGRATAN GERMANA	
ARRINGTON SUNSHINE 4-H CLUB 077 JACKSON DITCH RD		501(C)3	COMMUNITY SERVICE PROJECT	
ARRINGTON DE 19952			[Novice	1.00
ARRINGTON VOLUNTEER FIRE DEPT.		501(C)3	POWER STRETCHER	
0 CLARK STREET			VOLUNTEER FIRE COMPANY	
ARRINGTON, DE 19952				10,00
ARVEST YEARS SENIOR CENTER		501(C)3	SHOPPING PROGRAM FOR	
0 SOUTH STREET			SENIORS	1 00
AMDEN WYOMING, DE 19934				1,00
THE GOVERNMENT OF PLANT LAND			FUND BARN DANCE	
ENT CONSERVATION DISTRICT 00 BAY RD. SUITE 2			TOND BARN DANCE	
OVER, DE 19901			·	3,00
ENTAL HEALTH ASSOCIATION IN DE		501(C)3	PEER SUPPORT GROUPS	
00 W. 10TH STREET, SUITE 600				
ILMINGTON, DE 19801				1,00
ILFORD ROTARY CLUB			STUDENT FUND RAISING	
O.O. BOX 10			EVENT	

A County and County and District County	1			
3 Grants and Contributions Paid During the Y	-,			
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		·
MILFORD SENIOR CENTER		501(C)3	FOOD SERVICE PROGRAM	
111 PARK AVE. MILFORD DE 19963				1 000
41BFORD, DE 19903				1,000.
MINISTRY OF CARING		501(C)3	PROVIDE TREATMENT FOR	
903 N. MADISON STREET		501(0/5	POOR & UNINSURED	
WILMINGTON, DE 19801			RESIDENTS OF	2,000.
MODERN MATURITY CENTER		501(C)3	SENIOR MEAL PROGRAM	
1121 FORREST AVE DOVER. DE 19904				1,500.
70VER, DE 17704				1,500.
MOM'S HOUSE, INC		501(C)3	DAY CARE PROGRAM	
864 S. STATE STREET			pin ciac ricoldar	
DOVER_ DE 19901				2,000.
READING ASSIST INSTITUTE		501(C)3	TUTORING PROGRAM	
100 WEST 10TH STREET, SUITE 910 WILMINGTON, DE 19801				500.
REHOBOTH ART LEAGUE		501(C)3	ART TEACHER SUPPLIES	
12 DODDS LANE			AND SUPPORT	
REHOBOTH BEACH, DE 19971				5,000.
RONALD MCDONALD HOUSE OF DE		501(C)3	SUPPORT TO FAMILIES OF	
1901 ROCKLAND ROAD DOVER_ DE 19901			SERIOUSLY ILL CHILDREN	5,000.
SMYRNA CLAYTON HERITAGE ASSOCIATION			10 YEAR ANNIVERSERY	
7 WEST ST, P.O. BOX 611			CELEBRATION	
SMYRNA, DE 19977				1,000.
THE WAY HOME, INC. PO BOX 1103		501(C)3	EX-OFFENDER	
GEORGETOWN, DE 19947			REHABILITATION PROGRAM	1,000.
VIET VETERANS OF AMERICA CHAPTER 850		501(C)3	SCHOLARSHIPS FOR ROTC	
	i	1	I.	
3878 SAVANNAH RD DOVER, DE 19901			STUDENTS	1,000.

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
PROFESSIONAL FEES	1,000.	0.		1,000.	
TO FORM 990-PF, PG 1, LN 16B	1,000.	0.		1,000.	
FORM 990-PF	TAX	ES	S'	TATEMENT 2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
TAXES AND LICENSES	25.	0.		25.	
TO FORM 990-PF, PG 1, LN 18 =	25.	0.		25.	
FORM 990-PF	OTHER E	XPENSES	S'	TATEMENT 3	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INSURANCE POSTAGE	900.	0.		900.	
TO FORM 990-PF, PG 1, LN 23	964.	0.		964.	

	ST OF OFFICERS, DI D FOUNDATION MANAC	STATEMENT 4		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
HOWELL WALLACE 1950 VANDYKE GREEN SPRING ROAD SMYRNA, DE 19977	VICE PRESIDENT 0.00	0.	0.	0.
EUGENE BAYARD P.O. BOX 690 GEORGETOWN, DE 19947	CHAIRMAN 0.00	0.	0.	0.
RONALD R. DRAPER 8339 CANTERBURY ROAD FELTON, DE 19943	DIRECTOR 0.00	0.	0.	0.
WILLIAM DIMONDI CAMDEN, DE 19934	0.00	0.	0.	0.
ROBERT RIDER P.O. BOX 397 BRIDGEVILLE, DE 19933	0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	5, PART VIII	0.	0.	0.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 5

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JAMES BOESE 15 WEST RIDER ROAD HARRINGTON, DE 19952

TELEPHONE NUMBER

(302)398-7223

FORM AND CONTENT OF APPLICATIONS

AGENCY BACKGROUND AND MISSION, PURPOSE AND GOALS RELATED TO REQUEST, PEOPLE AND GEOGRAPHIC AREA SERVED, BUDGET, EXEMPT STATUS

ANY SUBMISSION DEADLINES

ANNUALLY, BY AUGUST 31

RESTRICTIONS AND LIMITATIONS ON AWARDS

NO RELIGIOUS OR LOBBYING PURPOSES, NO INDIVIDUALS, NO TRAVEL OR ADMINISTRATIVE PURPOSES