

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

20**13**

Open to Public Inspection

Department of the Treasury

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf

, 2013, and ending For calendar year 2013 or tax year beginning A Employer identification number Name of foundation 30-0166827 MCCORMICK FAMILY FDN AGENT B Telephone number (see instructions) Room/suite Number and street (or P O box number if mail is not delivered to street address) 717-255-2045 1100 WEHRLE DRIVE, 2ND FLOOR City or town, state or province, country, and ZIP or foreign postal code C If exemption application is BUFFALO, NY 14221 Initial return of a former public charity G Check all that apply: Initial return D 1. Foreign organizations, check here Amended return Final return 2 Foreign organizations meeting the 85% test, check here and attach Address change Name change computation H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(h)(1)(A), check here ... J Accounting method: X Cash Fair market value of all assets at F If the foundation is in a 60-month termination Other (specify) __ under section 507(b)(1)(B), check here . end of year (from Part II, col. (c), line (Part I, column (d) must be on cash basis.) 16) > \$ (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and (c) Adjusted net for charitable (b) Net investment total of amounts in columns (b), (c), and (d) expenses per purposes income income may not necessarily equal the amounts in books column (a) (see instructions).) (cash basis only) 548,220 Contributions, gifts, grants, etc., received (attach schedule) . if the foundation is not required to 2 attach Sch B 3 Interest on savings and temporary cash investments Dividends and interest from securities . . Gross rents Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) . OUUEN Net short-term capital gain Income modifications Gross sales less returns and allowances b Less, Cost of goods sold . c Gross profit or (loss) (attach schedule) Other income (attach schedule) 11 548,220 Total, Add lines 1 through 11 . . . 25,000 25,000 13 Compensation of officers, directors, trustees, etc. NONE NONE 14 Other employee salaries and wages Expenses NONE NONE 15 Pension plans, employee benefits 16a Legal fees (attach schedule) b Accounting fees (attach schedule) c Other professional fees (attach schedule) . . . Administrative 17 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion. 20 NONE NONE and 21 Travel, conferences, and meetings NONE NONE 22 Printing and publications 116 116. Other expenses (attach schedule) STMT. 1. 23 24 Total operating and administrative expenses. NONE 25,116 25,116 Add lines 13 through 23 523,100 523,100 Contributions, gifts, grants paid 25 548,216 25,116 NONE 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements -0b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-). .

JSA For Paperwork Reduction Act Notice, see instructions.

~AFG395 L700 06/26/2014 15:19:30

80397

Form **990-PF** (2013)

Part		Attached schedules and amounts in the	Beginning of year	End o	f year
Park		Balance Sheets description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	ı C	ash - non-interest-bearing	·		
2	2 S	avings and temporary cash investments	13.	17.	<u>17</u> .
3	3 A	ccounts receivable			
		ess: allowance for doubtful accounts			
4	. PI	ledges receivable ▶			
		ess: allowance for doubtful accounts		-	
5	G G	irants receivable	······		
6	R	eceivables due from officers, directors, trustees, and other			
	dı	isqualified persons (attach schedule) (see instructions)			
7	, 0	other notes and loans receivable (attach schedule)			
	Le	ess: allowance for doubtful accounts NONE			
ध ध	3 In	nventories for sale or use			
Assets) Pi	repaid expenses and deferred charges			
A 10	a In	vestments - U S and state government obligations (attach schedule)			
	b In	nvestments - corporate stock (attach schedule)			
	c In	nvestments - corporate bonds (attach schedule)			
11	aı Lı	nvestments - land, buildings, nd equipment, basis ess. accumulated depreciation			
1,,		attach schedule)			
12		nvestments - infortgage loans		'	
14	1 La	and, buildings, and guipment basis			
	Le	ess' accumulated depreciation			
15		attach schedule) Other assets (describe		·	
16		otal assets (to be completed by all filers - see the			
		nstructions. Also, see page 1, item I)	13.	17.	17.
17		accounts payable and accrued expenses			
18		Grants payable			
ري 19		Deferred revenue			
<u>≝</u> 20		oans from officers, directors, trustees, and other disqualified persons			
Liabilities		Nortgages and other notes payable (attach schedule)			
그 22	2 0	Other liabilities (describe			
23	3 T	otal liabilities (add lines 17 through 22)		NONE	
		oundations that follow SFAS 117, check here . ▶ ☐			
Ses		Unrestricted			
au	• U	emporarily restricted			
Ba	, i	emporarily restricted · · · · · · · · · · · · · · · · · · ·			
밑"	, ,	oundations that do not follow SFAS 117, ▶ X			
리	c	heck here and complete lines 27 through 31.	'		
ة ₂₇	7 C	Capital stock, trust principal, or current funds	13.	17.	
\$ 28	B P	aid-in or capital surplus, or land, bldg , and equipment fund			
SS 29	9 R	Retained earnings, accumulated income, endowment, or other funds			
Net Assets or Fund Balanc	Т	otal net assets or fund balances (see instructions)	13.	17.	
Z 3	1 T	otal liabilities and net assets/fund balances (see			
	ır	nstructions)	13.	17.	
Part		Analysis of Changes in Net Assets or Fund			
		net assets or fund balances at beginning of year - Part		must agree with	
		of-year figure reported on prior year's return)		II	13.
		amount from Part I, line 27a			4.
3 (Other				
		ines 1, 2, and 3		4	17.
5 C	Эесге	eases not included in line 2 (itemize)		5	
		net assets or fund balances at end of year (line 4 minus l	ine 5) - Part II, column (t	o), line 30 6	17.

Part IV Capital Gains	and Losses for Tax on Inve	stment Income			
	describe the kind(s) of property sold (e		(b) How acquired	(c) Date acquired	(d) Date sold
2-story br	rick warehouse; or common stock, 200 s	shs. MLC Co.)	P - Purchase D - Donation	I (mo day yel	(mo., day, yr.)
1a					
b					
C					
<u>d</u>					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a					
_ b					
С					
d					
Ө					
Complete only for assets s	howing gain in column (h) and owned	by the foundation on 12/31/69		Gains (Col. (h) ga	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	col.	(k), but not less t Losses (from co	
a					
b					
С					
<u>d</u>					
е					
2 Capital gain net income or	(net capital loss) If (gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		
3 Net short-term capital gain	or (loss) as defined in sections 122				
	t 1, line 8, column (c) (see instr				
_	· · · · · · · · · · · · · · · · · · ·	ſ	3		
	Inder Section 4940(e) for Redu		ncome		
	leave this part blank. the section 4942 tax on the distrib		ase perio	d?	Yes X No
	ount in each column for each year;		any ontr	ioc	
(a)			any entr	(d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution ra (col (b) divided by	
2012	484,000.	1,039.			<u>65.832531</u>
2011	540,750.	10,196.	ļ		53.035504
2010	515,000.	379.	ļ		58.839050
2009	474,462.				16.381176
2008	594,695.	64.	ļ.,,	92	92.109375
2 Total of line 1, column (d))		2	122	<u>86.197636</u>
3 Average distribution ratio	for the 5-year base period - divide	the total on line 2 by 5, or by the			
number of years the found	dation has been in existence if less	than 5 years	3	24	<u>57.239527</u>
			1 1		
4 Enter the net value of nor	ncharitable-use assets for 2013 from	m Part X, line 5	4		1,553.
5 Multiply line 4 by line 3			5	3	<u>,816,093.</u>
6 Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7	3	<u>,816,093.</u>
					=00 455
	ons from Part XII, line 4	n Part VI, line 1b, and complete	8 that part	using a 1% ta	523,100. x rate. See the
Part VI instructions.		•	•	-	

Pari	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ctions)
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		N	<u> SNC</u>
	here and enter 1% 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).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			
3	Add lines 1 and 2			<u> PNC</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			<u> ANC</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		N	<u> ANC</u>
6	Credits/Payments:			
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c NONE			
d	Backup withholding erroneously withheld		3.74	ONTE
7	Total credits and payments. Add lines 6a through 6d		N(<u>ONE</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		3.77	ONTE
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		IN	<u> ANC</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid NONE District the amount of line 10 to the Condited to 2014 estimated to the None in the condited to 2014 estimated to the None in the condited to 2014 estimated to the None in the condited to 2014 estimated to the None in the condited to 2014 estimated to the None in the condited to 2014 estimated to to 2014 est			
l I Pos	Enter the amount of line 10 to be: Credited to 2014 estimated tax ► NONE Refunded ► 11 **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	T T	Yes	No
ıa	or intervene in any political campaign?	1a	163	X
.	Did it spend more than \$100 during the year (either directly) for political purposes (see Instructions for the	- "	t	
D	definition)?	1 _b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	···		
	distributed by the foundation in connection with the activities.			
c	Did the foundation file Form 1120-POL for this year?	1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation >\$(2) On foundation managers. >\$			
8	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
	foundation managers. > \$			•
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,			
	or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.		1	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict		х	
,	with the state law remain in the governing instrument?	7	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	-		
8a	PΔ			
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
_	of each state as required by General Instruction G7 If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
-	4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete			
	Part XIV	_9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and			
	addresses	10		X
		OC	O.DE	2012

Dar	t VII-A Statements Regarding Activities (continued)			
		Ι .		
11	'At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			Х
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)			_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	_13_	X	
	Website address N/A			
14	The books are in care of ► M AND T BANK Telephone no. ► (717) 255	-204	5	
	Located at ▶ P. O. BOX 2961, HARRISBURG, PA ZIP+4 ▶ 17101			т
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here :		▶	\cdot
	and enter the amount of tax-exempt interest received or accrued during the year			_
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of			
	the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1.	During the year did the foundation (either directly or indirectly):			
18				
	(1) =13-30 in the case of street, 3-1 1 1 1 1 1 1 1 1 1		ŀ	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
		1		
	(a)			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			1
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	1		
	foundation agreed to make a grant to or to employ the official for a period after		1	
	termination of government service, if terminating within 90 days.)			
ı	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	ļ	
	Organizations relying on a current notice regarding disaster assistance check here			
(Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2013?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
	a At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2013?			
	If "Yes," list the years			
1	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	İ		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions.)	2b		X
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
3.	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	1		l
3	1 1 h. i			ì
	at any time during the year?			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			1
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of	1	1	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	٠.		1
	foundation had excess business holdings in 2013.)	_3b	┼	v
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	├	X
1	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		1	l
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?	l 4h	1	l X

orm	990-PF (2013)		30-01			1 age U
Par	t VII-B Statements Regarding Activities for	Which Form 47	20 May Be Requi	ired (continued)		
5a	During the year did the foundation pay or incur any amour	nt to:				
	(1) Carry on propaganda, or otherwise attempt to influence	e legislation (section	4945(e))?	. Yes X No		
	(2) Influence the outcome of any specific public elec-	ction (see section 4	955); or to carry or	n,		
	directly or indirectly, any voter registration drive?			. Yes X No		
	(3) Provide a grant to an individual for travel, study, or oth	er sımılar purposes?		. Yes X No		
	(4) Provide a grant to an organization other than a					
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (si	_				
	(5) Provide for any purpose other than religious, chi					
	purposes, or for the prevention of cruelty to children o					
h	If any answer is "Yes" to 5a(1)-(5), did any of the				4 1	
	Regulations section 53.4945 or in a current notice regarding				5b	
	Organizations relying on a current notice regarding disaste	-		_ 1		
	If the answer is "Yes" to question 5a(4), does the f			· ·	' '	
٠	because it maintained expenditure responsibility for the gi					
	If "Yes," attach the statement required by Regulations secti					
٤.	Did the foundation, during the year, receive any fund		ctly to nay premium	10		
Va	on a personal benefit contract?					
	Did the foundation, during the year, pay premiums, directly			· ——	6ь	X
D	If "Yes" to 6b, file Form 8870.	y or munechy, on a p	ersonal benefit contrat		100	- ^- -
7.	At any time during the tax year, was the foundation a part	v to a prohibited tay i	shaltar transaction?	. Yes X No		
	If "Yes," did the foundation receive any proceeds or have a			· — —	76	
	t VIII Information About Officers, Directors					
гаі	and Contractors					
1	List all officers, directors, trustees, foundation ma	inagers and their ((b) Title, and average	(c) Compensation	instructions). (d) Contributions to		
	(a) Name and address	hours per week	(If not paid,	employee benefit plans	(e) Expense other allow	
λDD	Y A HARTMAN EXECUTIVE DIR	EXEC. DIR.	enter -0-)	and deferred compensation		
		8	25,000.	-0-		-0-
ı ox	T BANK, P. O. BOX 2961, HARRISBURG, PA 17401	0	23,000.	-0-		<u></u>
			 			·-··
2	Compensation of five highest-paid employees	lother than thos	e included on lin	A 1 - SAA instruction	ns) If no	ne enter
_	"NONE."	(other than thes	o moladou on mi	o i ooo maaaaa	110,1	,
		(b) Title, and average		(d) Contributions to employee benefit	(e) Expense	account.
(€	Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred	other allow	
				compensation		
NON			NONE	NONE	NC	ONE
NOI	VE		NONE	NONE		<u> </u>
			· · · · · · · · · · · · · · · · · · ·			
r	d				NT/	NE
ıota	number of other employees paid over \$50,000	<u> </u>	<u> </u>	<u></u>	NC	ONE

	Information About Officers, Directors, Trustees, Foundation Ma and Contractors (continued)	anagers, Highly Paid Employ	yees,
3 Five hig	hest-paid independent contractors for professional services (see instr	uctions). If none, enter "NONE	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			NONE
Total number	of others receiving over \$50,000 for professional services		NONE
Part IX-A	Summary of Direct Charitable Activities		
	ation's four largest direct charitable activities during the tax year include relevant statistica nd other beneficiaries served, conferences convened, research papers produced, etc.	I information such as the number of	Expenses
1NONE			
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see instructions)		
Describe the tv	o largest program-related investments made by the foundation during the tax year on lines 1 a	and 2.	Amount
1NONE			
2			
All other progr	am-related investments. See instructions.		
3NONE			
Total. Add lin	es 1 through 3		

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreignsee instructions.)	gn foun	idations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	NONE
b	Average of monthly cash balances	1b	1,577.
C	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	1,577.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	1,577.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	24.
5	Instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,553.
6	Minimum investment return. Enter 5% of line 5	6	78.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here ▶ and do not complete this part.)	dations	
1	Mınimum investment return from Part X, line 6	1	78.
2a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013. (This does not include the tax from Part VI.)] _ [
C	Add lines 2a and 2b	2c ·	NONE
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	78.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	78.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	78
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	523,100.
ь	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	523,100.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	523,100.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when containing for the section 4940(e) reduction of tax in those years.	alculatir	ng whether the foundation

Form **990-PF** (2013)

Form 990-PF (2013)

Page 9 Part XIII Undistributed Income (see instructions) (a) (b) (d) Corpus Years prior to 2012 2012 2013 Distributable amount for 2013 from Part XI, 1 78. Undistributed income, if any, as of the end of 2013 NONE Enter amount for 2012 only NONE Total for prior years 20 11 ,20 _____,20 ____ Excess distributions carryover, if any, to 2013: From 2008 594,692. From 2009 474.441. h 514,981 From 2010 540,240 From 2011 From 2012 483,948 2,608,302 Total of lines 3a through e Qualifying distributions for 2013 from Part XII. 523,100. line 4: ► \$ NONE Applied to 2012, but not more than line 2a . . . Applied to undistributed income of prior years NONE (Election required - see instructions) Treated as distributions out of corpus (Election NONE 78. Applied to 2013 distributable amount 523.022 Remaining amount distributed out of corpus . . Excess distributions carryover applied to 2013 NONE NONE (If an amount appears in column (d), the same amount must be shown in column (a).) Enter the net total of each column as indicated below: 3,131,324 Corpus, Add lines 3f, 4c, and 4e, Subtract line 5 Prior years' undistributed income. Subtract NONE line 4b from line 2b Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) NONE tax has been previously assessed d Subtract line 6c from line 6b. Taxable amount - see instructions . . NONE Undistributed income for 2012. Subtract line 4a from line 2a. Taxable amount - see NONE Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be NONE distributed in 2014 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) NONE Excess distributions carryover from 2008 not 594,692 applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2014. 2,536,632 Subtract lines 7 and 8 from line 6a Analysis of line 9: 10 474,441 a Excess from 2009 . . . 514,981 Excess from 2010 . . . <u>5</u>40,240. Excess from 2011 . . . 483,948. d Excess from 2012 . . . 523,022 e Excess from 2013 . . .

Form 990-PF (2013)

_	t XIV Private Ope	erating Foundations	(see instructions ar	nd Part VII-A, guestic	on 9)	NOT APPLICABLE
	If the foundation has					HOT INTELLEDE
	foundation, and the ruling	•		•	• I	
	Check box to indicate who					j)(3) or 4942(j)(5)
D	Check box to indicate with		private operating loungar		1 4342(1/(3) (1 4342()/(3)
2 a	Enter the lesser of the ad-	Tax year	(1) 0040	Prior 3 years	/ 11 2010	(e) Total
	justed net income from Part I or the minimum investment	(a) 2013	(b) 2012	(c) 2011	(d) 2010	
	return from Part X for each					
	year listed	<u> </u>		<u>-</u>		
b	85% of line 2a	,				
С	Qualifying distributions from Part					
	XII, line 4 for each year listed .					
d	Amounts included in line 2c not					,
	used directly for active conduct of exempt activities					
е	Qualifying distributions made					
	directly for active conduct of					
	exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying					
	under section					
	4942(j)(3)(B)(i)					
U	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X,					
	line 6 for each year listed					<u> </u>
C	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents,					
	payments on securities loans (section 512(a)(5)),					
	or royalties)					
	(2) Support from general public and 5 or more					
	exempt organizations as					
	(j)(3)(B)(iii)					
	(3) Largest amount of sup-					
	port from an exempt organization					
	(4) Gross investment income .					
Pa	rt XV Supplemer	ntary Information (Complete this part	only if the found	ation had \$5,000	or more in assets
	at any time	e during the year - s	ee instructions.)			
1	Information Regarding	Foundation Manage	rs:			
а						ved by the foundation
	before the close of any	tax year (but only if the	ney have contributed in	nore than \$5,000). (S	ee section 507(d)(2).)	
	SEE ATTAC	HED DETAIL				
b			own 10% or more o	f the stock of a corp	oration (or an equal	ly large portion of the
	ownership of a partner	ship or other entity) o	f which the foundation	has a 10% or greater	interest.	
	SEE ATTAC	HED DETAIL				
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarshi	p, etc., Programs:		-
					itable organizations	and does not accept
	unsolicited requests f	or funds. If the found	ation makes gifts, gra	ints, etc. (see instruc	tions) to individuals	or organizations under
	other conditions, comp			(
a	The name, address, an			person to whom app	lications should be a	ddressed:
-			5 544.555 01 1110	, , upp		
	The form in which app	lications should be sui	bmitted and information	on and materials they	should include:	
J	The form in willon app	moditorio oriouta pe su	omitted and impiritation	in and materials tiley :	ongala molado.	
	Any outenionies decili	noo:				
C	Any submission deadli	1163.				
	A		and a bir as	abian alaa aba w	hia Balaa luuda ee	inational and an astro
đ	Any restrictions or li	imitations on awards,	, such as by geogra	pilical areas, charita	vie lielas, kinas of	mstitutions, or other

3 Grants and Contributions Paid Durin	a the Vear or Anne	oved for Fi	uture Payment	···
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	If recipient is an individual,	Foundation	Purpose of grant or	A
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
a Paid during the year SEE STATEMENT 17	or śubstantial contributor	recipient		523,100.
Total			▶ 3a	523,100.
b Approved for future payment				
Total		. 	▶ 3b	

Form **990-PF** (2013)

	Analysis of Income-Produ					-, .
iter gross ar	mounts unless otherwise indicated.	(a)	ted business income (b)	(c)	section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program s	service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions.)
					<u> </u>	
				 		
				 		
				+		
			<u> </u>	 		
f						
	nd contracts from government agencies hip dues and assessments			+		·- ·- ·
	savings and temporary cash investments	-		+		
	and interest from securities		· · · · · · · · · · · · · · · · · · ·	14		
	I income or (loss) from real estate:			 _		
	inanced property					
	ebt-financed property					
	income or (loss) from personal property					
	estment income					
	ss) from sales of assets other than inventory					
Net incom	ne or (loss) from special events					
Gross pro	ofit or (loss) from sales of inventory			1		
Other rev	renue: a					
b						· · · · · · · · · · · · · · · · · · ·
				 	. –	
d		<u> </u>		-		-
e				l .		
Subtotal.	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calci				13	
Subtotal. Total. Added workshe	d line 12, columns (b), (d), and (e)	lations.) to the Ac y for which	complishment of En	kempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal. Total. Adde workshe	d line 12, columns (b), (d), and (e) set in line 13 instructions to verify calcu Relationship of Activities	lations.) to the Ac y for which	complishment of En	kempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal. Total. Adde workshe	d line 12, columns (b), (d), and (e)	lations.) to the Ac y for which	complishment of En	kempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal. Total. Adde workshe	d line 12, columns (b), (d), and (e)	lations.) to the Ac y for which	complishment of En	kempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal. Total. Adde workshe	d line 12, columns (b), (d), and (e)	lations.) to the Ac y for which	complishment of En	kempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal. Total. Adde workshe	d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calcust Relationship of Activities Explain below how each activities	lations.) to the Ac y for which	complishment of En	kempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal. Total. Adde workshe	d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calcust Relationship of Activities Explain below how each activities	lations.) to the Ac y for which	complishment of En	kempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal. Total. Adde workshe	d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calcust Relationship of Activities Explain below how each activities	lations.) to the Ac y for which	complishment of En	kempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal. Total. Adde workshe	d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calcust Relationship of Activities Explain below how each activities	lations.) to the Ac y for which	complishment of En	kempt Purp	oses e) of Part XVI-A contribu	uted importantly to
Subtotal. Total. Adde workshe	d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calcust Relationship of Activities Explain below how each activities	lations.) to the Ac y for which	complishment of Exported to purposes (other than	in column (a by providing	oses e) of Part XVI-A contribu	uted importantly to
Subtotal. Total. Adde workshe	d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calcust Relationship of Activities Explain below how each activities	lations.) to the Ac y for which	complishment of En	in column (a by providing	oses e) of Part XVI-A contribu	uted importantly to
Subtotal. Total. Adde workshe	d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calcust Relationship of Activities Explain below how each activities	lations.) to the Ac y for which	complishment of Exported to purposes (other than	in column (a by providing	oses e) of Part XVI-A contribu	uted importantly to
Subtotal. Total. Adde workshe	d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calcust Relationship of Activities Explain below how each activities	lations.) to the Ac y for which	complishment of Exported to purposes (other than	in column (a by providing	oses e) of Part XVI-A contribu	uted importantly to
Subtotal. Total. Adde workshe	d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calcust Relationship of Activities Explain below how each activities	lations.) to the Ac y for which	complishment of Exported to purposes (other than	in column (a by providing	oses e) of Part XVI-A contribu	uted importantly to
Subtotal. Total. Adde workshe	d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calcust Relationship of Activities Explain below how each activities	lations.) to the Ac y for which	complishment of Exported to purposes (other than	in column (a by providing	oses e) of Part XVI-A contribu	uted importantly to
Subtotal. Total. Adde workshe	d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calcust Relationship of Activities Explain below how each activities	lations.) to the Ac y for which	complishment of Exported to purposes (other than	in column (a by providing	oses e) of Part XVI-A contribu	uted importantly to
Subtotal. Total. Adde workshe	d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calcust Relationship of Activities Explain below how each activities	lations.) to the Ac y for which	complishment of Exported to purposes (other than	in column (a by providing	oses e) of Part XVI-A contribu	uted importantly to
Subtotal. Total. Adde workshe	d line 12, columns (b), (d), and (e)	lations.) to the Ac y for which	complishment of Exported to purposes (other than	in column (a by providing	oses e) of Part XVI-A contribu	uted importantly to
Subtotal. Total. Added workshe	d line 12, columns (b), (d), and (e)	lations.) to the Ac y for which	complishment of Exported to purposes (other than	in column (a by providing	oses e) of Part XVI-A contribu	uted importantly to
Subtotal. Total. Added workshe	d line 12, columns (b), (d), and (e)	lations.) to the Ac y for which	complishment of Exported to purposes (other than	in column (a by providing	oses e) of Part XVI-A contribu	uted importantly to
Subtotal. Total. Addee workshe	d line 12, columns (b), (d), and (e)	lations.) to the Ac y for which	complishment of Exported to purposes (other than	in column (a by providing	oses e) of Part XVI-A contribu	uted importantly to
Subtotal.	d line 12, columns (b), (d), and (e)	lations.) to the Ac y for which	complishment of Exported to purposes (other than	in column (a by providing	oses e) of Part XVI-A contribu	uted importantly to

orm 99) N BE (20	1121				2.	0-0166827			Pa	ge 13
Part)				sfers To and Tr	ansactio			With Non	charit		
1 D	id the	organization direct		gage in any of the	following	with any	other organization	on described		Yes	No
		on 501(c) of the Co	•			-	_				
		ations?	•							İ	
		rs from the reporting	foundation to a	noncharitable exem	pt organiz	ation of:					
		h							1a(1)	J	X
		er assets							1a(2)		X
ьО	ther to	ransactions:									
(1) Sale	es of assets to a none	charitable exemp	t organization		. .			16(1)		Х
		chases of assets from		_					1b(2)		Х
(3	3) Ren	tal of facilities, equip	oment, or other as	ssets					1b(3)		Х
(4) Reir	nbursement arrange	ements				. 		1b(4)		X
(!	5) Loa	ns or loan guarantee	s						1b(5)		X
(0	6) Peri	formance of services	or membership	or fundraising solici	tations		. .		1b(6)		_X
c S	haring	of facilities, equipm	ent, mailing lists,	other assets, or pai	id employe	es			1c		Х
		enswer to any of th									
		f the goods, other a	•	•	_						
<u>v</u>	alue ir	n any transaction or				e value o	f the goods, othe	er assets, or s	ervices	rece	ived.
(a) Line	no	(b) Amount involved	(c) Name of non	charitable exempt organi	zation	(d) Descri	ption of transfers, tran	sactions, and shar	ıng arraı	ngemei	nts
			<u> </u>								
						· - · · · ·					
			-								
											
	-									_	_
				<u> </u>	+						
				_							
	-	<u> </u>									
d	escrib	foundation directly of ed in section 501(c) complete the follow	of the Code (oth	er than section 501	(c)(3)) or in		527?		Ye	es 🔀	No
		(a) Name of organization	<u> </u>	(b) Type of org	anization		(c) Desc	ription of relation	snip		
											
					···						
							· · · · · · · · · · · · · · · · · · ·		_	_	
											
	Under	penalties of perjury, I decla t, and complete Declaration of	ire that I have examined f preparer (other than tax)	d this return, including according is based on all informa	ompanying sch tion of which pr	edules and s eparer has an	tatements, and to the by knowledge	est of my knowled	ge and b	elief, it	ıs true
Sign		Laure a.	Warlnes	06/26/20	14	Exec.	Director	May the (R) with the pr	S discus epar <u>er :</u>		
Here	Sign	ature of officer or trustee		Date		Title		(see instruction		Yes	No
	1	RRY A. HARTMA	N					L	_=		
اد: م 		Print/Type preparer's na		Preparer's signature	R	1.	Date	Check if	PTIN		
Paid		GEORGE BARNA	BIC	blooge	van	m	06/26/2014	self-employed	P006	3836	0

856-787-5911 Form 990-PF (2013)

Firm's EIN ► 75-1297386

Phone no.

Preparer

Use Only

Firm's name

Firm's address

BOSTON,

02210

► THOMSON REUTERS (TAX & ACCOUNTING)

▶ 22 THOMSON PLACE MS 36T3

MA

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

Name of the organization

Schedule of Contributors

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Employer identification number

30-0166827 MCCORMICK FAMILY FDN AGENT Organization type (check one): Section: Filers of: 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 501(c)(3) exempt private foundation Form 990-PF 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 X 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 nonexclusivelyreligious, charitable, etc., contributions of \$5,000 or 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 its

JSA

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

Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization
MCCORMICK FAMILY FDN AGENT

Employer identification number 30-0166827

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	VANCE C MCCORMICK TW ONE M & T PLAZA, 8TH FLOOR BUFFALO, NY 14203	\$159 <u>,</u> 100	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	ANNE MCCORMICK TW ONE M & T PLAZA, 8TH FLOOR BUFFALO, NY 14203	\$ <u>359,120.</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	ANNE MCCORMICK TW ONE M & T PLAZA, 8TH FLOOR BUFFALO, NY 14203	\$7,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MARGARET MCCORMICK TRUST ONE M & T PLAZA, 8TH FLOOR BUFFALO, NY 14203	\$23,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Form **8868**

(Rev. January 2014)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service ► File a separate application for each return.
 ► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

 If you are 	e filing for an Automatic 3-Month Extension, on Filing for an Additional (Not Automatic) 3-Month Part II unless you have already been gran	onth Exten	sion, complete only Pa	rt II (on page 2 of this t	orm).	
a corporation 8868 to re Return for	filing (e-file). You can electronically file Form on required to file Form 990-T), or an addition equest an extension of time to file any of the Transfers Associated With Certain Personals). For more details on the electronic filing of the	nal (not au forms liste I Benefit (tomatic) 3-month exten nd in Part I or Part II w Contracts, which must	sion of time. You can e ith the exception of Fo t be sent to the IRS	electi rm (in p	ronicall 8870, I paper fo	ly file Form Information format (see
Part I A	utomatic 3-Month Extension of Time. On	ly submit	original (no copies n	eeded).			
A corporati	on required to file Form 990-T and requesting	an automa	tic 6-month extension -	check this box and con	nplet	:0	
					-		▶□
All other co	rporations (including 1120-C filers), partnership	ps, REMICs	, and trusts must use Fo	orm 7004 to request an	exte	nsion o	of time
	me tax returns.	•		Enter filer's identifyi			
	Name of exempt organization or other filer, see in:	structions.		Employer identification no			
Type or						•- •-	
print	MCCORMICK FAMILY FDN AGENT 30-01				668	227	
File by the	Number, street, and room or suite no. If a P.O. box	k, see instruc	tions.	Social security number (S		, 4,	
due date for filing your	1100 WEHRLE DRIVE, 2ND FLOOR				J.1,		
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
instructions.	BUFFALO, NY 14221						
Enter the R	eturn code for the return that this application i	s for (file a	separate application fo	r each return)			04
Application Is For		Return Code	Application Is For				Return Code
	or Form 990-EZ	01	Form 990-T (corporation)				07
Form 990-E		02	Form 1041-A				08
	(individual)	03	Form 4720 (other than individual)			09	
Form 990-F		04	Form 5227			10	
	(sec. 401(a) or 408(a) trust)	05	Form 6069				11
	(trust other than above)	06	Form 8870 .				12
Telephor	ks are in the care of ► M AND T BANK ne No. ► _(717)255-2045 ganization does not have an office or place of b for a Group Return, enter the organization's for	usiness in	FAX No. ▶the United States, chec			 . If thi	>
	ole group, check this box ▶					_ · '' u'' and atta	
	he names and EINs of all members the extension		it of the group, check to		<u></u> '	ariu atte	3011
	est an automatic 3-month (6 months for a corp		quired to file Form 990	T) extension of time			
until_	08/15 , 20 14 , to file the e organization's return for:	exempt org	panization return for the	organization named ab			tension is
2 If the	tax year entered in line 1 is for less than 12 mo	onths, chec	k reason: Initial re	eturn Final return		<u></u> '	
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						
	nonrefundable credits. See instructions.						NONE
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					3Ь		
	estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS						
(Elect	ronic Federal Tax Payment System). See instru	ctions.		<u> </u>	3с		NONE
Caution. If yo	ou are going to make an electronic funds withdrawal	(direct deb	it) with this Form 8868, se	e Form 8453-EO and Form	887	9-EO fo	r payment
instructions.							

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

Form 8868 (Rev. 1-2014)

80397

NSES	11 11 11
EXPE	
THER	
0	
RT I	
F, PA	
990PI	# H H H H
ORM	11 11
ĮΤι	Ħ

MCCORMICK FAMILY FDN AGENT

30-0166827

NET INVESTMENT INCOME	1 1 1 1 1 1	116.
REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	116.
DESCRIPTION		OTHER NON-ALLOCABLE EXPENSE -

116.

TOTALS

AVERAGE MONTHLY FMV - 990PF, PART X, LINES 1a-1c

MONTH	LINE la-FMV SECURITIES	LINE 1b-FMV CASH BALANCES	LINE 1c-FMV OTHER ASSETS
JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER NOVEMBER DECEMBER		13. 6,263. 13. 6,263. 13. 13. 6,267. 17. 17. 17.	
TOTAL	=============	18,926.	
AVERAGE FMV	==========	1,577.	

MCCORMICK FAMILY FDN AGENT 30-0166827 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: LEARNING ALLY ADDRESS: 20 ROSZEL RD PRINCETON, NJ 08540 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATION FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 2,500. RECIPIENT NAME: PERRY COUNTY COUNCIL OF THE ARTS ADDRESS: PO BOX 354 NEWPORT, PA 17074 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 5,000. RECIPIENT NAME: PENNSYLVANIA FRIENDS OF AGRICULTURE FOUNDATION ADDRESS: P O BOX 8736 CAMP HILL, PA 17001 **RELATIONSHIP:** NONE

AMOUNT OF GRANT PAID

PURPOSE OF GRANT: GENERAL FUNDING

PC

FOUNDATION STATUS OF RECIPIENT:

5,000.

UNITED WAY OF THE CAPITAL

REGION

ADDRESS:

2235 MILLENIUM WAY

ENOLA, PA 17025

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL FUNDING

FOUNDATION STATUS OF RECIPIENT:

PC

ORCHESTRA

ADDRESS: 800 CORPORATE CIRCLE HARRISBURG, PA 17110

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

EDUCATION PROGRAMS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 15,000. MCCORMICK FAMILY FDN AGENT 30-0166827 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: YWCA GREATER HARRISBURG C/O R A CURL ADDRESS: 123 FORESTER ST HARRISBURG, PA 17102 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT OF WORKS EMPLOYMENT PROGRAM FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 10,000. RECIPIENT NAME: BETHESDA MISSION ADDRESS: PO BOX 3041 HARRISBURG, PA 17105 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 25,000. RECIPIENT NAME: THE HISTORICAL SOCIETY OF DAUPHINE COUNTY ADDRESS: 219 SOUTH FRONT STREET HARRISBURG, PA 17104 RELATIONSHIP: N/A

STATEMENT

PC

PURPOSE OF GRANT:

COMPUTERIZATION OF MANUSCRIPT ARCHIVES

AMOUNT OF GRANT PAID

FOUNDATION STATUS OF RECIPIENT:

6

20,000.

RECIPIENT NAME:
DOWNTOWN DAILY BREAD
PINE STREET PRESBYTERIAN CHURCH
ADDRESS:
310 NORTH THIRD STREET
HARRISBURG, PA 17101
RELATIONSHIP:
NONE

NONE
PURPOSE OF GRANT:
GENERAL FUNDING
FOUNDATION STATUS OF RECIPIENT:

RECIPIENT NAME:
THEATRE HARRISBURG
ADDRESS:
513 HURLOCK STREET
HARRISBURG PA 17110-

HARRISBURG, PA 17110-1489

RELATIONSHIP: N/A

PURPOSE OF GRANT:
GENERAL FUNDING
FOUNDATION STATUS OF RECIPIENT:

PC PC

RECIPIENT NAME:
CLEVE J FREDRICKSON LIBRARY
ADDRESS:
100 N 19TH ST
CAMP HILL, PA 17101

CAMP HILL, PA 17101
RELATIONSHIP:
NONE
PURPOSE OF GRANT:

GENERAL FUNDING FOUNDATION STATUS OF RECIPIENT:

30-0166827 MCCORMICK FAMILY FDN AGENT FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: WITF CAPITAL CAMPAIGN ADDRESS: 4801 LINDLE ROAD HARRISBURG, PA 17111 **RELATIONSHIP:** N/A PURPOSE OF GRANT: MATCH FOR THE MAY PLEDGE CAMPAIGN FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 15,000. RECIPIENT NAME: HAMILTON HEALTH CENTER INC. ADDRESS: 110 SOUTH 17TH STREET HARRISBURG, PA 17104-1522 **RELATIONSHIP:** NONE PURPOSE OF GRANT: HEALTH SERVICES TO ALL CENTRAL PA RESIDENTS FOUNDATION STATUS OF RECIPIENT: 20,000. AMOUNT OF GRANT PAID RECIPIENT NAME: PINNACLEHEALTH HOSPICE ADDRESS: 3705 ELMWOOD DRIVE HARRISBURG, PA 17110 RELATIONSHIP: N/APURPOSE OF GRANT:

AMOUNT OF GRANT PAID

STATEMENT

CAMP DRAGONFLY

PC

FOUNDATION STATUS OF RECIPIENT:

40,000.

RECIPIENT NAME:

SPECIAL OLYMPICS

PENNSYLVANIA

ADDRESS:

2570 BLVD OF THE GENERALS

NORRISTOWN, PA 19403

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL FUNDING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 5,000.

RECIPIENT NAME:

GRETNA THEATRE

ADDRESS:

PO BOX 578

MT GRETNA, PA 17064

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL FUNDING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

HOSPICE OF CENTRAL PENNSYLVANIA

ADDRESS:

1320 LINGLESTOWN ROAD

HARRISBURG, PA 17110

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

END OF LIFE CARE

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:
GRETNA MUSIC
ADDRESS:
ONE ALPHA DRIVE

AMOUNT OF GRANT PAID

RELATIONSHIP:
N/A
PURPOSE OF GRANT:
GENERAL FUNDING
FOUNDATION STATUS OF RECIPIENT:
PC

AMOUNT OF GRANT PAID 2,500.

JUMP STREET
ADDRESS:
123 FORSTER STREET
HARRISBURG, PA 17102
RELATIONSHIP:
N/A
PURPOSE OF GRANT:
GENERAL FUNDING
FOUNDATION STATUS OF RECIPIENT:

GENERAL

RECIPIENT NAME:

PC

FOUNDATION STATUS OF RECIPIENT:

ELIZABETHTOWN, PA 17022

10,000.

RECIPIENT NAME: CENTRAL PA FOOD BANK ADDRESS: 3908 COREY ROAD HARRISBURG, PA 17109 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FUNDING FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 10,000. RECIPIENT NAME: BIG BROTHERS BIG SISTERS OF THE CAPITAL REGION ADDRESS: 1500 NORTH 2ND STREET HARRISBURG, PA 17102 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL FUNDING FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 3,600. RECIPIENT NAME:

THE HARRISBURG SINGERS

ADDRESS: PO BOX 10501 HARRISBURG, PA 17105

RELATIONSHIP: N/A

PURPOSE OF GRANT: GENERAL FUNDING

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID 1,000.

RECIPIENT NAME:

HARRISBURG AREA RIVERBOAT

SOCIETY

ADDRESS:

PO BOX 910

HARRISBURG, PA 17108

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL FUNDING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

CHANNELS

ADDRESS:

3305 N. 6TH STREET HARRISBURG, PA 17110

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

PUBLIC SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

ART ASSOCIATION OF HARRISBURG

ADDRESS:

21 NORTH FRONT STREET

HARRISBURG, PA 17101

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

GIRL SCOUTS IN THE HEART OF PA

ADDRESS:

350 HALE AVE.

HARRISBURG, PA 17104

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

COURAGE CONFIDENCE & CHARACTOR BETTER WORLD

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID

AMOUNT OF GRANT PAID

STATEMENT 14

RECIPIENT NAME:

RELATIONSHIP:

PURPOSE OF GRANT:

ADDRESS:

NONE

PC

CARLISLE ARTS LEARNING CENTER INC.

PROMOTE ENJOYMENT OF VISUAL ARTS

FOUNDATION STATUS OF RECIPIENT:

38 WEST POMFRET STREET CARLISLE, PA 17013

5,000.

7,500.

AMOUNT OF GRANT PAID 25,000.

RECIPIENT NAME: AMERICAN LITERACY CORP ADDRESS: 3201 PAXTON ST HARRISBURG, PA 17111 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL FUNDING

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID 7,500.

> STATEMENT 15

. . . . 30-0166827 MCCORMICK FAMILY FDN AGENT FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: HOPE STATION OPPORTUNITY ADDRESS: 149 W PENN ST CARLISLE, PA 17013 **RELATIONSHIP:** NONE PURPOSE OF GRANT: COMBAT COMMUNITY DETERIORATION FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 2,000. RECIPIENT NAME: THE NATIVITY SCHOOL OF HARRISBURG ADDRESS: 1453 ZARKER STREET HARRISBURG, PA 17103 **RELATIONSHIP:** N/APURPOSE OF GRANT: GENERAL FUNDING FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 15,000. RECIPIENT NAME: STATE STREET ACADEMY OF MUSIC ADDRESS: 110 STATE STREET HARRISBURG, PA 17101 **RELATIONSHIP:**

AMOUNT OF GRANT PAID

STATEMENT 16

NONE

PC

PURPOSE OF GRANT: EDUCATION

FOUNDATION STATUS OF RECIPIENT:

5,000.

MCCORMICK FAMILY FDN AGENT 30-0166827 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID _____ RECIPIENT NAME: SAINT STEPHEN'S EPISCOPAL SCHOOL ADDRESS: 315 41ST STREET BRADENTON, FL 34209 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATION

TOTAL GRANTS PAID: 523,100.

STATEMENT 17

FOUNDATION STATUS OF RECIPIENT: