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Return of Private Foundation

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

Do not enter Social Security numbers on this form as it may be made public.

For claimful year 2013 of tax year beginning JUN 20, 2013 and ending DEC 31, 2013 Alame of Condition THE FOUNDATION OF HOSPICE OF CENTRAL PENNSYLVANIA Alameter and state for PO bits controlled from a discoverate to stress addressed 1320 LINGLESTORN RD Oby of town, state or province, country, and 20 for foreign postel code HARRISBURG, PA 17110 C Creek at that apply: I final return Andress change Marries than apply: I final return Andresse change Marries change I for PO bits and of year I security and 20 foreign postel code HARRISBURG, PA 17110 C Creek at that apply: I final return Andresse change Marries change I final return Andresse change Marries change I foreign postel code HARRISBURG, PA 17110 C Creek at that apply: I final return Andresse change Marries change I foreign postel code HARRISBURG, PA 17110 C Creek at that apply: I final return Andresse change I final return of a former public chanty Far market wite of all assets at and of year I According enhance to a consent according to according to according the according to according	-	_	calendar year 2013 or tax year beginning JUN		, and ending	DEC 31, 2013	Open to Public Inspection	
THE FOUNDATION OF HOSPICE OF CENTRAL PRINSYLVANIA Number and street for P to the number it medit in rod observed sidesess 1320 LINGLESTOWN RD City or town, table or province, cupietry, and 2P for foreign postal code HARRISDERG, PA 17110 G Check all that apply: Check all that apply: Check all that apply: Check all that apply: Check all that apply: Check all that apply: Section 497(a)(1) nonemaption of the foreign postal code Harrisder of the foreign organization:								
PENNSYLVANIA 366-32 Name and state of PC Does number of male is not delivered to prest addressors 1220 LTNGLESTOWN RD 1220			· -	A Employer Identification	i ilumber			
Table Tabl				OF CENTRAL		26 4766622		
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HARRISBURG, PA 17110 6 Check all that apply: Instal return of a former public charty Amended return Am				etal ando		1_	. 1	
G Check all that apply: X Initial return Amended re		-	· · · · · · · · · · · · · · · · · · ·	Star Code		If exemption application is p	ending, check here	
Figure 1 Amended return Amended re				Initial return of a fo	rmer public charity	D 1 Foreign organizations	chack hara	
Active type of organization: X Section 501(c)(3) exempt private foundation	,	u C			The public charty	D 1. Foreign organizations	s, check here	
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Section (937(a)(1)) nonexempt charatable trust Other taxable private foundation	70	u ^				7		
Fair market value of all assets at end of year J Accounting method: X Cash Accrual Fit the foundation is in a 50-month termination under section 507(b)(1)(b), check here Depart J Analysis of Revenue and Expenses of the common	©				tion	, .		
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Part I Analysis of Revenue and Expenses (a) Revenue and expenses per books (b) Net investment income (c) Adjusted net income (d) Crack Service and Expenses (d) Crack Service and Expenses (e) Revenue and expenses per books (e) N/A Porticipations of the foliation (a) Service and expenses per books Part II Analysis of Revenue and expenses per books Part II Analysis of Revenue and expenses per books Part II Analysis of Revenue and expenses per books Part II Analysis of Revenue and expenses per books Part II Analysis of Revenue and expenses per books Part II Analysis of Revenue and expenses per books Part II Analysis of Revenue and expenses per books Part II Analysis of Revenue and expenses per books Part II Analysis of Revenue and expenses per books Part II Analysis of Revenue and expenses per books Part II Analysis of Revenue and expenses per books Part II Analysis of Revenue and expenses per books Part II Analysis of Revenue and expenses per books Part II Analysis of Revenue and expenses per books Part II Analysis of Revenue and expenses per books Part II Analysis of Revenue and expenses per books Part II Analysis of Revenue and expenses per books Part II Analysis of Revenue and expenses per books Part II Analysis of Revenue and expenses per books Part II Analysis of Revenue and expenses per books Part II Analysis of Revenue and expenses per books Part II Analysis of Revenue and expenses per books Part II Analysis of Revenue and expenses per books Part II Analysis of Revenue and expenses per books Part II Analysis of Revenue and expenses per books Part II Analysis of Revenue and expenses per books Part II Analysis of Revenue and expenses per books Part II Analysis of Revenue and expenses per books Part II Analysis of Revenue and expenses per books Part II Analysis of Revenue and expenses per books Part II An			1 —	• · · · · · · · · · · · · · · · · · · ·				
Part Analysis of Revenue and Expenses (c) Agusted mit (c)	₹		\$ 5,001,244. (Part I, column	nn (d) must be on cash b	pasis)			
1 Contributions, girtls, grafts, etc., received 2 Cheek		Pa	art Analysis of Revenue and Expenses			(c) Adjusted net	(d) Disbursements	
1 Contributions, grists, grants, etc., received 2 check			(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))					
4 Dividends and interest from securities 5 a Gross rents b Net span or (sea) from size of assets not on line 10 control assets not nine 6a 7 line from securities 8 Net span or (sea) from size of assets not on line 10 b assets on line 6a 7 line assets not nine 10 7 line assets not nine 6a 7 line assets not nine 10 7 line assets nine 10 7 l	Z			5,000,000.		N/A		
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b Net rental income or (loss) 8 Net gen or (loss) from sale of assets not on line 10 3 sected on line 6s 9 Income modifications 10 and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of offices, directors, frustees, atc 10 ther employee salaries and wages 15 Pension plans, employee benefits 16 Baccounting fees 17 Other professional fees 18 Taxes 19 Depreciation and depletion 20 Cocupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Occupancy 24 Total operating and administrative expenses. Add lines 13 through 23 expenses and disbursements. Add lines 24 and 25 26 Total expenses and disbursements. Add lines 24 and 25 37 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (in regative, outer -0-) 2 Adjusted net income (in regative, outer -0-) 3 AuG URE CEIVED 4 AUG U 4 7 1			•					
Second continues of the sale of assets not on line 10 to service additions of the sale o			5a Gross rents					
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c Adjusted net income (if negative, enter -0-)				3,UU1,444.	7 527			
			1		1,53/			
	3	32350		ustructions		N/ A	Form 990-PF (2012)	

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5,001,244. Form **990-PF** (2013)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

5 Decreases not included in line 2 (itemize)

4 Add lines 1, 2, and 3

Part IV Capital Gains and	Losses for Tax on Ir	nvestmen	t Income					
	he kınd(s) of property sold (e.guse; or common stock, 200 sh			(b)	How acq - Purcha - Donati	ured ase ion	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<u>1a</u>								
b NONE								
С						,		
đ								
<u>e</u>		,						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Gain or (lo (e) plus (f) mini	
<u>a</u>					ļ			
b		ļ			ļ			
С								
<u>d</u>		<u>. </u>		-	<u> </u>			
e Complete and for constant		45 - 4 4-4 -	40/04/00		ļ			
Complete only for assets showing ga		1	 			C	(I) Gains (Col. (h) ga bl. (k), but not less t	in minus
(i) F.M.V as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col. (1) r col. (1), if any				Losses (from co	i. (h))
a								· · · · · · · · · · · · · · · · · ·
b								
С								
d		ļ					 	
e					ļ			···············
2 Capital gain net income or (net capital	loss) { If gain, also enter -0			}	2			
3 Net short-term capital gain or (loss) a	s defined in sections 1222(5) ai	nd (6).		_				
If gain, also enter in Part I, line 8, colu If (loss), enter -0- in Part I, line 8	, ,			}	3			
Part V Qualification Und	er Section 4940(e) for	Reduced	Tax on Net	Inv	estme	ent In	come	
(For optional use by domestic private fou	ndations subject to the section	4940(a) tax oi	n net investment in	com	e.)			N/A
		, ,			•			• • •
If section 4940(d)(2) applies, leave this p	art diank.							
Was the foundation liable for the section	4942 tax on the distributable an	nount of any y	ear in the base per	rıod?				Yes No
If "Yes," the foundation does not qualify u								
1 Enter the appropriate amount in each	column for each year; see the i	nstructions be	fore making any e	ntries	s			
(a) Base period years Calendar year (or tax year beginning in	(b) Adjusted qualifying dis	stributions	Net value of no	(c) ncha		se asset	s Dis	(d) tribution ratio divided by col. (c))
2012								
2011						_		
2010								
2009						_		· · · · · · · · · · · · · · · · · · ·
2008								
2 Total of line 1, column (d)							2	
3 Average distribution ratio for the 5-year		on line 2 by 5,	or by the number	of ye	ears			
the foundation has been in existence i	less than 5 years						3	
4 Enter the net value of noncharitable-u	se assets for 2013 from Part X,	line 5					4	
5 Multiply line 4 by line 3					5			
6 Enter 1% of net investment income (1	% of Part I, line 27b)						6	
7 Add lines 5 and 6							7	
8 Enter qualifying distributions from Pai	t XII, line 4						8	
If line 8 is equal to or greater than line See the Part VI instructions.	7, check the box in Part VI, line	t 1b, and com	plete that part usin	g a 1	% tax rat	te.		
323521 10-10-13								Form 990-PF (2013)

THE FOUNDATION OF HOSPICE OF CENTRAL

	990-PF (2013) PENNSYLVANIA	36-	47666	<u> 522</u>		Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 4948	- see in	stru	ctior	1S)
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	ļ <u>.</u>		1	<u>51.</u>
	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). \rightarrow		[
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	ļ			<u>0.</u>
	Add lines 1 and 2	3			1	51.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	<u> </u>			<u>0.</u>
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5_	ļ		<u> </u>	<u>51.</u>
	Credits/Payments:					
a	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 6a					
b	Exempt foreign organizations - tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868) 6c 6c 3	02.				
đ	Backup withholding erroneously withheld 6d		İ			
	Total credits and payments. Add lines 6a through 6d	7			<u>3</u>	<u>02.</u>
	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	<u> </u>			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	 		<u> </u>	<u>51.</u>
	Enter the amount of line 10 to be: Credited to 2014 estimated tax ► 151 . Refunde	d ▶ 11	<u> </u>			<u>0.</u>
	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interest to influence any national, state, or local legislation or did it participate or interest.	ervene in	Ļ		Yes	
	any political campaign?		-	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the def		-	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials pu	ıblıshed or				
	distributed by the foundation in connection with the activities					
	Did the foundation file Form 1120-POL for this year?		Ļ	_1c		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	_				
	(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$	0.				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	1				
	managers. ▶ \$O.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		}	2		<u>X</u>
_	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 incorpora	ition, 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>
	If "Yes," has it filed a tax return on Form 990-T for this year?	1/	1/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		-	5		<u>X</u>
_	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		ľ			
	By language in the governing instrument, or			ļ		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the page of	e state law				7.7
_	remain in the governing instrument?		ŀ	6		<u> </u>
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 III, col. (c), and Part III is a set of the foundation have at least \$5,000 in assets at any time during the year?	art XV	-	7	_X_	
	Followship adalased a sub-up the foundation remarks as with sub-up the sub-up					
82	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	PA					
D	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		1	_		
_	of each state as required by General Instruction G? If "No," attach explanation	! '	-	8b	X	
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for a section 4942(j)(3) or 4942(j)(3) or 4942(j)(5) for a section 4942(j)(3) or 4942(j)(3) or 4942(j)(3) 4942	or calendar	1			v
	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV	CITILET	, ,	9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	STMI		10 990	X DF	2013)
			1 (1111)	~~~	(إزاب

THE FOUNDATION OF HOSPICE OF CENTRAL

	1990-PF (2013) PENNSYLVANIA 36-476	6622		Page 5
Pá	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
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)	12		X
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 ► THE FOUNDATION Telephone no. ► 717-7	<u> 37-9</u>	<u>581</u>	
	Located at ► 1320 LINGLESTOWN RD, HARRISBURG, PA ZIP+4 ►1	<u>7110</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			•
	and enter the amount of tax-exempt interest received or accrued during the year		<u>/A</u>	,
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank,	, ,	Yes	No
	securities, or other financial account in a foreign country?	_16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign	-		
	country	_L		
P	art 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
18	a During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	} }		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			Ì
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
į	b 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		
	Organizations relying on a current notice regarding disaster assistance check here			Ì
(c 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			ĺ
	before 2013? Yes X No			
	If "Yes," list the years \(\bigsim_{in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			Í
'	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
		0.		l
	statement - see instructions.) N/A	2b		<u> </u>
,	this provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			l
2:	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
0.	during the year?			
	b if "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after			
•	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,		i	
	Form 4720, to determine if the foundation had excess business holdings in 2013) N/A	3b		
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		х
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	1		
•	had not been removed from leopardy before the first day of the tax year beginning in 2013?	46		x

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THE FOUNDATION OF HOSPICE OF CENTRAL PENNSYLVANIA

Form 990-PF (2013) PENNSYLVANIA			36-47666	22	Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be I	Required (continu	ued)	•	,,
5a During the year did the foundation pay or incur any amount to:	• · · · · · · · · · · · · · · · · · · ·				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir	ectly,			
any voter registration drive?		Y6	s 🗓 No	1	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y6	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or	for		i	
the prevention of cruelty to children or animals?			s X No	1	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described	ın Regulations			ļ
section 53.4945 or in a current notice regarding disaster assistance (see instru	ictions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	ere				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi	rom the tax because it mainta	ined			
expenditure responsibility for the grant?	Ŋ	J/A 🗀 Ye	s No		
If "Yes," attach the statement required by Regulations section 53.494	5-5(d)				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?		Y6	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y6	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	anagers, Highly	/		
List all officers, directors, trustees, foundation managers and their	compensation				
List dil officers, directors, a distess, foundation managers and triell		(c) Compensation	(d) Contributions to	(0)	Evnanca
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deterred	acco	Expense ount, other
	to position	enter -0-)	compensation	allo	owances
SEE STATEMENT 4		0.	0.		0
DDD DINIDHDRI 4		· ·	<u> </u>	 	<u> </u>
				 	
		!			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		<u> </u>	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(-) Company	(d) Contributions to employee benefit plans	(e)	Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation		unt, other owances
NONE					
					
		<u> </u>			
		<u> </u>	_	1	
	· · · · · · · · · · · · · · · · · · ·				
Total number of other employees paid over \$50,000			▶		0

Total. Add lines 1 through 3

For	ή 990-PF (2013) PENNSYLVANIA	36-4766622	Page 8
P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see instruction	ns)
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	0.
b	Average of monthly cash balances	1b 5,00	0. 01,955.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d 5,00	1,955.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) . 1e . 0 .		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3 5,00	1,955
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		75,029
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4		26,926
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6 13	31,608
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and		
4	foreign organizations check here and do not complete this part.)	1. 1.	1 600
1	Minimum investment return from Part X, line 6		31,608
	Tax on investment income for 2013 from Part VI, line 5 2a 151.	-	
	Income tax for 2013. (This does not include the tax from Part VI.)	4 _	4 - 4
-	Add lines 2a and 2b	2c	151
3	Distributable amount before adjustments. Subtract line 2c from line 1		31,457
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4		<u> 31,457.</u>
6	Deduction from distributable amount (see instructions)	6	0.
<u>7</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7 13	<u>31,457</u>
<u> </u>	Qualifying Distributions (see Instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	_1a	0.
b	Program-related investments - total from Part IX-B	1b	0 .
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for the section	
	4940(e) reduction of tax in those years.	•	

Part XIII	Undistributed	Income	(see instructions)
-----------	---------------	--------	--------------------

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,				
line 7				131,457.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008				
b From 2009			Ì	
c From 2010				
d From 2011				
e From 2012				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2013 from	}			
Part XII, line 4: ► \$0.				
a Applied to 2012, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2013 distributable amount				0.
e Remaining amount distributed out of corpus	0.			· · · · · · · · · · · · · · · · · · ·
5 Excess distributions carryover applied to 2013 (if an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				<u></u>
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 2012 Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2014				131,457.
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 2008				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a	0.			
IO Analysis of line 9:				
a Excess from 2009		İ	}	
b Excess from 2010			İ	
c Excess from 2011				
d Excess from 2012			1	
e Excess from 2013				
				Form 990- PE (0010)

THE FOUNDATION OF HOSPICE OF CENTRAL

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Part XIV Private Operating Fo	undations (see in:	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for 2	2013, enter the date of t	the ruling	. ▶ ∟		
b Check box to indicate whether the founda	tion is a private operatir	ng foundation described	ın section	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
investment return from Part X for	•				
each year listed					
b 85% of line 2a					
c 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					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year					
listed					
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 provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization (4) Gross investment income			<u> </u>		
Part XV Supplementary Infor	mation (Comple	te this part only	if the foundation	n had \$5 000 or m	ore in assets
at any time during th					
1 Information Regarding Foundation a List any managers of the foundation who	-	than 20% of the total cor	stributions recoved by t	na faundation bafara the ale	and of any tay
year (but only if they have contributed mo			iniounons received by i	ie iodiloadon belote tile cit	JSC OI ally lax
NONE	100/ of th		/a		
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large pol	tion of the ownership of a l	partnership or
NONE					
2 Information Regarding Contribution Check here ► X if the foundation on	ly makes contributions	to preselected charitable	e organizations and does	s not accept unsolicited req	uests for funds. If
the foundation makes gifts, grants, etc. (s					d d.
a The name, address, and telephone numb	er or e-mail address of t	the person to whom app	lications should be add	ressed:	
b The form in which applications should be	submitted and informa	tion and materials they	should include:	····	
c Any submission deadlines:				· · · · · · · · · · · · · · · · · · ·	
d Any restrictions or limitations on awards,	such as by geographic	ai areas, charitable fields	s, kinds of institutions, o	r other factors:	

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Part XV Supplementary Information (continued)

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2 Courts and Contributions Boid During the				
3 Grants and Contributions Paid During the Recipient	If recipient is an individual		<u> </u>	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
a raid during the year .				
NONE				
				· · · · · · · · · · · · · · · · · · ·
	·			
Total	<u> </u>		▶ 3a	
b Approved for future payment			34	0.
,,				
NONE				
Total			▶ 3b	0.
		-		000 DF

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Part XVI-A	Analysis of	Income-Producing	Activities
raitatia	ruidiyolo o.		

	Unrelat	ed business income	Contra	dad by asstra 510 510 at 514	
Enter gross amounts unless otherwise indicated.	(a) Business	(b)	(C) Exclu-	ded by section 512, 513, or 514 (d)	(e) Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a			-		
b			 	· · · · · · · · · · · · · · · · · · ·	
<u> </u>			 		
d			 		
e			 		
g Fees and contracts from government agencies		<u> </u>	-		
2 Membership dues and assessments			 		
3 Interest on savings and temporary cash			-		
investments			14	7,537.	
4 Dividends and interest from securities				7,337.	
5 Net rental income or (loss) from real estate:			 		
a Debt-financed property	-		1	 	
b Not debt-financed property			 		
6 Net rental income or (loss) from personal					
property	1		1		
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			<u> </u>		
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C			ļ		
d					
e	ļ		ļ		
12 Subtotal. Add columns (b), (d), and (e)	L	0.		7,537.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	7,537.
(See worksheet in line 13 instructions to verify calculations.)				· · · · · · · · · · · · · · · · · · ·	
Part XVI-B Relationship of Activities t	to the Acc	omplishment of Ex	xemp	t Purposes	
11 M. Frederick below how and advise for which to		in column (a) of Dank VIII I			
Explain below how each activity for which income the foundation's exempt purposes (other than			4 contri	outed importantly to the accon	iplishment of
uno realitation o exempt purposes (enter than	by providing it	mas for sault purposcoj.			
		·	<u> </u>		· · · · · · · · · · · · · · · · · · ·
				······································	
					
					· · · · · · · · · · · · · · · · · · ·

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323621 10-10-13

-1 000		OUNDATIOI YLVANIA	N OF HOS	SPICE OF	CENT	ral	26	766622	D-	40
Part X			nsfers To a	nd Transac	tions ar	nd Relations		766622 charitable		ge 13
- 4117	Exempt Organ		ioicio io di	na mandao	tions a		inpo iritii iron	onantabio		
1 Did th	ne organization directly or indi		of the following	with any other of	roanization	described in sect	on 501(c) of		Yes	No
	ode (other than section 501(c				_					
	sfers from the reporting found				our or garing				į	
(1)	•		and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t					1a(1)		Х
٠,	Other assets							1a(2)		X
٠,,	r transactions:							1.51.57		
	Sales of assets to a noncharita	ble exempt organiz	ation					16(1)		X
٠,	Purchases of assets from a no	. •						1b(2)		Х
٠,	Rental of facilities, equipment,	•	. 0					1b(3)		X
, ,	Reimbursement arrangements							1b(4)		X
٠,	Loans or loan guarantees							1b(5)		X
• •	Performance of services or me	embership or fundra	aising solicitation	ıs				1b(6)		X
	ing of facilities, equipment, ma	•	-					1c		X
	answer to any of the above is	-			should alw	ays show the fair i	market value of the go	ods, other ass	ets,	
	rvices given by the reporting f								,	
	nn (d) the value of the goods,									
(a) Line no	(b) Amount involved	(c) Name (of noncharitable	exempt organiza	tion	(d) Description	n of transfers, transaction	s, and sharing arr	angeme	nts
			N/A							
				_						
									_	
						<u></u>				
	<u></u> _									
-						<u> </u>				
							. 			
				<u> </u>						
		<u> </u>								
	e foundation directly or indirec				ipt organiza	ations described				_
	ction 501(c) of the Code (othe	-	c)(3)) or in section	on 527?				L Yes	LX	No
<u>b</u> If "Ye	s," complete the following sch			#\T			() B			
	(a) Name of org	janization		(b) Type of orga	nization		(c) Description of rel	ationship		
	N/A									
										
										
	Ladar acceltus of access. I declare	About I boug augment &	hio satura i naturdina				Last of multipoutages			
	Under penalties of perjury, I declare and belief, it is true, correct, and coi							May the IRS of return with the		
Sign (I Mull	1/4/)	15/20	1,4	1. 6/	_	shown below	(see inst	tr)?
	Signature of officer or trustee			X/80	// /_		soigman	_ LX Yes		_ No
			Presamer sisio	pate		Title	Check If	PTIN		
	Print/Type preparer's na	21110	TICHES SIG	nature		Date	self- employed	T T T T T T		
Paid	CEODGE & T	XXID (10.3	CEORCE	THE ANTE	CD (77/21/14	Jon Chiployed	****	***	
Prepai	rer GEORGE W L		RUTIGER	& DAUB,		07/21/14	Firm's EIN ▶ 23			
Jpui	ritti s tiatile - WAG	GOMER' L	COLIGER	a Dund,	בעונים		Tennisem - 73	1-T1037	せブ	

Phone no. 717-506-1222

Use Only

Firm's address ▶ 5006 E TRINDLE RD SUITE 200

MECHANICSBURG, PA 17050

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.
 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

Name of the organization

THE FOUNDATION OF HOSPICE OF CENTRAL PENNSYLVANIA

Employer identification number

36-4766622

Organization type (check one):						
Filers o	f:	Section:				
Form 99	00 or 990-EZ	501(c)() (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	00-PF	X 501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule . 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 contributor Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete 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					
but it mi	ust answer "No" on I	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

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) (2013)

Name of organization

THE FOUNDATION OF HOSPICE OF CENTRAL

Employer identification number

<u>PENNS</u>	YLVANIA	36	5-4766622
Part I	Contributors (see instructions) Use duplicate copies of Part I if ad	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HOSPICE OF CENTRAL PENNSYLVANIA 1320 LINGLESTOWN RD HARRISBURG, PA 17110	\$ <u>5,000,000.</u>	Person X 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 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 noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for

Name of organization

THE FOUNDATION OF HOSPICE OF CENTRAL

Employer identification number

PENNSYLVANIA

36-4766622

Part II Non	cash Property (see instructions). Use duplicate copies of F	Part 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. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
#53 10-24-13			990, 990-EZ, or 990-PF) (

ame of organi HE FOU	NDATION OF HOSPICE OF	CENTRAL	Employer identification number		
ENNSYL Part III	JVANIA	dual contributions to section 501/c	36-4766622 c)(7), (8), or (10) organizations that total more than \$1,000 for the completing Part III, enter		
	the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additiona	, contributions of \$1,000 or less for	ir 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		
		(e) Transfer of gif	ft		
	Transferee's name, address, an	d 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		
	Transferee's name, address, an	(e) Transfer of gif	sfer 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		
_	Transferee's name, address, an	(e) Transfer of gift	ft 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	d ZIP + 4	Relationship of transferor to transferee		

FORM 990-PF INTEREST ON SAV	INGS AND TE	MPORARY	CASH I	NVESTMENTS	STATEMENT	1
SOURCE	REVI	A) ENUE BOOKS		(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOM	
MID PENN BANK		7,537.		7,537.	·	
TOTAL TO PART I, LINE 3		7,537.		7,537.		
FORM 990-PF	LEGA	J FEES			STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	NET IN	3) NVEST- INCOME	(C) ADJUSTED NET INCOM		
LEGAL FEES	6,293	•	0.			0.
TO FM 990-PF, PG 1, LN 16A	6,293	•	0.			0.
	F SUBSTANTIA PART VII-A,			S	STATEMENT	3
NAME OF CONTRIBUTOR	ADDI	RESS				
HOSPICE OF CENTRAL PENNSYLVA	NIA 1320	LINGLE	ESTOWN 1	RD		

HARRISBURG, PA 17110

	FOF OFFICERS, D	STATEMENT 4		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
WILLIAM MILLER, ESQ 1320 LINGLESTOWN RD HARRISBURG, PA 17110	CHAIRPERSON 3.00	0.	0.	0.
MICHAEL BANGS, ESQ 1320 LINGLESTOWN RD HARRISBURG, PA 17110	VICE-CHAIRPERS 3.00	O.	0.	0.
JANE BURKE 1320 LINGLESTOWN RD HARRISBURG, PA 17110	SECRETARY, TRE	CASURER 0.	0.	0.
MARK GLESSNER 1320 LINGLESTOWN RD HARRISBURG, PA 17110	TRUSTEE 3.00	0.	0.	0.
MICHAEL LEADER 1320 LINGLESTOWN RD HARRISBURG, PA 17110	TRUSTEE 3.00	0.	0.	0.
DAWN MOFFETT 1320 LINGLESTOWN RD HARRISBURG, PA 17110	TRUSTEE 3.00	0.	0.	0.
MARK PULASKI 1320 LINGLESTOWN RD HARRISBURG, PA 17110	TRUSTEE 3.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0.

Form **8868** (Rev. January 2014)

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

● lf yoụ	are filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box		•	• X
If you	are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II (on page 2 of	this form)		
Do not d	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	sly filed Fo	rm 8868	
Electror	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tin	ne to file (6	months for a corp	oration
required	to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically fi	ıle Form 88	368 to request an e	extension
of time t	o file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for 7	Transfers A	Associated With Co	ertain
Persona	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	on the elec	tronic filing of this	form,
visit wwi	w irs gov/efile and click on e-file for Charities & Nonprofits					
Part I	Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded).		
A corpo	ation required to file Form 990-T and requesting an auton	natic 6-mo	onth extension - check this box and	complete		
Part I on	ly				•	▶ □
All other	corporations (including 1120-C filers), partnerships, REM	ICs, and ti	rusts must use Form 7004 to reques	st an exten	sion of time	
to file ind	come tax returns			Enter file	er's identifying nu	mber
Type or	Name of exempt organization or other filer, see instru-	ctions		Employe	r identification num	ber (EIN) or
print	THE FOUNDATION OF HOSPICE (OF CE	NTRAL	1		
	PENNSYLVANIA				36-47666	22
File by the due date fo	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	curity number (SS	N)
filing your	1320 LINGLESTOWN RD	_				
return See instructions	City, town or post office, state, and ZIP code For a fo	reign add	ress, see instructions.			
	HARRISBURG, PA 17110					
Enter the	e Return code for the return that this application is for (file	a separa	te application for each return)			0 4
Applica	tion	Return	Application			Return
Is For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)	_		07
Form 99	0-BL	02	Form 1041-A			08
	20 (Individual)	03	Form 4720 (other than individual)			09
Form 99		04	Form 5227			10
Form 99	0·T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	0-T (trust other than above)	06	Form 8870			12
	THE FOUNDATION	<u>. </u>				 -
• The b	ooks are in the care of > 1320 LINGLESTON	NN RD	- HARRISBURG, PA	17110		
	hone No. ► 717-737-9581		Fax No. ▶			
	organization does not have an office or place of business	s in the Un				•
	is for a Group Return, enter the organization's four digit (If this is fo	r the whole group,	check this
box 🕨	If it is for part of the group, check this box				• •	
	equest an automatic 3-month (6 months for a corporation					<u> </u>
• ,,			tion return for the organization name		The extension	
	for the organization's return for					
•	calendar year or					
		. an	dending DEC 31, 2013			
		,			 '	
2 If 1	the tax year entered in line 1 is for less than 12 months, c	heck reas	on X Initial return	Final retur	n	
	Change in accounting period	, icon rous	on ZZ midariotum	i iliai letai	.,	
20 164		or 6060	enter the tentative tay lose any			
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					302.	
_	nrefundable credits. See instructions.	enter an	v refundable credite and	3a	\$	304.
	this application is for Forms 990-PF, 990-T, 4720, or 6069				 	^
	timated tax payments made. Include any prior year overp	-		3b	\$	0.
	alance due. Subtract line 3b from line 3a Include your pa			_	•	202
	using EFTPS (Electronic Federal Tax Payment System)			3c	1.5	302.
Caution Instruction	. If you are going to make an electronic funds withdrawal	(airect de	Dii) With this Form 8868, see Form 8	s453·EO ai	na Form 8879-EO f	or payment

Form 8868 (Rev 1-2014)

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

LHA 323841 12-31-13