

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



Department of the Treasury Internal Revenue Service

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. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. OMB No 1545-0052

FOR	aien	dar year 2014 or tax year deginning		, and ending	9	_	
		foundation ORMICK FAMILY FON AGENT	т			A Employer identification	n number
		WILMINGTON TRUST COMPA				30-0166827	7
		nd street (or P O box number if mail is not delivered to street	m/suite	B Telephone number			
1	10	O N MARKET ST		717-255-20)45		
		own, state or province, country, and ZIP or foreign	postal code			C If exemption application is	pending, check here
		MINGTON, DE 19890] ' '' '	
G	heck	all that apply Initial return	Initial return of a f	former public charit	ty	D 1. Foreign organization	s, check here
		Final return	Amended return			2	
		Address change	Name change			Foreign organizations m check here and attach c	omputation
H C	_		exempt private foundation			E If private foundation sta	atus was terminated
<u> </u>		ction 4947(a)(1) nonexempt charitable trust	Other taxable private found	lation		under section 507(b)(1)(A), check here
			ting method X Cash	Accrual		F If the foundation is in a	
			Other (specify)	h \		under section 507(b)(1)(B), check here
	\$		lumn (d) must be on cash	T			(4)
Pá	irt E	(The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investi	ment	(c) Adjusted net	(0) Disbursements for chantable purposes
	•	necessarily equal the amounts in column (a))	617,330.	<u> </u>		N/A	(cash basis only)
	1 2	Contributions, gifts, grants, etc., received Check if the foundation is not required to attach Sch. B	017,330.	<u> </u>		417 FA	
	3	Interest on savings and temporary cash investments		 			•
	4	Dividends and interest from securities					
	5a	Gross rents					11
	l	Net rental income or (loss)					
•	_	Net gain or (loss) from sale of assets not on line 10	THE STATE OF THE S		141111111111111111111111111111111111111	(// 1//1/	
ž	b	Gross sales price for all assets on line 6a					
Revenue	7	Capital gain net income (from Part IV, line 2)			0.		
Œ	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances	- 	<u> </u>		, iritanda e ental	
	b	Less Cost of goods sold		ļ			
		Gross profit or (loss)		<u> </u>			
		Other income	617,330.		0.	<u>.</u>	
	12	Total. Add lines 1 through 11	25,000		000.		0.
	13	Compensation of officers, directors, trustees, etc	23,000	23,	000.		<u> </u>
	15	Other employee salaries and wages Pension plans, employee benefits		 		 	
es es		Legal fees STMT 1	330.		330.	,	0.
	h	Accounting fees					
Expens	.	Other professional fees			ILU	IVED	
, 1 § ₹		Interest		No.		9 2015	
7	18	Taxes		E2-625	/AY 1	9 2015	
rini inistra	19	Depreciation and depletion		Ш		82	
Ē	20	Occupancy			GDE	N. UT	
} ¥	21	Travel, conferences, and meetings			UDL	.11. 01	
プレグになるとこと Operating and Ad	22	Printing and publications		1			
<u>يا</u> و	23	Other expenses .				ļ <u>.</u>	
プレッション Operating	24	Total operating and administrative	25 222	25	222		
ද් දී		expenses. Add lines 13 through 23	25,330		330.	1	0.
	25	Contributions, gifts, grants paid	592,000	-		<u> </u>	592,000.
	26	Total expenses and disbursements.	617 220	2 .	220		502 000
	07	Add lines 24 and 25	617,330	23,	330.		592,000.
	l l	Subtract line 26 from line 12	0.				
	1	Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	<u> </u>	•	0.	- - - - - - - - - - 	·
	1	Adjusted net income (if negative enter -0-)		 		N/A	-

LHA For Paperwork Reduction Act Notice, see instructions.

Form	990-PF (201	4)

C/O WILMINGTON TRUST COMPANY

30-0	01	66	82	7
------	----	----	----	---

Page	2

Part	Ralance Shoots Attached schedules and amounts in the description	Beginning of year	End o	ryear
rant	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing			
2	Savings and temporary cash investments	17.	17.	
3	Accounts receivable -	`		
	Less allowance for doubtful accounts			
4	Pledges receivable ▶			·
	Less allowance for doubtful accounts ▶			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
ļ	disqualified persons			
7	Other notes and loans receivable			
	Less allowance for doubtful accounts ▶	ĺ		
χ 8	Inventories for sale or use			
Assets	Prepaid expenses and deferred charges			
ຊຶ 10a	Investments - U S and state government obligations			
	Investments - corporate stock	"		
	Investments - corporate bonds			
I -	Investments - land, buildings, and equipment basis			
''		İ	:	
12	Less accumulated depreciation			
1	Investments - mortgage loans			
13	Investments - other			
14	Land, buildings, and equipment basis	 		'
	Less: accumulated depreciation			
	Other assets (describe			
16	Total assets (to be completed by all filers - see the	1.7	1.7	17
-	instructions Also, see page 1, item I)	17.	17.	17.
17	Accounts payable and accrued expenses			
18	Grants payable			
တ္ထု 19	Deferred revenue			
Liabilities 20 21	Loans from officers, directors, trustees, and other disqualified persons		<u> </u>	
<u>ह</u> 21	Mortgages and other notes payable			
- 22	Other liabilities (describe)			
- 1				
23	Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.			
8 24	Unrestricted			
<u>E</u> 25	Temporarily restricted			
昭 26	Permanently restricted			
or Fund Balances	Foundations that do not follow SFAS 117, check here			
교	and complete lines 27 through 31.			
Ö 27	Capital stock, trust principal, or current funds	17.	17.	
Net Assets 30 20 20 20 20 20 20 20 20 20 20 20 20 20	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
SS 29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
9 30	Total net assets or fund balances	17.	17.	
ž 30	I DIGI 1121 499219 DI IGIIO DGIGIICA2	- 17.	17.	
	Total Habilities and not assets the discourse	17.	17.	
<u>[31</u>	Total liabilities and net assets/fund balances	1 / •		
Part	Analysis of Changes in Net Assets or Fund B	lalances		
		20	·-· · · · · · · · · · · · · · · · · · ·	<u> </u>
	I net assets or fund balances at beginning of year - Part II, column (a), line	30		1-7
-	st agree with end-of-year figure reported on prior year's return)		1	17.
	r amount from Part I, line 27a		. 2	0.
	r increases not included in line 2 (itemize)			0.
	lines 1, 2, and 3		4	17.
	reases not included in line 2 (itemize)			0.
	<u> I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c</u>	-t /L\ II 00	6	17.

2	Λ	_	Λ	1	6	6	Ω	2	7
	v	_	v	_	v	υ	o	_	•

Dage	2

Part IV Capital Gains ar	nd Losses for Tax on Ir	rvestment	Income					
(a) List and describ 2-story brick ware	e the kind(s) of property sold (e g house, or common stock, 200 shs	, real estate, s MLC Co)		(b) I	How acquired - Purchase - Donation		acquired lay, yr)	(d) Date sold (mo , day, yr)
1a								
b NON:	E				-			-
C								
<u>d</u>								
e	(f) Depreciation allowed	(a) Cos	at or other basis			(b) G	ain or (loss	1
(e) Gross sales price	(or allowable)		xpense of sale				s (f) minus	
<u>a</u>		<u> </u>						
<u>b</u>	•							_
d								
e								
Complete only for assets showing	gain in column (h) and owned by	the foundation	on 12/31/69	-		(I) Gains ((Col (h) gain	minus
	(i) Adjusted basis	T	cess of col (I)		С	ol (k), but	not less tha	n -0-) or
(i) F M V as of 12/31/69	as of 12/31/69		col (j), if any			Losses	(from col	(h))
a								
b								
C								
d								
е				_				-
2 Capital gain net income or (net capi	If gain, also ente			}	2			
			,)	-			
3 Net short-term capital gain or (loss) If gain, also enter in Part I, line 8, co		na (6))				
If (loss), enter -0- in Part I, line 8	nuriii (C)			Ì	3			
Part V Qualification Un	der Section 4940(e) for	r Reduced	Tax on Net	Inv	estment in	come		,
(For optional use by domestic private for If section 4940(d)(2) applies, leave this	•				· ,			
Was the foundation liable for the section			•	nod?				Yes X No
If "Yes," the foundation does not qualify				nt no				
1 Enter the appropriate amount in ear		instructions be	tore making any e					(4)
Base period years Calendar year (or tax year beginning	(b) Adjusted qualifying dis		1	(c) oncha	ritable-use asse	- 1	Distri (col (b) di	(d) bution ratio vided by col (c))
2013		23,100.			1,55			336.831938
2012		34,000.			1,03			465.832531
2011		10,750.			10,19		1	53.035504
2010		15,000.			37 42			358.839050 116.381176
2009	4 /	74,462.			42	ر ا	1,	110.3011/6
2 Total of line 1, column (d)						2	3,	330.920199
3 Average distribution ratio for the 5- the foundation has been in existence	•	on line 2 by 5,	or by the number	of ye	ears	3		666.184040
	·	luna F						17.
4 Enter the net value of noncharitable	-use assets for 2014 from Part X,	, an u 3				4		
5 Multiply line 4 by line 3				5		11,325.		
6 Enter 1% of net investment income (1% of Part I, line 27b)					6		0.	
7 Add lines 5 and 6					7		11,325	
8 Enter qualifying distributions from I	Part XII, line 4					8_		592,000.
If line 8 is equal to or greater than li See the Part VI instructions		e 1b, and comp	olete that part usin	ng a 1	% tax rate			
423521 11-24-14								Form 990-PF (2014
TEURE 11769714								

400704

Form 990-PF (2014)

MCCORMICK FAMILY FDN AGENT

orm	990-PF (2014) C/O WILMINGTON TRUST COMPANY 30-0166	<u>827</u>		Page 5
Pà	rt 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	Х	
	Website address ► N/A			
14	The books are in care of ► M AND T BANK Telephone no ►717-25	5-20)45	
	Located at ▶ PO BOX 2961, HARRISBURG, PA ZIP+4 ▶17	101		
15	Section 4947(a)(1) nonexempt charitable trusts filling Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2014, 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 FinCEN Form 114, (formerly TD F 90-22 1) If "Yes," enter the name of the			
	foreign country			
Pe	rt 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
1a	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)			
	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)			
h	If any answer is "Yes" to 1a(1)-(6), did any of the acts fall to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	15		
	Organizations relying on a current notice regarding disaster assistance check here	''		
r	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 2014?	16		Х
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))	[
9	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2014? Line is an active that the reduced in the results and an active times of			
	and the same of th			
h	If "Yes," list the years ►,,,,,	[
u	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) N/A	2b		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20		
Ü	in the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years field.			
20	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
34				
		[
0	If "Yes," did it have excess business holdings in 2014 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, Form 4720, to determine if the foundation had excess business holdings in 2014.) N/A	_ [
	, , , , , , , , , , , , , , , , , , , ,	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			v
	had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		<u>X</u>

_	
Pane	f

Part VII-B Statements Regarding Activities for Which F	orm 4/20 May Be H	lequired (continu	ıed)	 ,		
5a During the year did the foundation pay or incur any amount to						
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No			
(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on, directly or indire		(45)			
any voter registration drive?	•		s X No			
(3) Provide a grant to an individual for travel, study, or other similar purposes	Ye	s X No				
(4) Provide a grant to an organization other than a charitable, etc., organization						
4945(d)(4)(A)? (see instructions)		Ye	s X No			
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			ı		
the prevention of cruelty to children or animals?		Ye	es X No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations				
section 53 4945 or in a current notice regarding disaster assistance (see instru	ctions)?		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 maintai	ned				
expenditure responsibility for the grant?	N	'/A 🔲 Ye	s 🔲 No 📗			
If "Yes," attach the statement required by Regulations section 53.4945	5-5(d).					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on					
a personal benefit contract?		☐ Ye	s X No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	1	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?	Ye	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		nagers. Highly				
Paid Employees, and Contractors	oco, i ounaction ma	inagoro, mgm,	,			
1 List all officers, directors, trustees, foundation managers and their	compensation.					
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	\mathbf{I}	e) Exp	enșe
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	ac	ccount, allowar	other
LARRY A HARTMAN	EXECTIVE DIRE	 	COMPONSESON	+		
M&T BANK, PO BOX 2961						
HARRISBURG, PA 17401	8.00	25,000.	0.			0.
makeroboko, in 17401	0.00	23,000.	,	•		•
· · · · · · · · · · · · · · · · · · ·						
				+-		
		!				
				+		
				1		
		<u> </u>		Д		
2 Compensation of five highest-paid employees (other than those inc	i ,	enter "NONE."	(d) 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	, a	(e) Exp count,	ense other
	devoted to position	(a) componduction	and deferred compensation		allowa	nces
NONE						
				T		
		<u> </u>		†		
		 		+		
	1			1		
Total number of other employees paid over \$50,000	l	1		—	-	0
יייייייייייייייייייייייייייייייייייייי				, <u>00</u> 4)_DE	(2014)
			LOLL	11 マンし	,-rr	(2014)

Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers produced.	tical information such as the duced, etc	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on N/A	lines 1 and 2	Amount
2		
All other program-related investments See instructions 3		
		0.
Total. Add lines 1 through 3		Form 990-PF (2014)

P	Minimum Investment Return (All domestic foundations must comple	ete this part. Foreign four	ndations, see	: instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purpo	ses:		_
а	Average monthly fair market value of securities		1a	0. 17.
b	Average of monthly cash balances		1b	17.
C	Fair market value of all other assets		10	
d	Total (add lines 1a, b, and c)		1d	17.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	17.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructi	ons)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line	4	5	17.
6	Minimum investment return. Enter 5% of line 5		6	1.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) privations organizations check here ☐ and do not complete this part)	ite operating foundations an	id certain	
1	Minimum investment return from Part X, line 6		1	<u> </u>
2a	Tax on investment income for 2014 from Part VI, line 5			
b	Income tax for 2014 (This does not include the tax from Part VI)			
C	Add lines 2a and 2b		2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1		3	1.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	1.
6	Deduction from distributable amount (see instructions)		6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.		7	1.
P	Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes			E02 000
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26		1a	592,000.
þ	Program-related investments - total from Part IX-B		1b	U.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purp	oses	2	
3	Amounts set aside for specific charitable projects that satisfy the			
а			3a	
b	,		3b	F00 000
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, li	ine 4	4	592,000.
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	592,000.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculate	ing whether the foundation (qualifies for th	e section

Form **990-PF** (2014)

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI.			,	<u> </u>
line 7				1.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
ь Total for prior years				
· · · · · · · · · · · · · · · · ·	,,, , , , ',,, , ,,,,,,,,,,,,,,,,,,	0.	the conflict of the House terms	
3 Excess distributions carryover, if any, to 2014				
a From 2009 474,441. b From 2010 514,981.				
540.040				
c From 2011 540, 240. d From 2012 483, 948.	•			
8 From 2013 523, 022.				
f Total of lines 3a through e	2,536,632.			
4 Qualifying distributions for 2014 from	2/330/032.	······································		
Part XII, line 4 > \$ 592,000.				
a Applied to 2013, 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 2014 distributable amount	· 	- , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	1.
e Remaining amount distributed out of corpus	591,999.			
5 Excess distributions carryover applied to 2014	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:			-	
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,128,631.			
b Prior years' undistributed income Subtract	0,120,001			······
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 2013 Subtract line		····		······································
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2014 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	_			
may be required - see instructions)	0.			·····
8 Excess distributions carryover from 2009	474 441			
not applied on line 5 or line 7	474,441.		· · · · · · · · · · · · · · · · · · ·	
9 Excess distributions carryover to 2015.	2 654 100			
Subtract lines 7 and 8 from line 6a	2,654,190.	***************************************		***************************************
10 Analysis of line 9				
a Excess from 2010 514,981. b Excess from 2011 540,240.				
400 040				
d Excess from 2012 483, 948. 523, 022.				
e Excess from 2014 591, 999.				
423581 11-24-14		<u></u>	<u> </u>	Form QQO_DE /2014\

MCCORMICK FAMILY FDN AGENT Form 990-PF (2014) C/O WILMINGTON TRUST COMPANY 30-0166827 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling 4942(j)(5) b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (b) 2013 (d) 2011 (e) Total (a) 2014 (c) 2012income from Part I or the minimum 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 "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 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 Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) N/A **Information Regarding Foundation Managers:** a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here 🕨 🗶 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

Form **990-PF** (2014)

c Any submission deadlines

b The form in which applications should be submitted and information and materials they should include:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

C/O WILMINGTON TRUST COMPANY

3 Grants and Contributions Paid During the		Davmont	<u>-</u>	
Recipient	If recipient is an individual,	ayment		
Name and address (home or business)	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 continuitor	recipient	-	
a rad doming the you				
BETHESDA MISSION	NONE		GENERAL	
PO BOX 3041				
HARRISBURG , PA 17105				25,000.
BOYS AND GIRLS CLUB OF CENTRAL PA	NONE		GENERAL	
1227 BERRYHILL ST				
HARRISBURG , PA 17104				35,000.
HANTI MON HEAT MU CENMED INC	NONE		GENERAL	
HAMILTON HEALTH CENTER INC 110 SOUTH 17TH STREET	NONE		GENERAL	
HARRISBURG PA 17104-1522				20,000.
<u> </u>				
THE HARRISBURG SINGERS	NONE		GENERAL	
PO BOX 10501				
HARRISBURG , PA 17105				1,500.
HOSPICE OF CENTRAL PA	NONE		GENERAL	
1320 LINGLESTONW ROAD]	
HARRISBURG , PA 17110				17,000.
· · · · · · · · · · · · · · · · · · ·	ONTINUATION SHEE	T(S)	▶ 3a	592,000.
b Approved for future payment				
NONE				
			_	
Total		<u> </u>	▶ 3b	0.
10161	<u> </u>			orm 990-PF (2014)

Part XVI-A **Analysis of Income-Producing Activities**

Form 990-PF (2014)

Enter gross amounts unless otherwise indicated	Unrelate	d business income	Exclu	ided by section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
-		·	COOL		
a b			 		
c					
d	I i		<u> </u>		
e			_		-
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash			<u> </u>		
investments			1		
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property			1		
b Not debt-financed property			İ		
6 Net rental income or (loss) from personal					
property	1				
7 Other investment income			<u> </u>		
8 Gain or (loss) from sales of assets other		•	†	1.	
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b					
C	l l				
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0.		0.	
13 Total. Add line 12, columns (b), (d), and (e)				13	0.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acco	omplishment of E	kemp	t Purposes	
Line No. Explain below how each activity for which inc	ama ia ranadad i	in column (a) of Bort VI/I-A	contri	hutad importantly to the accor	mplichment of
Line No. Explain below how each activity for which inc the foundation's exempt purposes (other that			Conti	buted importantly to the accor	iipiisiiriient vi
was to make the same to the sa	, p				
		 			
					
	<u> </u>				
	·				
		-			
		•	-		
	-				
			_		
		· · · · · · · · · · · · · · · · · · ·			
423621 11-24-14		-			Form 990-PF (2014

3	O	_	O	1	6	6	8	2	7	
_	v		v	-	•	v	•	-	,	

Form 990)-PF (20)14) C/O W	<u>ILMINGTON</u>	<u> TRUST</u>	COMPAN	Y			30	<u>-01668</u>	327	Pa	ge 13
Part)	(VII	Information Re Exempt Organi		sfers To a	ind Transa	ctions a	nd Rela	ationsh	ips With N	loncharit	able		
1 Did	the org	anization directly or indir	rectly engage in any	of the following	g with any othe	r organizatio	n describe	d in sectio	n 501(c) of	ŀ	1	Yes	No
the	Code (other than section 501(c)	(3) organizations) (or in section 52	7, relating to po	_							
		rom the reporting founda	ation to a noncharita	able exempt org	ganization of							1	
(1)	Cash									F	1a(1)		<u>X</u>
(2)	Other	assets	-							Ļ	1a(2)		<u>X</u>
b Oth	er trans	actions										- 1	
(1)	Sales	of assets to a nonchantal	ble exempt organiza	ation						<u> </u>	1b(1)		<u> X</u>
(2)	Purch	ases of assets from a nor	ncharitable exempt	organization						<u> </u>	1b(2)		X
(3)	Rental	of facilities, equipment,	or other assets							Ľ	1 <u>b(3)</u>		<u>X</u>
(4)	Reimb	ursement arrangements									1 <u>b(4)</u>		X
(5)	Loans	or loan guarantees								[1 b(5)		X
(6)	Perfor	mance of services or me	mbership or fundra	using solicitatio	ns					Ľ	1b(6)		<u>X</u> _
c Sha	aring of	facilities, equipment, mai	ılıng lists, other ass	ets, or paid em	ployees					Ĺ	10		<u>X</u> _
		er to any of the above is		-								ets,	
		given by the reporting fo			ed less than fair	market valu	e in any tra	ansaction (or sharing arrai	ngement, sho	w in		
col		the value of the goods,	yr a.						_				
(a) Line n	0 ((b) Amount involved	(c) Name o		exempt organi	zation	(d) i	Description of	of transfers, transa	actions, and sha	nng arra	ingeme	nts
				N/A_					_				
							-						
					<u>-</u>		-						
							<u> </u>						
							- 						
		<u>-</u>					_						
	-												
	-												
	-												
	-												
	\dashv	<u>-</u> .											
	i												
		dation directly or indirect	•	•		empt organiz	zations des	scribed			1	137	٦
		501(c) of the Code (other		c)(3)) or in sect	tion 527?		•				Yes	LX.	No
<u>b</u> If "	Yes," co	mplete the following sch			(L) T				.\ D				
		(a) Name of org	janization		(b) Type of o	rganization		- (1	c) Description of	or relationship)		
		N/A											
					<u> </u>								
		·											
			·	 						<u> </u>			
	Linder	penalties of penury, I declare	that I have everyweed to	his mhum includir		achedules and	statamenta	and to the h	east of my knowled		-		
Sian.		lief, it is true, correct, and cor								_ May t	ne IRS d with the	iscuss prepar	this er
Sign Here		il de	a Hay	Iman.	1 Ma	el 4 201.	٠,	1.50	etos	show	below (see ins	tr)?
	Sign	ature of officer or trustee	zu. Spari	/////////	Date	/ /, \\\	Title	que		L-≏	Yes		J No
	Oigii	Print/Type preparer's na		Preparer's s			Date	1	Check	rf PTIN			_
		i inin i Abe biobaioi 2 iid	u1110	10paior 3 3		•	2010		self- employed				
Paid		STACEY KOR	ΤΔ	Sta	7	_	04/27	1	p.oyou	P00	697	308	
Prep	arer	Firm's name ► WIL		TRUST C	COMPANY	-	V = / Z /	, , 10	Firm's EIN				_
Use		THE SHARE P WITH		11.001 0	AMEL VIAT				FILLS EIN	J = 00.			
	~· j	Firm's address > TR	UST TAX	SERVICE	S DE3-C	2070							
			00 N MAR				DE 19	9890	Phone no ((302)	651-	_19	42
									טוו פווטיו ן				

Part XV Supplementary Information 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual.		T	
	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
VILLEUTODUOOD GENERAL DOD ENIE INITEED	NO.		GENERAL	
NEIGHBORHOOD CENTER FOR THE UNITED	NONE		GENERAL	
METHODIST CHURCH 1801 N 3RD STREET				
HARRISBURG PA 17102	İ			5,000
MARKISBUNG , FA 17102				3,000
PERRY COUNTY COUNCIL OF THE ARTS	NONE		GENERAL	
PO BOX 354				
NEWPORT, PA 17074				4,800
PINNACLEHEALTH FOUNDATION	NONE		GENERAL	
409 S SECOND STREET PO BOX 8700			İ	
HARRISBURG , PA 17105-8700				80,000
THE SALVATION ARMY	NONE		GENERAL	
1122 GREEN STREET	1			
HARRISBURG , PA 17102				20,000
SPECIAL OLYMPICS PENNSYLVANIA	NONE		GENERAL	
2570 BLVD OF THE GENERALS				
NORRISTOWN , PA 19403				5,000
HARRISBURG SYMPHONY ORCHESTRA	NONE		GENERAL	
800 CORPORATE CIRCLE	1012			
HARRISBURG , PA 17110				20,000
AMERICAN LITERACY CORP 3201 PAXTON ST	NONE		GENERAL	
HARRISBURG , PA 17111				5,000
CLEVE J FREDRICKSON LIBRARY	NONE		GENERAL	
100 N 19TH ST				
CAMP HILL, PA 17101				3,000
HACC FOUNDATION	NONE		GENERAL	
ONE HACC DRIVE				
HARRISBURG , PA 17110				7,500
JEWISH FEDERATION OF GREATER	NONE		GENERAL	
HARRISBURG				
3301 NORTH PRONT STREET				
HARRISBURG PA 17110				5,000
Total from continuation sheets				493,500

Part XV Supplementary Information 3 Grants and Contributions Paid During the You				
Recipient	If recipient is an individual.	F 4.4	Down and the second	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	or substantial contributor	Tooplone		
LEBANON VALLEY COLLEGE	NONE		GENERAL	
101 NORTH COLLEGE AVENUE				2 50
ANNVILLE , PA 17003-0501				2,500
DAMAN GERRAR HAVE	VOVE			
PAXTON STREET HOME 2001 PAXTON STREET	NONE		GENERAL	
HARRISBURG PA 17111				14,000
MARKISBONG , TA 1/111				14,000
PENNSYLVANIA FRIENDS OF AGRICULTURE	NONE		GENERAL	
PO BOX 8736	NOMB		- an area	
CAMP HILL, PA 17001				5,000
UNITED WAY OF THE CAPITAL REGION	NONE		GENERAL	
2235 MILLENIUM WAY				
ENOLA, PA 17025				22,500
THE HISTORICAL SOCIETY OF DAUPHINE	NONE		GENERAL	
COUNTY				
219 SOUTH FRONT STREET				
HARRISBURG , PA 17104				35,000
THEATRE HARRISBURG	NONE		GENERAL	
513 HURLOCK STREET				
HARRISBURG , PA 17110				15,000
AMERICAN RED CROSS OF THE SUSQUEHANNA	NONE		GENERAL	
VALLEY	NON2			
1804 N SIXTH STREET				
HARRISBURG , PA 17102-1001				17,500
BIG BROTHERS BIG SISTERS OF THE	NONE		GENERAL	
CAPITAL REGION				
1500 NORTH 2ND STREET				
HARRISBURG , PA 17102				6,000
CHANNELS FOOD RESCUE	NONE		GENERAL	
3305 N 6TH STREET				
HARRISBURG , PA 17110				10,000
CULTURE ENRICHMENT FUND	NONE		GENERAL	
PO BOX 12084				
HARRISBURG , PA 17101 Total from continuation sheets .	<u> </u>			10,00

Part XV Supplementary Information				
3 Grants and Contributions Paid During the		-		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome or business)	or śubstantial contributor	recipient		
GRETNA MUSIC	NONE		GENERAL	
ONE ALPHA DRIVE				
ELIZABETHTOWN, PA 17022				3,000.
GRETNA THEATRE	NONE		GENERAL	
PO BOX 578				4 000
MT GRETNA, PA 17064				4,000.
HARRISBURG ACADEMY	NONE		GENERAL	
10 ERFORD ROAD				
WORMLEYSBURG, PA 17043				10,000.
LEG UP FARM INC	NONE		GENERAL	
4880 NORTH SHERMAN STREET				3,700.
MOUNT WOLF, PA 17347-9637				3,700.
THE NATIVITY SCHOOL OF HARRISBURG	NONE		GENERAL	
2135 NORTH 6TH ST PO BOX 5500				1
HARRISBURG , PA 17110-0550				17,500.
PRESBYTERIAN SENIOR LIVING	NONE		GENERAL	
322 NORTH 2ND STREET	1012			
HARRISBURG , PA 17101				5,000.
ST STEPHEN'S EPISCOPAL SCHOOL	NONE		GENERAL	
215 NORTH FRONT STREET HARRISBURG , PA 17101-1407				7,500.
THE SUSQUEHANNA CHORALE INC PO BOX 232	NONE		GENERAL	
HERSEY , PA 17033				5,000.
VISION RESOURCES OF CENTRAL	NONE		GENERAL	
PENNSYLVANIA				1
1130 SOUTH 19TH STREET				1
HARRISBURG , PA 17104				10,000.
SUSQUEHANNA ART MUSEUM	NONE		GENERAL	
PO BOX 11818				
HARRISBURG , PA 17108				25,000.
Total from continuation sheets				

Part XV Supplementary Information 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	Contribution	Amount
CENTRAL PA FOOD BANK	NONE		GENERAL	
3908 COREY ROAD HARRISBURG , PA 17109				15,000
COMMUNITY CHECK-UP CENTER OF SOUTH	NONE		GENERAL	
38 C HALL MANOR HARRISBURG , PA 17104				14,000
ELIZABETHTOWN COLLEGE	NONE		GENERAL	
ONE ALPHA DRIVE ELIZABETHTOWN, PA 17022-2298				16,000
GAMUT THEATRE GROUP 605 STRAWBERRY SQUARE	NONE		GENERAL	.
HARRISBURG , PA 17110		···		15,000
PINE STREET PRESBYTERIAN CHURCH	NONE		GENERAL	
HARRISBURG , PA 17101				25,000
WITF 4801 LINDALE ROAD	NONE		GENERAL	
HARRISBURG , PA 17111				25,000
Total from continuation sheets				

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

2014

Name of the organization
MCCORMICK FAMILY FDN AGENT

C/O WILMINGTON TRUST COMPANY

Employer identification number

30-0166827

Organization type (check one):								
Filers of	:	Section:						
Form 99	0 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	0-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						
	nly a section 501(c)(s 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						
X	_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules							
	sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
	year, contributions is checked, enter h purpose. Do not co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year						
but it m	ust answer "No" on	nat 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) (2014)

Name of organization
MCCORMICK FAMILY FDN AGENT
C/O WILMINGTON TRUST COMPANY

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	\$ 184,300.	Person X Payroll
(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	\$ 398,030.	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
3	ANNE MCCORMICK TW ONE M & T PLAZA, 8TH FLOOR BUFFALO , NY 14203	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MARGARET MCCORMICK TW ONE M & T PLAZA, 8TH FLOOR BUFFALO , NY 14203	\$ 25,000.	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 Complete Part II for noncash contributions.)

Name of organization

MCCORMICK FAMILY FDN AGENT

C/O WILMINGTON TRUST COMPANY

Employer identification number

30-0166827

Part # Noncash Property (see instructions). Use duplicate copies of 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 Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	000 57 000 PEV (0044)

Schedule B	(Form 990, 990-EZ, or 990-PF) (2014)		Page 4				
Name of orga		Employer identification number					
MCCORM	IICK FAMILY FDN AGENT						
	LMINGTON TRUST COMPANY		30-0166827				
Part III	Exclusively religious, charitable, etc., contrib the year from any one contributor. Complete col	utions to organizations described in	section 501(c)(7), (8), or (10) that total more than \$1,000 for				
	completing Part III, enter the total of exclusively religious,	chantable, etc. contributions of \$1,000 or les	s for the year (Fifter this info goes)				
	Use duplicate copies of Part III if additional	space is needed.					
(a) No.	415	4.3.11	A B B and A discontinuous attachment				
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 ZIP + 4 Relationship of transferor to transferee						
(a) No. from	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held				
Part I	(b) Purpose of gift	(c) use or gift	(a) Description of now gift is need				
L							
	(e) Transfer of gift						
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee				
(a) No.							
from	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held				
Part I							
			_				
			_				
			_				
H							
		(e) Transfer of gift					
	Transferee's name, address, and	17ID . 4	Relationship of transferor to transferee				
-	transièree's name, address, and	12IF + 4	netationship of transferor to transferee				
							
			-				
(a) No. from	· · · · · · · · · · · · · · · · · · ·	<u> </u>					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			_				
r	(e) Transfer of gift						
	let transier or Aus						
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
			The state of the s				

FORM 990-PF	LEGAL FEES		STATEMENT 1	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEE	330.	330.		0.
TO FM 990-PF, PG 1, LN 16A	330.	330.		0.