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.

12			ngar year 2017 or tax year beginning	s.gov/F	orm990PF for inst	ructions and and ei		formation.	Open to Public Inspection
	_		f foundation			, and ci	runny	A Employer identification	an number
			ORMICK FAMILY FDN AGENT		Limployer identification	in nguidei			
			WILMINGTON TRUST COMPA	30-0166827					
	Nun	nber a	and street (or P O box number if mail is not delivered to street	Room/suite	B Telephone number				
	_1	10	0 N MARKET ST					717-255-2	045
	City	or t	own, state or province, country, and ZIP or foreign p	ostal co	de			C If exemption application is	pending, check here
	W	IL	MINGTON, DE 19890					, , , , , , , , , , , , , , , , , , , ,	
	G C	heck	call that apply Initial return		Initial return of a fo	ormer public c	harity	D 1. Foreign organization	ns, check here
			Final return		Amended return				
) H			Address change		Name change			Foreign organizations r check here and attach a	neeting the 85% test, computation
	H_C	_	type of organization X Section 501(c)(3) ex	empt pr	ivate foundation			E If private foundation st	atus was terminated
N	<u>L</u>			Other ta	xable private founda	atio <u>n</u>		under section 507(b)(
			arket value of all assets at end of year J Accounti	-		Accr	ual	F If the foundation is in a	60-month termination
u				her (spe				under section 507(b)(
	_		-125 . (Part I, colun	nn (d) m	ust be on cash basi	s)			
	Pa	irt (Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a)	Revenue and enses per books	(b) Net in		(c) Adjusted net	(d) Disbursements for chantable purposes
	-			exh		Inco	iiie	income	(cash basis only)
		1	Contributions, gifts, grants, etc., received		589,700.			N/A	
		2	Check If the foundation is not required to attach Sch B Interest on savings and temporary cash investments		9.		9.		COAD TO THE COLUMN TO
		3			4.		4.	*	STATEMENT 1 STATEMENT 2
		li	Dividends and interest from securities Gross rents		7.		4.	<u>.</u>	DIATEPENT Z
		Ι.	Net rental income or (loss)				······		
		_ "	Net gain or (loss) from sale of assets not on line 10	<u> </u>					
	nne	h	Gross sales price for all assets on line 6a				***************************************		
	Revenue	7	Capital gain net income (from Part IV, line 2)				0.	-	
	ď	8	Net short-term capital gain						
		9	Income modifications						
		10a	Gross sales less returns and allowances				***************************************		
		b	Less Cost of goods sold						
₩		C	Gross profit or (loss)						
2018		11	Other income						
မွ	_	12	Total. Add lines 1 through 11		589,713.		13.		
\Rightarrow		13	Compensation of officers, directors, trustees, etc		27,500.		0.		27,500.
=;	, ,	14	Other employee salaries and wages		· · · · · · · · · · · · · · · · · · ·				
=	G I		Pension plans, employee benefits						
5	ŠUŠ		Legal fees Accounting fees		800.		400.		400.
المف	×		Accounting fees Other professional fees RECEIVED		000.		400.		400.
SCANNED	ě E			ΙQ					
S	ig		Interest Taxes MAY 1 5 2018	RS-OSC					
Œ,	ist	19	Depreciation and depletion	S					
	.⊨ ।	20	Occupancy OGDEN, UT	<u> (≚</u>					
	Ad	21	Travel, conferences, and meetings						
	au	22	Printing and publications						
	g	23	Other expenses STMT 4		209.		209.		0.
	rat	24	Total operating and administrative		00 = 00				
	ğ		expenses Add lines 13 through 23		28,509.		609.		27,900. 561,500.
			Contributions, grifts, grants paid		561,500.				561,500.
	İ	2 b	Total expenses and disbursements.		500 000		600		E00 400
		27	Add lines 24 and 25 Subtract line 26 from line 12		590,009.		609.		589,400.
					-296.				
			Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)		2,00		0.		
			Adjusted net income (if negative, enter -0-)				•	N/A	
		_						· · · ·	.

	Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
Par	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	Gash - non-interest-bearing		1.	
- 1 :	Savings and temporary cash investments	171.	-126.	
- [:	Accounts receivable			
f	Less allowance for doubtful accounts		_	
- (,	Pledges receivable			
	Less allowance for doubtful accounts ▶	İ	1	
- [,	5 Grants receivable			
- 1	Receivables due from officers, directors, trustees, and other		,	
\ \ \ \ \	disqualified persons	}		
	7 Other notes and loans receivable			
1			İ	
	Less allowance for doubtful accounts			
Assets	3 Inventories for sale or use			
iss	Prepaid expenses and deferred charges			
1 ۲	Da Investments - U.S and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
1	Investments - land, buildings, and equipment basis			
	Less accumulated depreciation			
1	2 Investments - mortgage loans			
1	• •			
- 1	4 Land, buildings, and equipment basis			
	Less accumulated depreciation	1 1		
- 1	,,			
1	6 Total assets (to be completed by all filers - see the	171.	-125.	-125.
+	instructions Also, see page 1, item I)	1/1.		
	7 Accounts payable and accrued expenses	———		
1	8 Grants payable .	<u> </u>		
န္မ 1	9 Deferred revenue			
Liabilities	Loans from officers, directors, trustees, and other disqualified persons			
qe 2	1 Mortgages and Other notes payable			
ا ا	2 Other liabilities (describe >)			
]	'	
2	3 Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here		_	
ļ	and complete lines 24 through 26, and lines 30 and 31.	l (
S 2	4 Unrestricted	}		
auc				
als 1	• •			
ᇴ '	6 Permanently restricted Foundations that do not follow SFAS 117, check here			
בַּ		.		
Net Assets or Fund Balances	and complete lines 27 through 31.	171.	171.	
\$ 2	7 Capital stock, trust principal, or current funds	0.	0.	
35 2	8 Paid-in or capital surplus, or land, bldg, and equipment fund	0.	-296 .	
¥ 2	9 Retained earnings, accumulated income, endowment, or other funds			
ž 3	O Total net assets or fund balances	171.	-125.	
3	1 Total liabilities and net assets/fund balances	171.	<u>–125.</u>	
Pa	Analysis of Changes in Net Assets or Fund E	Balances		
				
	otal net assets or fund balances at beginning of year - Part II, column (a), line	7 30		171.
•	nust agree with end-of-year figure reported on prior year's return)		1	-296 .
	nter amount from Part I, line 27a		2	
	ther increases not included in line 2 (itemize)			0,
	dd lines 1, 2, and 3		4	-125
	ecreases not included in line 2 (itemize)			0.
6 T	otal net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	column (b), line 30	6	
				Form 990-PF (2017)

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		sses for Tax on Inv			(h) i	low acquired	(-) D.A		40.5	
2 story brok warshouse or common stock 200 she MIC Co \							acquired ay, yr)	(d) Date so (mo , day,)		
					ا ا	- Donation				
	NE									
C										
<u>d</u>					-					
<u>e</u>	/6\1	Depreciation allowed	(n) Coo	st or other basis			(b) C:	ain or (loss)		
(e) Gross sales price	"	(or allowable)		xpense of sale				aili of (loss) s (f) minus (
a										
b										
<u>C</u>	1					-				
de	+			 -						
Complete only for assets show	ing gain in	column (h) and owned by th	e foundation	on 12/31/69		() Gains (C	ol (h) gain	minus	
-		j) Adjusted basis		cess of col (I)		cól	(k), but n	ot less than	n -0-) or	
(i) FMV as of 12/31/69		as of 12/31/69	over	col (j), if any			L03569	(from col ("))	
<u>a</u>	+									
<u>b</u>	 								<u>,</u>	
<u>c </u>										
e										
		∫ If gain, also enter i	n Part I, line	7	J					
Capital gain net income or (net o	apital loss)	f (loss), enter -0-	ın Part I, line	7	ľ	2				
Net short-term capital gain or (lo	•	· ,	(6)		٦					
If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I line 8		c)			 	3				
Part V Qualification I		ection 4940(e) for I	Reduced	Tax on Net	Inv	estment Inc	ome			
For optional use by domestic priva	te foundati	ons subject to the section 49	940(a) tax on	net investment in	rcome	·)				
section 4940(d)(2) applies, leave	this part bla	ank								
			unt of any w	arın the bees no	-1040				Yes X	7 Na
Vas the foundation liable for the se f "Yes," the foundation doesn't qual					iiou r				Yes	7) IVO
Enter the appropriate amount in					ntries	;		-		
(a) Base period years	Į	(b)			(c)			Distrib	(d) oution ratio	
Calendar year (or tax year beginn	iing in)	Adjusted qualifying distr		Net value of no	ncha	ritable-use assets		(col (b) div	ided by col (c)	
2016			3,750. 1,600.			7,782			69.872 511.209	
2015 2014			2,000.			1,124			823.529	
2013			3,100.			1,553			336.831	
2012		484	,000.			1,039			465.832	531
Total of line 1, column (d)					_		2	36,	207.276	628
Average distribution ratio for the			ine 2 by 5 (), or by the numb	er of y	/ears		7	241.455	: 226
the foundation has been in exist	ence n iess	man 5 years					3		241.433	320
Enter the net value of noncharita	ble-use ass	sets for 2017 from Part X. lir	ne 5				4		2,8	390.
		,								
Multiply line 4 by line 3							5	2	0,927,8	106.
										•
Enter 1% of net investment inco	me (1% of	Part I, line 27b)					6		. =	0.
Add lines 5 and 6							7	2	0,927,8	106.
ASS INIOS O UNIO O							-		-, , 0	
Enter qualifying distributions fro	m Part XII,	line 4					8		589,4	00.
If line 8 is equal to or greater tha	n line 7, ch	eck the box in Part VI, line 1	b, and comp	lete that part usin	ıg a 1°	% tax rate				
See the Part VI instructions										
22521 01 02 18									orm QQA_PF	

MCCORMICK FAMILY FDN AGENT 80397 Form 990-PF (2017) C/O WILMINGTON TRUST COMPANY 30-0166827 Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) 1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 __ (attach copy of letter if necessary-see instructions) Date of ruling or determination letter 0. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b c All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 3 Add lines 1 and 2 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 4 5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-6 Credits/Payments a 2017 estimated tax payments and 2016 overpayment credited to 2017 0. b Exempt foreign organizations - tax withheld at source 6h Ō. c Tax paid with application for extension of time to file (Form 8868) 6с 0. d Backup withholding erroneously withheld 7 Total credits and payments Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ______ if Form 2220 is attached 8 9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Enter the amount of line 10 to be Credited to 2018 estimated tax Refunded ▶ Part 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 intervene in No any political campaign? 1a b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition Х 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities c Did the foundation file Form 1120-POL for this year? Х 10 d 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 ▶ \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers > \$ 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? Х 2 If "Yes," attach a detailed description of the activities 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? X b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 4h 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? Х 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 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? Х X 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV 8a Enter the states to which the foundation reports or with which it is registered. See instructions

10

N/A

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

year 2017 or the tax year beginning in 2017? See the instructions for Part XIV if "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresse

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

of each state as required by General Instruction G? If "No," attach explanation

Form 990-PF (2017)

C/O WILMINGTON TRUST COMPANY

P	art VII-A Statements Regarding Activities (continued)			
	·		Yes	No
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			045	
	Located at ►PO BOX 2961, HARRISBURG, PA ZiP+4 ►17	<u> 101</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		/A	
16	At any time during calendar year 2017, 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. If "Yes," enter the name of the			
	foreign country	<u> </u>		
Pá	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	·····		r
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	L	Yes	No
18	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)	ł		
	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)			
t	of fany 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 N/A	1b		ļ
	Organizations relying on a current notice regarding disaster assistance, check here			
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	ļ		
	before the first day of the tax year beginning in 2017?	10		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 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2017?			
	If "Yes," list the years \(\bigs_{			
ם	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions) N/A			
	,	2b	-	<u></u>
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
•	Old the foundation hold many than a COV disease or reduced interval to any house a set of the country.			
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No			
				
2	If "Yes," did it have excess business holdings in 2017 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 2017.) N/A	26		
	·	3b		Х
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could inconstitut its charitable our rose that	4a		_^ <u>_</u>
C	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	Ah		Х
		rm QQ(DE	

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pensation of five highest-paid employees (other than those in (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
	-	-		
	-			
				-

Form **990-PF** (2017)

Total number of other employees paid over \$50,000

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	"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
1N/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 $1 N/A$	lines 1 and 2	Amount
1 11/ 12		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3	>	0.
		Form 990-PF (2017)

P	art X Minimum Investment Return (All domestic foundations must complete this part Foreign for	undations, se	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes	T''''	
а		1a	0.
b	Average of monthly cash balances	1b	2,934
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	2,934
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	7 2	0.
3	Subtract line 2 from line 1d	3	2,934.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	44.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	2,890.
6	Minimum investment return Enter 5% of line 5	6	145
p	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations, check here and do not complete this part.)	ind certain	
1	Minimum investment return from Part X, line 6	1	145
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	20	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	145.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	145.
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	145.
=	art XII Qualifying Distributions (see instructions)	· · · · · · · · · · · · · · · · · · ·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		F00 400
а	(2), 20	1a	589,400.
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		
а	Suitability test (prior IRS approval required)	3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	589,400.
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	589,400.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years	qualifies for th	e section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,				145.
line 7				143.
2 Undistributed income, if any, as of the end of 2017			^	
a Enter amount for 2016 only			0.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2017			•	······································
a From 2012 483,948				
b From 2013 523, 022				
F01 000				
542 261				
	-			
f Total of lines 3a through e	2,686,874.			
4 Qualifying distributions for 2017 from				
Part XII, line 4 ►\$ 589, 400	4		^	
a Applied to 2016, 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 2017 distributable amount				145.
e Remaining amount distributed out of corpus	589,255.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a)) 6 Enter the net total of each column as				
indicated below:	3,276,129.			
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,270,129.			
b Prior years' undistributed income Subtract		0.		
line 4b from line 2b				
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 2016 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2017 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				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 2012				
•	483,948.			
not applied on line 5 or line 7	403,740.			
9 Excess distributions carryover to 2018.	2 702 101			
Subtract lines 7 and 8 from line 6a	2,792,181.			
10 Analysis of line 9				
a Excess from 2013 523,022				
b Excess from 2014 591,999				
c Excess from 2015 544,544				
d Excess from 2016 543, 361				
e Excess from 2017 589, 255	•	<u></u>		

723581 01-03-18

the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or email address of the person to whom applications should be addressed

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

c Any submission deadlines

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

30-0166827 Page 11

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year THE AMERICAN LITERACY CORP NONE GENERAL P.O. BOX 61942 HARRISBURG, PA 17106 5,000. MESSIAH COLLEGE NONE GENERAL ONE COLLEGE AVENUE, SUITE 3010 MECHANICSBURG, PA 17055 70,000. BETA PI BOULE INCORPORATED NONE GENERAL P.O. BOX 60252 HARRISBURG, PA 17106-0252 5,000. BETHESDA MISSION NONE GENERAL 611 REILY STREET HARRISBURG, PA 17102 25,000. BIG BROTHERS BIG SISTERS OF THE NONE GENERAL CAPITAL REGION 1500 NORTH 2ND STREET HARRISBURG, PA 17102 5,000. SEE CONTINUATION SHEET(S) **▶** 3a 561,500. b Approved for future payment NONE Total

Enter gross amounts unless otherwise indicated	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue	code		2000		
a b					-
	-				
d					
θ				-	
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14		
4 Dividends and interest from securities			14	4.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events			ļ		
10 Gross profit or (loss) from sales of inventory			<u> </u>		
11 Other revenue					
a			<u> </u>		
b			ļ	-	
C			<u> </u>		
d			<u> </u>		
e			<u> </u>	12	
12 Subtotal Add columns (b), (d), and (e)	<u> </u>	0.	<u> </u>	·	13.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)				13_	13.
Line No. Explain below how each activity for which incomplete the foundation's exempt purposes (other than			contri	buted importantly to the accor	nplishment of
723621 01-03-18					Form 990-PF (2017)

Pa	rt XVII	• •	n Regarding Tran ganizations	sfers to a	nd Transactions a	and Relations	hips With Nonchari	table		
1	Did the or			of the followin	g with any other organizati	on described in sect	ion 501(c)		Yes	No
					to political organizations?					
а			oundation to a noncharita		·					
_	(1) Cash				,			1a(1)		Х
	` '	assets			•	• •		1a(2)		X
b	Other tran									
-			narıtable exempt organıza	ition				16(1)		Х
			a noncharitable exempt					16(2)		X
		al of facilities, equipm		• • • • • • • • • • • • • • • • • • • •				1b(3)		X
		bursement arrangen						1b(4)		Х
		s or loan guarantees						1b(5)		Х
			or membership or fundra	ısıng solicitatio	ns			1b(6)		Х
C			t, mailing lists, other asse					10		X
					-	lways show the fair r	market value of the goods, ot	her ass	ets,	
							n or sharing arrangement, sh			
_	column (d	I) the value of the go	ods, other assets, or sen	vices received						
(a) ∟ı	ne no	(b) Amount involved	d (c) Name o	f noncharitable	exempt organization	(d) Description	n of transfers, transactions, and sh	anng an	rangeme	nts
				N/A	•					
					•					
							··			
	i									
					or more tax-exempt organ	izations described		7	rec	7
			section 501(c)(3)) or in se	ection 527?				」 Yes	ΪX	No
<u>b</u>	If "Yes," co	omplete the following			(1) T (1	(15)			
			of organization		(b) Type of organization		(c) Description of relationshi	<u>р</u>		
		N/	A							
	Under	penalties of penury. Life	eclare that I have examined th	us return, includin	g accompanying schedules and	statements and to the	hest of my knowledge			
Sig					taxpayer) is based on all infor		May	the IRS o	discuss t e prepan	his er
He	re .		1. Was Trus	1)	X5-9-18	Land		n below	? See ins	str
		nature of office or tr			1.7	Title	A	J Yes	<u> </u>	∐ No
	l oigi	Print/Type prepare		Preparer's s	Date onature	Date	Check If PTIN			
		- mo type pichale	i o namo	i iopaici s si	gnaturo	Sate	self- employed			
Pai	id	THOMAS S	терном	THOMAS	STEPHON	05/01/18	POO	697	3 N છ	
	eparer		ILMINGTON T			03/01/10	Firm's EIN ► 51-00			
	e Only	THIII S HATHE W	TTITITIOTON 1	INODI C	OH MI		FILLIN S EIN S JI-00	J J U	23	
-	- - ,	Firm's address	1100 N MARK	ርድጥ ድጥቅ	EET DE3-C070)				
			WILMINGTON,			•	Phone no 302-65	1_1	035	
		<u>L.</u>		17)- PF	(2017)
							FŲI	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	/-u'l	(2017)

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
BOSLER MEMORIAL LIBRARY	NONE		General	
158 W. HIGH STREET				
CARLISLE, PA 17013-2988			<u> </u>	10,000.
				!
BOYS AND GIRLS CLUB OF HARRISBURG	NONE		GENERAL	
1227 BERRYHILL ST				
HARRISBURG, PA 17104		 		25,000.
BRETHERN HOUSING ASSOCIATION	NONE		GENERAL	
219 HUMMEL STREET				
HARRISBURG, PA 17104				5,000.
CAPITAL REGION ARTS AND ENTERTAINMENT	NONE		GENERAL	
150 STRAWBERRY SQUARE				
HARRISBURG, PA 17101				5,000.
CENTRAL PA FOOD BANK	NONE		GENERAL	
3908 COREY ROAD	NO.12			
HARRISBURG, PA 17109-5929			<u> </u>	10,000.
CENTRAL PA YOUTH BALLET	NONE		GENERAL	
5 N. ORANGE STREET #3	10.12			
CARLISLE, PA 17013-2988				5,000.
CLEVE J FREDRICKSEN LIBRARY	NONE		GENERAL	
100 N 19TH ST	NONE			
CAMP HILL, PA 17011				5,000.
CULTURE ENRICHMENT FUND	NONE		GENERAL	
301 MARKET STREET #5				
HARRISBURG, PA 17101				10,000.
		!		
DAUPHIN COUNTY BAR ASSOCIATION	NONE		GENERAL	
213 N. FRONT STREET				
HARRISBURG PA 17101				5,000.
ELIZABETHTOWN COLLEGE	NONE		GENERAL	
ONE ALPHA DRIVE	F1-74-E			
ELIZABETHTOWN, PA 17022-2298				15,000.
Total from continuation sheets				451,500.

Part XV **Supplementary Information Grants and Contributions Paid During the Year (Continuation)** Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor GAMUT THEATRE GROUP NONE GENERAL 15 N. 4TH STREET HARRISBURG, PA 17101 20,000. GIRL SCOUTS IN THE HEART OF PA NONE GENERAL 350 HALE AVENUE HARRISBURG, PA 17104 10,000. GRETNA MUSIC NONE GENERAL 200 PENNSYLVANIA AVENUE MT GRETNA, PA 17064 4,000. GRETNA THEATRE NONE GENERAL 200 PENNSYLVANIA AVENUE 6,000. MT GRETNA, PA 17064 HACC FOUNDATION NONE GENERAL ONE HACC DRIVE 20,000. HARRISBURG, PA 17110-2999 HARRISBURG ACADEMY NONE GENERAL 10 ERFORD ROAD 20,000. LEMOYNE, PA 17043 NONE GENERAL HARRISBURG SINGERS 150 NORTHGATE DRIVE CAMP HILL, PA 17011 1,500. HOSPICE OF CENTRAL PA NONE GENERAL 1320 LINGLESTONW ROAD 15,000. HARRISBURG, PA 17110 JOSHUA GROUP NONE GENERAL 1442 MARKET STREET 15,000. HARRISBURG, PA 17103 LEG UP FARM INC NONE GENERAL 4880 NORTH SHERMAN STREET EXT MOUNT WOLF, PA 17347-9637 4,000. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor GENERAL PAXTON MINISTRIES NONE 2001 PAXTON STREET 11,000. HARRISBURG, PA 17111-1093 NONE GENERAL PENNSYLVANIA FRIENDS OF AGRICULTURE PO BOX 8736 CAMP HILL, PA 17001-8736 2,500. PINE STREET PRESBYTERIAN CHURCH NONE GENERAL 310 NORTH THIRD STREET HARRISBURG, PA 17101 20,000. NONE GENERAL PINNACLE HEALTH FOUNDATION P.O. BOX 8700 40,000. HARRISBURG, PA 17105-8700 SPECIAL OLYMPICS PENNSYLVANIA NONE GENERAL 2570 BLVD OF THE GENERALS, SUITE 124 NORRISTOWN, PA 19403 5,000. GENERAL ST STEPHEN'S EPISCOPAL SCHOOL NONE 215 NORTH FRONT STREET 12,500. HARRISBURG, PA 17101-1407 THE NATIVITY SCHOOL OF HARRISBURG GENERAL NONE 2135 NORTH 6TH ST, 2ND FLOOR 20,000. HARRISBURG, PA 17110-0550 THE SALVATION ARMY NONE GENERAL 1122 GREEN STREET 25,000. HARRISBURG, PA 17102 GENERAL UNITED WAY OF THE CAPITAL REGION NONE 2235 MILLENIUM WAY 22,500. ENOLA, PA 17025-1497 NONE GENERAL WITF 4801 LINDALE ROAD 20,000. HARRISBURG, PA 17111 Total from continuation sheets

	Year (Continuation)		· , · · · · · · · · · · · · · · · · ·	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
VISION RESOURCES OF CENTRAL PA	NONE		GENERAL	
1130 SOUTH 19TH STREET				
HARRISBURG, PA 17104-2912				22,50
MICONDUANNA DOLD MICIO COCIDAN	NOVE		GENERAL	
SUSQUEHANNA FOLK MUSIC SOCIETY	NONE		GENERAL	
378 OLD YORK ROAD				2.50
IEW CUMBERLAND, PA 17070				2,50
STATE STREET ACADEMY OF MUSIC	NONE		GENERAL	
110 STATE STREET	ļ			
HARRISBURG, PA 17101				5,00
THEATRE HARRISBURG	NONE		GENERAL	
513 HURLOCK STREET				
HARRISBURG, PA 17110-1489				15,00
YORK SYMPHONY ORCHESTRA	NONE		GENERAL	
50 N. GEORGE STREET				
YORK, PA 17401				5,00
NEW HOPE MINISTRIES	NONE		GENERAL	
5228 E. TRINDLE ROAD				
MECHANICSBURG, PA 17050		<u> </u>		5,00
DORGOVERNAN GENACO LAVING	NOVE		CEVEDAY	
PRESBYTERIAN SENIOR LIVING L TRINITY DR E., SUITE 201	NONE		GENERAL	
OILLSBURG, PA 17019		· · · · · · · · · · · · · · · · · · ·		5,00
LEBANON VALLEY COLLEGE	NONE		GENERAL	
101 COLLEGE AVENUE				
ANNVILLE, PA 17003				2,50
				İ

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.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Name of the organization

MCCORMICK FAMILY FDN AGENT 80397 C/O WILMINGTON TRUST COMPANY Employer identification number

30-0166827

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-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					
	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					
-	n 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 contribute	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.					
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the itions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III.					
year, contributions is checked, enter l purpose. Don't 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 sectiusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box nere the total contributions that were received during the year for an exclusively religious, charitable, etc., implete 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 must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't 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) (2017)

Name of organization MCCORMICK FAMILY FDN AGENT 80397 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.
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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 #11801 ONE M & T PLAZA, 8TH FLOOR BUFFALO, NY 14203	\$23,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	ANNE MCCORMICK TW #3803 ONE M & T PLAZA, 8TH FLOOR BUFFALO, NY 14203	ss	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	ANNE MCCORMICK TW #99807 ONE M & T PLAZA, 8TH FLOOR BUFFALO, NY 14203	\$ <u>388,200.</u>	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	MARGARET MCCORMICK TW #7608 ONE M & T PLAZA, 8TH FLOOR BUFFALO, NY 14203	\$\$	Person X Payroll			
(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			
	D1-17	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization MCCORMICK FAMILY FDN AGENT 80397 C/O WILMINGTON TRUST COMPANY

Employer identification number

30-0166827

Part II	Noncash Property	(see instructions)	. Use duplicate cop	oles of Part II if additional	space is needed.
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art H	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			990, 990-EZ, or 990-PF) (2

Employer identification number

MCCORMICK FAMILY FDN AGENT 80397

C/O WI	LMINGTON TRUST COMPANY				30-0166827				
Part III	Excluswely religious, charitable, etc., cont the year from any one contributor. Complete	columns (a) through (e) and the	e followina line i	PRIV For amanization	9				
	completing Part III, enter the total of exclusively religion Use duplicate copies of Part III if addition	is, chantable, etc., contributions of \$1 ial space is needed.	1,000 or less for the	s year (cherths into orace					
(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 ZIP + 4 Relationship of transferor to transferee								
!			 -						
(a) No.		-							
from Part I	(b) Purpose of gift	Purpose of gift (c) Use of gift		(d) Description of how gift is held					
					<u></u>				
		(e) Transfer of gift							
	Transferee's name, address, a	and ZIP + 4	Re	elationship of tra	nsferor to transferee				
		-							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Desc	ription of how gift is held				
Parti									
		(a) Transfer							
	(e) Transfer of gift								
	Transferee's name, address, a	and ZIP + 4	Re	elationship of tra	nsferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Desc	ription of how gift is held				
-		(a) Transfer	of gift		•				
	(e) Transfer of gift								
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee						

FORM 990-PF INTERES	ST ON SAVI	NGS AND TEN	MPORARY	CASH IN	NVESTMENTS	STATEMENT	1
SOURCE	REVI	(A) REVENUE N PER BOOKS		(B) VESTMENT ICOME	(C) ADJUSTED NET INCOME		
US GOVT INTEREST			9.		9.		
TOTAL TO PART I, LI	NE 3	-			9.		
FORM 990-PF	DIVIDEND	S AND INTER	REST FF	ROM SECUE	RITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI	F	(A) REVENUE ER BOOKS	(B) NET INVES MENT INCO		
DIVIDENDS	4	•	0.	4.		4.	
TO PART I, LINE 4	4	•	0.	4 .		4.	
FORM 990-PF		ACCOUNT	ING FEI	ES		STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	NET 1	(B) INVEST- INCOME	(C) ADJUSTED NET INCOM		
TAX PREP FEES	_	800	•	400.			400.
TO FORM 990-PF, PG	l, LN 16B =	800		400.			400.
FORM 990-PF		OTHER I	EXPENSE	ES	· _	STATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS	NET]	(B) INVEST- INCOME	(C) ADJUSTED NET INCOM		
MISC OFFICE EXPENSES	S	209	•	209.			0.
TO FORM 990-PF, PG	1, LN 23	209		209.			0.