EXTENDED TO NOVEMBER 15, 2019

Form 990-PF 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. Department of the Treasury Internal Revenue Service I Go to www irs gov/Form990PF for instructions and the latest information

F	or cal	endar year 2018 or tax year beginning		, and ending		
		of foundation CORMICK FAMILY FDN AGENT	r 80397		A Employer identificatio	n number
	C70	WILMINGTON TRUST COMPA	ANY		30-016682	7
t		and street (or P O box number if mail is not delivered to street	t address)	Room/suite	B Telephone number	
_	110	00 N MARKET ST			717-255-20	045
		town, state or province, country, and ZIP or foreign LMINGTON, DE 19890	postal code		C If exemption application is	pending, check here
_		ck all that apply Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization	s check here
		Final return	Amended return	,	- Trotoigh organization	is, shock flote
_	_	Address change	Name change	~ 1	Foreign organizations m check here and attach or	eeting the 85% test,
H	Chec	ck type of organization X Section 501(c)(3) e	xempt private foundation	114	E If private foundation sta	_
<u> </u>	s	ection 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation U	under section 507(b)(1	
		narket value of all assets at end of year J Account	•	Accrual	F If the foundation is in a	60-month termination
			ther (specify)		under section 507(b)(1	
	▶ \$		mn (d) must be on cash basi	s)		T - T.,
	art	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)
) _	1	Contributions, gifts, grants, etc , received	673,126.		N/A	
	2	Check If the foundation is not required to attach Sch. B. Interest on savings and temporary				
Y	3	cash investments	5.	5.	<u> </u>	STATEMENT 1
1	4	Dividends and interest from securities	27.	27.		STATEMENT 2
		a Gross rents	· · · · · · · · · · · · · · · · · · ·			
		Net rental income or (loss)				
	ם	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a				
	7	assets of fille of	11-1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.		
	ž 8	Net short-term capital gain				
	9	Income modifications				
	10	Gross sales less returns and allowances				
	1	Less Cost of goods sold	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	(Gross profit or (loss)		4 1000 1 1 1 1 1 1		
	11	Other income	672 150		ļ <u> </u>	
	12	Total Add lines 1 through 11	673,158. 27,500.	32.		27 500
	13	Compensation of officers, directors, trustees, etc	27,300.	0.		27,500.
	15	Other employee salaries and wages Pension plans, employee benefits				
ģ	3 46-	Legal fees		RECEN	/ED	
Š		Accounting fees			- 70j	
Š	} c	Other professional fees		8 NOV 1 2	2014 S	
	17	Interest		8	<u> </u>	
Operation and Administrative Evapore	18	Taxes'		OGDEN	LUT	
	19	Depreciation and depletion			·, · · · · · · · · · · · · · · · · · ·	
Ę	20	Occupancy				
₹	21	Travel, conferences, and meetings		-		<u> </u>
2	22	Printing and publications Other expenses STMT 3	105.	0.		
į	23 24	Other expenses STMT 3 Total operating and administrative	103.	0.		0.
2	[[expenses. Add lines 13 through 23	27,605.	0.		27 500
Č	25	Contributions, gifts, grants paid	645,300.	U •		27,500. 645,300.
		Total expenses and disbursements.	,		<u></u>	3137300.
		Add lines:24 and 25	672,905.	0.		672,800.
	27	Subtractine 26 from line 12				
	a	Excess of revenue over expenses and disbursements	253.			
	b	Net investment income (if negative, enter -0-)		32.		
_		Adjusted net income (if negative, enter -0-)			N/A	
823	501 12	-11-18 LHA For Paperwork Reduction Act Notice	see instructions		_	Form 990-PF (2018)

C/Ω	WILMINGTON	TRUST	COMPANY

Tr.		Balance Sheets Attached schedules and amounts in the description column should be for end-of-war amounts only	Beginning of year	End of	year
	ar r	balance Sheets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	1.		
	2	Savings and temporary cash investments	-126.	128.	
	3	Accounts receivable			
		Less allowance for doubtful accounts			
	4	Pledges receivable ►			
	İ	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			· · · · · · · · · · · · · · · · · · ·
ts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U S and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less: accumulated depreciation			
	12	investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis			
		Less: accumulated depreciation			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
_		instructions Also, see page 1, item I)	-125:	128.	128.
	17	Accounts payable and accrued expenses			
Liabilities	18	Grants payable			
	19	Deferred revenue			
≝	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
]				
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
s		and complete lines 24 through 26, and lines 30 and 31.			
Š	24	Unrestricted			, , , , , , , , , , , , , , , , , , ,
lan	25	Temporarily restricted			·····
Ba	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			•
tso	27	Capital stock, trust principal, or current funds	. 171.	171.	······
Net Assets or Fund Balance	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Ž	29	Retained earnings, accumulated income, endowment, or other funds	-296.	-43.	
Š	30	Total net assets or fund balances	-125.	128.	
	31	Total liabilities and net assets/fund balances	-125.	128.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	
	-	r amount from Part I, line 27a		2	× 253.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	128.
		eases not included in line 2 (itemize)	<u> </u>	5	0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	128.

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MCCORMICK FAMILY FDN AGENT 80397 C/O WILMINGTON TRUST COMPANY Form 990-PF (2018) 30-0166827 Page 3 Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (d) Date sold (a) List and describe the kind(s) of property sold (for example, real estate, (c) Date acquired 2-story brick warehouse, or common stock, 200 shs MLC Co) (mo , day, yr) (mo , day, yr) D - Donation 1a NONE þ C d е (f) Depreciation allowed (h) Gain or (loss) (g) Cost or other basis (e) Gross sales price (or allowable) plus expense of sale ((e) plus (f) minus (g)) b C đ Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (1) Gains (Col (h) gain minus col (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col (i) (i) FMV as of 12/31/69 Losses (from col (h)) as of 12/31/69 over col (j), if any а b C d е If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income) If section 4940(d)(2) applies, leave this part blank Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part Enter the appropriate amount in each column for each year, see the instructions before making any entries (a) Base penod years (d) Distribution ratio (c) Adjusted qualifying distributions Net value of noncharitable-use assets (col (b) divided by col (c)) Calendar year (or tax year beginning in) 589,400. 2,890 203.944637 2017 7,782. 543,750. 69.872783 2016 574,600. 1,124. 511.209964 2015 592,000 34,823.529412 17. 2014 523,100. 1,553. 336.831938 2013 35,945.388734 2 Total of line 1, column (d) 2 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5 0, or by the number of years <u>7,189.077747</u> the foundation has been in existence if less than 5 years 3 4,107. Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 4 29,525,542. Multiply line 4 by line 3 5 Enter 1% of net investment income (1% of Part I, line 27b) 6 29,525,542.

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672,800.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate

See the Part VI instructions

Enter qualifying distributions from Part XII, line 4

Add lines 5 and 6

823521 12-11-18

MCCORMICK FAMILY FDN AGENT 80397 C/O WILMINGTON TRUST COMPANY 30-0166827 Form 990-PF (2018) 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 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. 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, coi (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 4 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 -0-5 6 Credits/Payments a 2018 estimated tax payments and 2017 overpayment credited to 2018 ба 0. b Exempt foreign organizations - tax withheld at source 6b 0. c Tax paid with application for extension of time to file (Form 8868) 6c 0. d Backup withholding erroneously withheld 6d 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 11 Enter the amount of line 10 to be Credited to 2019 estimated tax 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 Yes No any political campaign? 1a Х b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 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? X 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? X 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? 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 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

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X

X

6

7

8b

10

N/A

PA

By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law

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

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)

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

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

8a Enter the states to which the foundation reports or with which it is registered. See instructions

year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes," complete Part XIV

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

remain in the governing instrument?

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	L. i	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 ► M AND T BANK Telephone no ► 717-2		<u>045</u>	
	Located at ►PO BOX 2961, HARRISBURG, PA ZIP+4 ►1	<u>7101</u>		<u> </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	N	/A	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	_
	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			
D	foreign country ► art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
- 1		7	V	NI -
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	NO
- 1	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? Yes X No			
	(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? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for 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)			
ı	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	16		
	Organizations relying on a current notice regarding disaster assistance, check here	10		
	E 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 2018?	10	1	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))			
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		1	
	before 2018?			
	If "Yes," list the years ▶ , , ,		1	
t	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	.,,	****
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		- 1	
	<u> </u>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after		1	
	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,		1	
	Form 4720, to determine if the foundation had excess business holdings in 2018) 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>
D	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	_	1	v
	had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b	D=	<u>X</u>
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Part VII-B Statements Regarding Activities for Which	Form 4/20 May be F	requirea (contin	uea)	- 1	
5a During the year, did the foundation pay or incur any amount to				Yes	No No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es 🗓 No		
(2) Influence the outcome of any specific public election (see section 4955),	or to carry on, directly or indire		□ ♥□		
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purpose		Y6	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section	,	es X No		
4945(d)(4)(A)? See instructions			ES LAL NO		
(5) Provide for any purpose other than religious, charitable, scientific, literary	r, or educational purposes, or t		es X No		
the prevention of cruelty to children or animals?	. 4 46		ES LA NO		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur		n Regulations	N/A	E .	1
section 53 4945 or in a current notice regarding disaster assistance? See inst			N/A ▶□	5b	
Organizations relying on a current notice regarding disaster assistance, check					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		i∕A ∐ Ye	es 🗀 No		1
expenditure responsibility for the grant?	1/4	/A	3 NO		
If "Yes," attach the statement required by Regulations section 53 4945-5(d)	nav oromuma on				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		es X No		
a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a	norconal bonefit contract?		S ZZ NU	6b	X
If "Yes" to 6b, file Form 8870	beigniai nelielit contract,		F	OD	
7a At any time during the tax year, was the foundation a party to a prohibited tax	chalter transaction?		es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attrib		1 1	N/A	7b	1
8 is the foundation subject to the section 4960 tax on payment(s) of more than		,	****	'	
excess parachute payment(s) during the year?	\$1,000,000 III lemunetation of		es X No		
Part VIII Information About Officers, Directors, Trust	tees Foundation Ma			F	
Paid Employees, and Contractors	iooo, i ouridation ma	riagoro, riigini	•		
1 List all officers, directors, trustees, and foundation managers and	their compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Ex	pense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation		it, other ances
LARRY A HARTMAN	EXECTIVE DIRE	CTOR			
29 ALMOND DRIVE				1	
HERSHEY, PA 17033	8.00	22,500.	0.	.]	0.
SUSAN RODRIGO	ADMIN SERVICE				
511 JOYCE ROAD					
CAMP HILL, PA 17105	8.00	5,000.	0.		0.
]				
	<u></u>			ļ	
]				
2 Compensation of five highest-paid employees (other than those in		enter "NONE."	(4)		
(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 and deferred	(e) Ex	pense t, other
	devoted to position	(O) Compondation	compensation	allow	ances
NONE	_				
				ļ. <u>.</u>	
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· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u></u>	L	<u></u>	
Total number of other employees paid over \$50,000			<u> </u>		0
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Part VIII Information About Officers, Directors, Trustees, Foundation Manage Paid Employees, and Contractors (continued)	ers, Highly
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	
	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 statistical information significantly included in the conference of the	uch as the 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 lines 1 and 2	Amount
1 N/A	Amount
2	
All other program-related investments. See instructions 3	
Total. Add lines 1 through 3	> 0.
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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions.)
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. 4,170.
b	Average of monthly cash balances	16	4,170.
C	Fair market value of all other assets	10	
đ	Total (add lines 1a, b, and c)	1d	4,170.
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	4,170.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	63.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	4,107.
<u>6</u> _	Minimum investment return. Enter 5% of line 5	6	205.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here and do not complete this part)	nd certain	
1	Minimum investment return from Part X, line 6	1	205.
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	1.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	204.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	204.
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	204.
	Qualifying Distributions (see Instructions)	·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		672 000
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	672,800.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	672 000
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	672,800.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	۸
_	Income Enter 1% of Part I, line 27b	5	0. 672,800.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (qualmes for th	ie section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI,				
line 7		·		204.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only			0.	
b Total for prior years		0		
3 Excess distributions carryover, if any, to 2018	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.	- ,****** ,** * **** ****,	
a From 2013 523, 022.				
b From 2014 591,999.				
c From 2015 544,544.				
d From 2016 543, 361.				
e From 2017 589, 255.				
f Total of lines 3a through e	2,792,181.	1*1	1,	
4 Qualifying distributions for 2018 from			<u></u>	
Part XII, fine 4 \triangleright \$ 672,800.				
a Applied to 2017, 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 2018 distributable amount		HIII III III III III III III III III II	' · · · · · · · · · · · · · · · · · · ·	204.
e Remaining amount distributed out of corpus	672,596.			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,464,777.			'
b Prior years' undistributed income Subtract	0,101,1,1,0		·····	
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		0.		
assessed				
d Subtract line 6c from line 6b Taxable amount - see instructions		0.		
e Undistributed income for 2017 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2018 Subtract	····			·
lines 4d and 5 from line 1. This amount must				
be distributed in 2019				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 2013				***************************************
not applied on line 5 or line 7	523,022.			
9 Excess distributions carryover to 2019.	-			······································
Subtract lines 7 and 8 from line 6a	2,941,755.			
0 Analysis of line 9				
a Excess from 2014 591,999.			1	
b Excess from 2015 544,544.				
c Excess from 2016 543,361.				
d Excess from 2017 589, 255.				
e Excess from 2018 672,596.				

823581 12-11-18

MCCORMICK FAMILY FDN AGENT 80397 Form 990-PF (2018) 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 2018, enter the date of the ruling 4942(f)(3) or b Check box to indicate whether the toundation is a private operating foundation described in section 4942(1)(5) Prior 3 years Tax year 2 a Enter the lesser of the adjusted net (c) 2016 (a) 2018 **(b)** 2017 (d) 2015 (e) Total income 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 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 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.) 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., 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

C/O WILMINGTON TRUST COMPANY

30-0166827 Page 11

Part XV	Supplementary Information	(continued)			
3 Grants and	d Contributions Paid During the Ye		Payment		
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name at	nd address (home or business)	or substantial contributor	recipient		
a Paid dunn	ng the year				
	ICAN CHAMBER OF COMMERCE	NONE		GENERAL	
436 7TH AVE PITTSBURGH					10 000
PII ISBURGH,	FR 13213				10,000.
COMPANY DA C	overburyer	L _{vov}			
CENTRAL PA C		NONE		GENERAL ·	
CARLISLE, PA		,			3,000.
SHALOM HOUSE		NONE		GENERAL	
9 SOUTH 15TH	STREET				
HARRISBURG,	PA 17104				2,000.
	YMPHONY ORCHESTRA	NONE		GENERAL	
	E CIR STE 101				20.000
HARRISBURG,	PA 17110				20,000.
NATIVITY SCH	OOL	NONE		GENERAL	
21 DAVIDSON		NONE		GENERAL	
BUFFALO, NY					5,000.
Total		TINUATION SHEE	T(S)	▶ 3a	645,300.
b Approved	for future payment				
NOI	NE				
				1	
Total		l	l	> 3b	0.
					rm 990-PF (2018)

MCCORMICK FAMILY FDN AGENT 80397 C/O WILMINGTON TRUST COMPANY

Part XV Supplementary Information 3 Grants and Contributions Paid During the				
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	Amount
PENNSYLVANIA FRIENDS OF AGRICULTURE PO BOX 8736	NONE		general	
CAMP HILL, PA 17001-8736				2,500
(
LEBANON VALLEY COLLEGE 101 COLLEGE AVENUE	NONE		GENERAL	!
ANNVILLE, PA 17003				2,500
CLEVE J FREDRICKSEN LIBRARY	NONE		GENERAL	
100 N 19TH ST CAMP HILL, PA 17011				5,000
HARRISBURG SINGERS	NONE		general.	
150 NORTHGATE DRIVE				
CAMP HILL, PA 17011				1,500
BOSLER MEMORIAL LIBRARY	NONE		GENERAL	
158 W. HIGH STREET			SENERALI	
CARLISLE, PA 17013-2988				15,000
CENTRAL PA YOUTH BALLET 5 N. ORANGE STREET #3	NONE		GENERAL	
CARLISLE, PA 17013-2988				37,500
UNITED WAY OF THE CAPITAL REGION 2235 MILLENIUM WAY	NONE		GENERAL	
ENOLA, PA 17025-1497				22,500
HARRISBURG ACADEMY	NONE		GENERAL	
10 ERFORD ROAD LEMOYNE, PA 17043				20,000
				20,000
NEW HOPE MINISTRIES	none		GENERAL	
5228 E. TRINDLE ROAD				
MECHANICSBURG, PA 17050				10,000
MESSIAH COLLEGE	NONE		GENERAL	
ONE COLLEGE AVENUE, SUITE 3010	1011		SUMERALI	
TECHANICSBURG, PA 17055				6,000
Total from continuation sheets				605,300

MCCORMICK FAMILY FDN AGENT 80397 C/O WILMINGTON TRUST COMPANY

3 Grants and Contributions Paid During the			· -	
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
GRETNA MUSIC	NONE		GENERAL	
200 PENNSYLVANIA AVENUE				
MT GRETNA, PA 17064				4,00
GRETNA THEATRE	NONE		GENERAL	
200 PENNSYLVANIA AVENUE MT GRETNA, PA 17064				7,50
,				, ,,50
CULTURE ENRICHMENT FUND	NONE		GENERAL	
001 MARKET STREET #5 HARRISBURG, PA 17101				10,00
				10,00
PINE STREET PRESBYTERIAN CHURCH	NONE		GENERAL	
310 NORTH THIRD STREET HARRISBURG PA 17101				35.00
multiplond, In 1/1/1				35,00
STATE STREET ACADEMY OF MUSIC	NONE		GENERAL	
10 STATE STREET				
HARRISBURG, PA 17101			-	5,00
WHITAKER CENTER FOR SCIENCE AND THE	NONE		GENERAL \	
ARTS 222 Market St				
MARRISBURG, PA 17101				25,00
T STEPHEN'S EPISCOPAL SCHOOL 15 NORTH FRONT STREET	NONE		GENERAL	
ARRISBURG, PA 17101-1407				12,50
DMUDADA MTAATON				
ETHESDA MISSION 11 REILY STREET	NONE		GENERAL	
ARRISBURG, PA 17102				50,00
, IG BROTHERS BIG SISTERS OF THE	NONE		GENERAL	
APITAL REGION				
500 NORTH 2ND STREET ARRISBURG, PA 17102				E 0.0
				5,00
HE SALVATION ARMY	NONE		GENERAL	
122 GREEN STREET				
ARRISBURG, PA 17102 Total from continuation sheets	<u> </u>			25,00

3 Grants and Contributions Paid During the			<u> </u>	
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	A
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
JOSHUA GROUP	none		GENERAL	
1442 MARKET STREET				
HARRISBURG, PA 17103	+			15,000
NATIONAL CIVIL WAR MUSEUM	NONE		GENERAL	
1 LINCOLN CIR				
HARRISBURG PA 17103				15,000
THE ARC OF DAUPHIN COUNTY	NONE		GENERAL	
2569 WALNUT ST, HARRISBURG, PA 17103				
HARRISBURG, PA 17103				5,000
BOYS AND GIRLS CLUB OF HARRISBURG	NONE		GENERAL	
1227 BERRYHILL ST				
HARRISBURG, PA 17104				30,000
BRETHERN HOUSING ASSOCIATION	NONE		GENERAL	
219 HUMMEL STREET				
HARRISBURG, PA 17104				8,500
COMMUNITY CHECKUP CENTER OF SOUTH	NONE		GENERAL	
HARRISBURG				
38C HALL MNR HARRISBURG, PA 17104				5,000
GIRL SCOUTS IN THE HEART OF PA	NONE		GENERAL	
HARRISBURG, PA 17104				10,000
HAMILTON HEALTH CENTER	NONE		GENERAL	
HARRISBURG, PA 17104				10,000
PINNACLE HEALTH FOUNDATION	NONE		GENERAL	
P.O. BÓX 8700				00 000
HARRISBURG, PA 17105-8700				20,000
PETA PI BOULE INCORPORATED	NONE		GENERAL	
P.O. BOX 60252				
TOTAL From continuation sheets			1	5,000

NA/A11N1 750750 00707

Part XV Supplementary Information Grants and Contributions Paid During the				
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	Amount
CENTRAL PA FOOD BANK	NONE		GENERAL	
3908 COREY ROAD				
HARRISBURG, PA 17109-5929				_10,000
CRAM CHRISTIAN RECOVERY AFTERCARE	NONE		GENERAL	
MINISTRY, INC	NONE		GENERAL	
509 DIVISION ST				
HARRISBURG, PA 17110				10,000
		-		
HOSPICE OF CENTRAL PA	NONE		GENERAL	
1320 LINGLESTONW ROAD HARRISBURG, PA 17110				15 000
HARRISBURG, PA 1/110				15,000
THE NATIVITY SCHOOL OF HARRISBURG	NONE		GENERAL	
2135 NORTH 6TH ST, 2ND FLOOR				
HARRISBURG, PA 17110-0550				20,000
THEATRE HARRISBURG	NONE		GENERAL	
513 HURLOCK STREET				
HARRISBURG, PA 17110-1489				20,000
WITF 4801 LINDALE ROAD	NONE		GENERAL	
HARRISBURG, PA 17111			,	20,000
,		<u> </u>	+	20,000
,				
PAXTON MINISTRIES	NONE		GENERAL	
2001 PAXTON STREET				
HARRISBURG, PA 17111-1093				15,300
LEG UP FARM INC	NONE		GENERAL	
4880 NORTH SHERMAN STREET EXT				
MOUNT WOLF, PA 17347-9637				10,000
DELINING COMMENT TO CONTROL				
DREAMWRIGHTS CENTER FOR COMMUNITY ARTS	NONE		GENERAL	
ARTS 100 CARLISLE AVE				
ORK, PA 17401				25,000
		··· · · · · · · · · · · · · · · · · ·		
ORK SYMPHONY ORCHESTRA	NONE		GENERAL	
50 N. GEORGE STREET				
ORK, PA 17401	j		1	10,000

MCCORMICK FAMILY FDN AGENT 80397 C/O WILMINGTON TRUST COMPANY 30-0166827

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
SPECIAL OLYMPICS PENNSYLVANIA	NONE		GENERAL	
2570 BLVD OF THE GENERALS, SUITE 124 NORRISTOWN, PA 19403				5,00
AMERICAN RED CROSS	NONE		GENERAL	
1804 N SIXTH STREET HARRISBURG, PA 17102-1001				5,00
CHRISTIAN CHURCHES UNITED OF THE	NONE		GENERAL	
413 S 19TH ST HARRISBURG, PA 17104				5,00
JEWISH FOUNDATION OF GREATER HBG 3301 N FRONT ST	NONE		GENERAL	
HARRISBURG, PA 17110				5,00
LEAF PROJECT 554 WARM SPRINGS ROAD	NONE		GENERAL	
LANDISBURG, PA 17040				5,00
			,	
				
				-
		=		
Total from continuation sheets			<u> </u>	

Enter gross amounts unless otherwise indicated	Unrelated	business income		ded by section 512, 513, or 514	(e)	
<u></u>	(a)	(b)	(C) Exclu-	(d)	Related or exempt	
1 Program service revenue	Business code	Amount	sion	Amount	function income	
a						
b						
c						
d						
e						
f				·		
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash	4					
investments	L		14	5.		
4 Dividends and interest from securities			14	27.		
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	1 1			ŀ		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue					·-	
a						
b						
C						
d						
e						
12 Subtotal Add columns (b), (d), and (e)		0.		32.	0.	
13 Total. Add line 12, columns (b), (d), and (e)				13	32.	
(See worksheet in line 13 instructions to verify calculations)		· · · · · · · · · · · · · · · · · · ·	_			

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

e No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)						
	,						
\dashv							
-							
\dashv							
_							

Form **990-PF** (2018)

Form 990-PF		ILMINGTO	TRUST	COMPANY		30-01	166827	Pa	age 13
Part XV	Information R Exempt Organ		nsfers to a	and Transactions	and Relations	ships With Nonc	haritable	•	
1 Did the	organization directly or indi		of the follows	ng with any other organiza	ation described in sec	etion 501(c)		Yes	No
	than section 501(c)(3) organ							1	
	ers from the reporting found								
(1) Ca	sh						1a(1)		X
(2) Ot	her assets						1a(2)		X
	ransactions								
	les of assets to a noncharita						1b(1)		Х
	rchases of assets from a no	•	organization				16(2)	ļ	X
	ntal of facilities, equipment,						1b(3)		X
	imbursement arrangements	;					1b(4)		X
	ans or loan guarantees						1b(5)	-	X
	rformance of services or me g of facilities, equipment, ma		-				1b(6)		X
	nswer to any of the above is	-			alwaye chow the foir	market value of the acc	1c	l	
	ices given by the reporting f							ક્લડ,	
	(d) the value of the goods,				and in any transaction	ar or onering arrangeme	nt, 3110 W III		
(a) Line no	(b) Amount involved			e exempt organization	(d) Description	on of transfers, transactions,	and shanng a	rangeme	ents
			N/A						
						-			
									_
					-				
							_		
				 					
							_		
						 .			
					-		_		
					·				
	undation directly or indirect			or more tax-exempt orga	nizations described				
	on 501(c) (other than section		ection 527?				Yes	X] No
b If "Yes,"	complete the following sche								
	(a) Name of org	anization		(b) Type of organization)	(c) Description of relati	onship		
	N/A				 	. .		_	
								_	
Und	er penalties of penury, I declare t	that I have examined thi	s retum, includin	g accompanying schedules ar	nd statements, and to the	e best of my knowledge			
Sign and	belief, it is true, correct, and corr	nplete Declaration of pr	eparer (other tha	n taxpayer) is based on all info	rmation of which prepare	er has any knowledge	May the IRS of return with the	e prepan	er
Here	x Lairy 1	1. Ward	r Mäsl	11/06/19	Y X CLOP	Director	x Yes	/ See ins	Str No
Sig	gnature of officer or trustee		,,,,,,	Date	Title	-			
	Print/Type preparer's na	me	Preparer's si	gnature	Date	Check ıf PT	IN .		
						self- employed			
Paid				ETH HUTCHIN	11/06/19		01039		
Preparer		MINGTON I	RUST C	OMPANY		Firm's EIN ► 51-	00550	23	
Use Only	·								
				EET DE3-C07	0				_
	WI	LMINGTON,	DE 19	890-0001		Phone no 302-	651 - 1	035	

Form **990-PF** (2018)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2018

Employer identification number

MCCORMICK FAMILY FDN AGENT 80397 C/O WILMINGTON TRUST COMPANY 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 501(c)(3) exempt private foundation 4947(a)(1) nonexempt chantable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, 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; or (ii) Form 990-EZ, 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III. 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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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

Employer identification number

Part I	Contributors	(see instructions).	Use duplicate copi	es of Part I if add	ditional 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	\$ 26,000.	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	\$10,400.	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	\$\$	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	\$ 214,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	`	\$	Person Payroll Occash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

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

Employer identification number

Part II	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

Name of organization

MCCORMICK FAMILY FDN AGENT 80397

C/O WILMINGTON TRUST COMPANY

Employer identification number

3() —	0	1	6	6	8	2	7	
_		_		_	_	_			

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7). (8), or (10) that total motion any one contributor. Complete columns(a) throughle) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or lessfor the year (Enter this info once).										
	completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional	chantable, etc., contributions of \$1,000 of space is needed.	r Jessfor the year (Enter this info once)							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
		(e) Transfer of gi	ft							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee							
(a) No.										
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
-										
	(e) Transfer of gift									
	Transferee's name, address, ar	nd 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							
-		(a) Transfer of air	4							
	(e) Transfer of gift									
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee							
										
(a) No. from	(A) D (A)	() ()								
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
-	(e) Transfer of gift									
	(e) Hansier or girt									
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee							
-										

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEM	IPORARY	CASH IN	NVESTMENTS	STATEMENT 1
SOURCE		REVE	(A) REVENUE PER BOOKS		(B) VESTMENT ICOME	(C) ADJUSTED NET INCOME
US GOVT INTEREST		5.		5.		
TOTAL TO PART I, LI		5.		5.		
FORM 990-PF	DIVIDEND	S AND INTER	EST FRO	OM SECUE	RITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RI	(A) EVENUE R BOOKS	(B) NET INVES MENT INCO	
DIVIDENDS	27	•	0.	27.	. 2	7.
TO PART I, LINE 4	27	•	0.	27.	2	7.
FORM 990-PF		OTHER E	XPENSES	S		STATEMENT 3
i e e e e e e e e e e e e e e e e e e e		(A) EXPENSES PER BOOKS			(C) ADJUSTED NET INCOM	CHARITABLE
MISC OFFICE EXPENSES		105.		0.		0.
TO FORM 990-PF, PG	l, LN 23	105.		0.		0.