

Form **990-PF**Department of the Treasury  
Internal Revenue Service**Return of Private Foundation****or Section 4947(a)(1) Trust Treated as Private Foundation**

- Do not enter social security numbers on this form as it may be made public.
- Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

**2019****Open to Public  
Inspection****For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019**

Name of foundation RUSSELL E & ELEANOR B HORN FOUNDATI		A Employer identification number 22-2663207	
Number and street (or P.O. box number if mail is not delivered to street address) 5885 MOUNTAIN RD		B Telephone number (see instructions) (717) 699-0023	
City or town, state or province, country, and ZIP or foreign postal code DOVER, PA 17315		C If exemption application is pending, check here ► <input type="checkbox"/>	
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D</b> 1. Foreign organizations, check here..... ► <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... ► <input type="checkbox"/> <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ..... ► <input type="checkbox"/> <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ► <input type="checkbox"/>	
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ►\$ 4,358,174		<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis.)</i>	

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>					
1	Contributions, gifts, grants, etc., received (attach schedule)				
2	Check ► <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B				
3	Interest on savings and temporary cash investments	110	110		
4	Dividends and interest from securities	125,632	125,632		
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10	49,862			
b	Gross sales price for all assets on line 6a	642,095			
7	Capital gain net income (from Part IV, line 2)		49,862		
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) (attach schedule)				
11	Other income (attach schedule)				
12	<b>Total.</b> Add lines 1 through 11	175,604	175,604		
<b>Operating and Administrative Expenses</b>					
13	Compensation of officers, directors, trustees, etc.	5,400			5,400
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)				
b	Accounting fees (attach schedule)	1,450	1,450		
c	Other professional fees (attach schedule)	21,319	21,319		
17	Interest				
18	Taxes (attach schedule) (see instructions)				
19	Depreciation (attach schedule) and depletion				
20	Occupancy				
21	Travel, conferences, and meetings				
22	Printing and publications				
23	Other expenses (attach schedule)	586			586
24	<b>Total operating and administrative expenses.</b>	28,755	22,769		5,986
25	Contributions, gifts, grants paid	190,305			190,305
26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	219,060	22,769		196,291
27	Subtract line 26 from line 12:				
a	<b>Excess of revenue over expenses and disbursements</b>	-43,456			
b	<b>Net investment income</b> (if negative, enter -0-)		152,835		
c	<b>Adjusted net income</b> (if negative, enter -0-)				

	Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
	<b>1</b> Cash—non-interest-bearing		205	275	275
	<b>2</b> Savings and temporary cash investments		30,549	21,713	21,713
	<b>3</b> Accounts receivable ►				
	Less: allowance for doubtful accounts ►				
	<b>4</b> Pledges receivable ►				
	Less: allowance for doubtful accounts ►				
	<b>5</b> Grants receivable				
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	<b>7</b> Other notes and loans receivable (attach schedule) ►				
	Less: allowance for doubtful accounts ►				
	<b>8</b> Inventories for sale or use				
	<b>9</b> Prepaid expenses and deferred charges				
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)		191,227	137,686	139,890
	<b>b</b> Investments—corporate stock (attach schedule)		1,554,425	2,117,566	3,566,721
	<b>c</b> Investments—corporate bonds (attach schedule)		1,145,908	596,468	616,579
	<b>11</b> Investments—land, buildings, and equipment: basis ►				
	Less: accumulated depreciation (attach schedule) ►				
	<b>12</b> Investments—mortgage loans				
	<b>13</b> Investments—other (attach schedule)				
	<b>14</b> Land, buildings, and equipment: basis ►				
	Less: accumulated depreciation (attach schedule) ►				
	<b>15</b> Other assets (describe ► _____)		12,996	12,996	12,996
	<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)		2,935,310	2,886,704	4,358,174
	<b>17</b> Accounts payable and accrued expenses				
	<b>18</b> Grants payable				
	<b>19</b> Deferred revenue				
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons				
	<b>21</b> Mortgages and other notes payable (attach schedule)				
	<b>22</b> Other liabilities (describe ► _____)				
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22)				0
	<b>Foundations that follow FASB ASC 958, check here ► <input type="checkbox"/></b> <b>and complete lines 24, 25, 29 and 30.</b>				
	<b>24</b> Net assets without donor restrictions				
	<b>25</b> Net assets with donor restrictions				
	<b>Foundations that do not follow FASB ASC 958, check here ► <input checked="" type="checkbox"/></b> <b>and complete lines 26 through 30.</b>				
	<b>26</b> Capital stock, trust principal, or current funds				
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund				
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds		2,935,310	2,886,704	
	<b>29</b> <b>Total net assets or fund balances</b> (see instructions)		2,935,310	2,886,704	
	<b>30</b> <b>Total liabilities and net assets/fund balances</b> (see instructions)		2,935,310	2,886,704	

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	<b>1</b>	2,935,310
<b>2</b> Enter amount from Part I, line 27a	<b>2</b>	-43,456
<b>3</b> Other increases not included in line 2 (itemize) ►	<b>3</b>	
<b>4</b> Add lines 1, 2, and 3	<b>4</b>	2,891,854
<b>5</b> Decreases not included in line 2 (itemize) ►	<b>5</b>	5,150
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	<b>6</b>	2,886,704

**Part IV Capital Gains and Losses for Tax on Investment Income**

<b>(a)</b> List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		<b>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo., day, yr.)	<b>(d)</b> Date sold (mo., day, yr.)
<b>1 a</b> SALE OF PUBLICLY TRADED SECURITIES		P		
<b>b</b> SALE OF PUBLICLY TRADED SECURITIES		P		
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>(e)</b> Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	<b>(g)</b> Cost or other basis plus expense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)	
<b>a</b> 100,157		98,906	1,251	
<b>b</b> 541,938		493,327	48,611	
<b>c</b>				
<b>d</b>				
<b>e</b>				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
<b>(i)</b> F.M.V. as of 12/31/69	<b>(j)</b> Adjusted basis as of 12/31/69	<b>(k)</b> Excess of col. (i) over col. (j), if any	<b>(l)</b> Gains (Col. (h)) gain minus col. (k), but not less than -0- or Losses (from col.(h))	
<b>a</b>			1,251	
<b>b</b>			48,611	
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		<b>2</b>	49,862
<b>3</b> 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) (see instructions). If (loss), enter -0- in Part I, line 8	{ . . . . . }		<b>3</b>	1,251

**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.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

 Yes  No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see instructions before making any entries.

<b>(a)</b> Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	<b>(c)</b> Net value of noncharitable-use assets	<b>(d)</b> Distribution ratio (col. (b) divided by col. (c))
2018	193,378	3,935,113	0.049142
2017	184,049	3,902,890	0.047157
2016	181,734	3,729,555	0.048728
2015	132,261	3,730,928	0.035450
2014	127,668	2,776,972	0.045974
<b>2</b> Total of line 1, column (d)			0.226451
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			0.045290
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5			3,991,716
<b>5</b> Multiply line 4 by line 3			180,785
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			1,528
<b>7</b> Add lines 5 and 6			182,313
<b>8</b> Enter qualifying distributions from Part XII, line 4			196,291

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.

**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 ► <input type="checkbox"/> and enter "N/A" on line 1.	1	1,528
	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 ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	1,528
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2.	3	1,528
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-.	5	1,528
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	1,255
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	1,255
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9	273
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	
11	Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> ►	Refunded	11

**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 any political campaign?	<input type="checkbox"/>	Yes	No
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition).	<input type="checkbox"/>	Yes	No
	<i>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.</i>			
1c	Did the foundation file <b>Form 1120-POL</b> for this year?	<input type="checkbox"/>	Yes	No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
(1)	On the foundation. ► \$ _____	(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?	<input type="checkbox"/>	Yes	No
	<i>If "Yes," attach a detailed description of the activities.</i>			
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? <i>If "Yes," attach a conformed copy of the changes</i>	<input type="checkbox"/>	Yes	No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<input type="checkbox"/>	Yes	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<input type="checkbox"/>	Yes	No
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	<input type="checkbox"/>	Yes	No
	<i>If "Yes," attach the statement required by General Instruction T.</i>			
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?			
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	<input type="checkbox"/>	Yes	No
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	► PA			
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) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	<input type="checkbox"/>	Yes	No
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	<input type="checkbox"/>	Yes	No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	<input type="checkbox"/>	Yes	No

**Part VII-A Statements Regarding Activities (continued)**

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11	No
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	No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ►N/A	13	Yes
14	The books are in care of ►STACEY HORN TREASURER GR COORD	Telephone no. ►(717) 669-0023	
Located at ►5885 MOUNTAIN RD DOVER PA			ZIP+4 ►17315
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here. . . . .	► 15	<input type="checkbox"/>
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►	16	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required****File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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)? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6)	Agree to pay money or property to a government official? ( <b>Exception.</b> 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.). . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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. . . . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>	1b	No
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? . . . . .	1c	
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 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . . If "Yes," list the years ► 20____, 20____, 20____, 20____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	2b	
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If "Yes," did it have excess business holdings in 2019 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 2019.) . . . . .	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
b	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 2019?	4b	No

**Part VII-B** **Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

5a	During the year did the foundation pay or incur any amount to:	Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes
	(3) Provide a grant to an individual for travel, study, or other similar purposes? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes
b	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions . . . . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ►	<input type="checkbox"/>	
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .	<input type="checkbox"/>	<input type="checkbox"/> Yes
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i>		<input type="checkbox"/> No
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes
	<i>If "Yes" to 6b, file Form 8870.</i>		<input type="checkbox"/> No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes

Yes  No

**Part VIII** **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

10 of 10

**1 List all officers, directors, trustees, foundation managers and their compensation. See instructions**

<b>(a)</b> Name and address	<b>(b)</b> Title, and average hours per week devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	<b>(e)</b> Expense account, other allowances
See Additional Data Table				

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ►		

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1		
2		
3		
4		

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
<b>Total.</b> Add lines 1 through 3	. . . . . ►	

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities. . . . .	1a	4,018,822
b	Average of monthly cash balances. . . . .	1b	114,898
c	Fair market value of all other assets (see instructions). . . . .	1c	12,996
d	<b>Total</b> (add lines 1a, b, and c). . . . .	1d	4,146,716
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	
2	Acquisition indebtedness applicable to line 1 assets. . . . .	2	
3	Subtract line 2 from line 1d. . . . .	3	4,146,716
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	155,000
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,991,716
6	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	6	199,586

**Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign**Part XI** organizations check here ►  and do not complete this part.)

1	Minimum investment return from Part X, line 6. . . . .	1	199,586
2a	Tax on investment income for 2019 from Part VI, line 5. . . . .	2a	1,528
b	Income tax for 2019. (This does not include the tax from Part VI.). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	1,528
3	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	3	198,058
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	
5	Add lines 3 and 4. . . . .	5	198,058
6	Deduction from distributable amount (see instructions). . . . .	6	
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	7	198,058

**Part XII Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	1a	196,291
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:		
a	Suitability test (prior IRS approval required). . . . .	3a	
b	Cash distribution test (attach the required schedule). . . . .	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	196,291
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	5	1,528
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	6	194,763
<b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.			

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

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				198,058
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only. . . . .			189,871	
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014. . . . .				
<b>b</b> From 2015. . . . .				
<b>c</b> From 2016. . . . .				
<b>d</b> From 2017. . . . .				
<b>e</b> From 2018. . . . .				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ► \$ 196,291				
<b>a</b> Applied to 2018, but not more than line 2a			189,871	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2019 distributable amount. . . . .				6,420
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				191,638
<b>7</b> 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) . . . . .				
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . . . .				
<b>9</b> <b>Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a. . . . .				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015. . . . .				
<b>b</b> Excess from 2016. . . . .				
<b>c</b> Excess from 2017. . . . .				
<b>d</b> Excess from 2018. . . . .				
<b>e</b> Excess from 2019. . . . .				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. ►			
b	Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)			
2a	Enter the lesser of the adjusted net 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.			
3	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.)**1 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.

**2 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. See instructions

- 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:

**Part XV Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<i>a Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			► 3a	190,305
<i>b Approved for future payment</i>				
<b>Total</b> . . . . .			► 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1 Program service revenue:</b>					
a					
b					
c					
d					
e					
f					
<b>g Fees and contracts from government agencies</b>					
<b>2 Membership dues and assessments.</b>					
<b>3 Interest on savings and temporary cash investments</b>			14	110	
<b>4 Dividends and interest from securities.</b>			14	125,632	
<b>5 Net rental income or (loss) from real estate:</b>					
a Debt-financed property.					
b Not debt-financed property.					
<b>6 Net rental income or (loss) from personal property</b>					
<b>7 Other investment income.</b>					
<b>8 Gain or (loss) from sales of assets other than inventory</b>			18	49,862	
<b>9 Net income or (loss) from special events:</b>					
<b>10 Gross profit or (loss) from sales of inventory</b>					
<b>11 Other revenue: a</b>					
b					
c					
d					
e					
<b>12 Subtotal. Add columns (b), (d), and (e).</b>				175,604	
<b>13 Total. Add line 12, columns (b), (d), and (e).</b>					175,604
(See worksheet in line 13 instructions to verify calculations.)					

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



## Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
STACEY HORN 5885 MOUNTAIN RD DOVER, PA 17315	TREASURER/GR 1.00	2,700	0	0
ANN KUNKEL 5885 MOUNTAIN ROAD DOVER, PA 17315	PRESIDENT 2.00	2,700	0	0
CAROLE D HORN 5885 MOUNTAIN ROAD DOVER, PA 17315	SECRETARY 2.00	0	0	0
RALPH E HORN JR 5885 MOUNTAIN ROAD DOVER, PA 17315	DIRECTOR 1.00	0	0	0
BETH ANN HORN 5885 MOUNTAIN ROAD DOVER, PA 17315	DIRECTOR 1.00	0	0	0
CHRISTINE CARRIGAN 5885 MOUNTAIN ROAD DOVER, PA 17315	DIRECTOR 1.00	0	0	0
SHANNON KUNKEL 5885 MOUNTAIN ROAD DOVER, PA 17315	DIRECTOR 1.00	0	0	0
PASTOR MIKE BROSSMAN 5885 MOUNTAIN ROAD DOVER, PA 17315	DIRECTOR 1.00	0	0	0
STEPHANIE HOLMES 5885 MOUNTAIN ROAD DOVER, PA 17315	DIRECTOR 1.00	0	0	0
RUSSELL E HORN III 5885 MOUNTAIN ROAD DOVER, PA 17315	DIRECTOR 1.00	0	0	0

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
ALS ASSOCIATION 321 NORRISTOWN RD SUITE 260 AMBLER, PA 19002		PC	SERVICES	50
AMERICAN RED CROSS -YORKADAMS CHAP 724 S GEORGE ST YORK, PA 17401		PC	SERVICES	9,000
APPELL CENTER FOR PERFORMING ARTS 50 N GEORGE ST YORK, PA 17401		PC	PERFORMING ARTS	300
<b>Total . . . . .</b>			► 3a	190,305

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
AWANA INTERNATIONAL 15877 COLLECTION CTR DR CHICAGO, IL 606930158		PC	LITERACY	800
BELL FAMILY SHELTER 160 S GEORGE ST YORK, PA 17401		PC	HOUSING SUPPORT/MENTALLY ILL INDIVID	9,400
BIG BROTHERSBIG SISTERS- YORKADAMS 227 W MARKET ST YORK, PA 17401		PC	CHILDHOOD SUPPORT	6,500
<b>Total . . . . .</b>			► 3a	190,305

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
BOYS AND GIRLS CLUB LANCASTER 116 S WATER ST LANCASTER, PA 17608		PC	CHILDHOOD SUPPORT	9,000
CALVARY UM - PASTOR'S DISCRETIONARY 11 N RICHLAND AVE YORK, PA 17404		PC	SERVICES - MISSIONS	3,500
CENTRAL PA FOOD BANK 3908 COREY ROAD HARRISBURG, PA 17109		PC	FOOD BANK	600
<b>Total . . . . .</b>			► 3a	190,305

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
COALITION FOR HOMELESS OF CENTR FL 18 NORTH TERRY AVE ORLANDO, FL 32801		PC	SHELTER FOR HOMELESS INDIVIDUALS	100
COMPASSION INTERNATIONAL 12290 VOYAGER PARKWAY COLORADO SPRINGS, CO 80921		PC	COMMUNITY ASSISTANCE	150
COVENANT UMC 110 N MULBERRY ST LANCASTER, PA 17603		PC	SERVICES	450
<b>Total . . . . .</b>			► 3a	190,305

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
CREATIVE YORK 10 N BEAVER ST YORK, PA 17401		PC	SERVICES	5,000
EASTER SEALS CENTRAL PA 2550 KINGSTON RD SUITE 219 YORK, PA 17402		PC	CHILD & ADULTS SPECIAL NEEDS SUPPORT	1,140
FLORIDA WILDLIFE CORRIDOR PO BOX 1802 TAMPA, FL 32801		PC	WILDLIFE PRESERVATION	200
<b>Total . . . . .</b>			► 3a	190,305

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
HANOVER AREA COUNCIL OF CHURCHES 136 CARLISLE ST HANOVER, PA 17331		PC	RELIGIOUS	5,000
HEALTHY YORK COALITION - ALPHA 605 S GEORGE ST SUITE 160 YORK, PA 17401		PC	SERVICES	5,000
HOPEWORKS 'N CAMDEN 808 MARKET ST CAMDEN, NJ 08102		PC	SERVICES	250
<b>Total . . . . .</b>			► 3a	190,305

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
HOSPICE & COMMUNITY CARE 224 ST CHARLES WAY SUITE 200 YORK, PA 17402		PC	END-OF-LIFE CARE	2,500
JUVENILE DIABETES RESEARCH FOUND 26 BROADWAY 14TH FLOOR NEW YORK, NY 10004		PC	JUVENILE HEALTH SERVICES	100
KEYSTONE HEALTH - SUSQ SERVICE DOGS 4391 STURBRIDGE DR HARRISBURG, PA 17110		PC	SERVICE DOG SERVICES	2,500
<b>Total . . . . .</b>			► 3a	190,305

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
KREUTZ CREEK VALLEY LIBRARY 66 WALNUT SPRINGS RD HELLAM, PA 17406		PC	LIBRARY SERVICES	500
LANCASTER COUNTY FOOD BANK 812 N QUEEN ST LANCASTER, PA 17603		PC	FOOD BANK	7,500
LANCASTER EDUCATION FOUNDATION 445 N RESERVOIR ST LANCASTER, PA 17602		PC	EDUCATIONAL SERVICES	170
<b>Total . . . . .</b>			► 3a	190,305

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
LANCASTER-LEBANON EDUC FOUNDATION 1020 NEW HOLLAND AVE LANCASTER, PA 17601		PC	EDUCATIONAL SERVICES	1,000
LEUKEMIA & LYMPHOMA SOCIETY 3636 S I-10 SERVICE RD W SUITE 304 METAIRIE, LA 70001		PC	HEALTH SERVICES	250
MAKE A WISH GREATER PA & WV 2951 WHITEFORD RD SUITE 304 YORK, PA 17402		PC	CHILDREN'S DISEASES	4,400
<b>Total . . . . .</b>			► 3a	190,305

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
MESSIAH UMCYORK CITY DAY CAMP 1300 N BEAVER ST YORK, PA 17404		PC	CHILDREN'S SERVICES	2,000
MUSIC FOR EVERYONE 42 NORTH PRINCE ST LANCASTER, PA 17603		PC	MUSIC SERVICES	150
NEW BIRTH OF FREEDOM BSA 1 BADEN POWELL LANE MECHANICSBURG, PA 17050		PC	BOY SCOUTS	5,150
<b>Total . . . . .</b>			► 3a	190,305

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
NEW HOPE MINISTRIES 211 S BALTIMORE ST DILLSBURG, PA 17019		PC	CHRISTIAN SOCIAL SERVICE AGENCY	12,000
NITTANY LION CLUB 2583 GATEWAY DR SUITE 130 STATE COLLEGE, PA 16801		PC	ATHLETIC SERVICES	100
PAPPUS HOUSE 253 CHERRY STREET YORK, PA 17402		PC	END-OF-LIFE CARE	5,000
<b>Total . . . . .</b>			► 3a	190,305

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
OUR DAILY BREADPO BOX 548 YORK, PA 17405		PC	HOT MEAL PROGRAM	9,000
PENN TWP VOLUNTEER EMER SVCS 204 CLOVER LANE HANOVER, PA 17331		PC	SERVICES-EMERGENCY	100
PET ALLIANCE OF GREATER ORLANDO 2727 CONROY RD ORLANDO, FL 32839		PC	ANIMAL SERVICES	100
<b>Total . . . . .</b>			► 3a	190,305

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
RE-CREATION FORCESPO BOX 220 PORT TREVORTON, PA 17864		PC	VETERAN'S AFFAIRS	365
RONALD MCDONALD HOUSE CHARITIES PA 745 W GOVERNOR RD HERSHEY, PA 17033		PC	SERVICES	150
SALVATION ARMY - LANCASTER 131 S QUEEN ST LANCASTER, PA 17603		PC	SERVICE BASED	6,200
<b>Total . . . . .</b>			► 3a	190,305

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
SALVATION ARMY - YORK50 E KING ST YORK, PA 17401		PC	SERVICE BASED	8,000
SECOND HARVEST FOOD BANK-CENTR FL 411 MERCY DR ORLANDO, FL 32803		PC	FOOD BANK	100
SERVANTS INC100 REDCO AVE SUITE C-O RED LION, PA 17356		PC	SERVICES	2,500
<b>Total . . . . .</b>			► 3a	190,305

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
ST JOHNS RIVER TO SEA LOOP ALLIANCE 532 W FLORENCE AVE DELAND, FL 32720		PC	SERVICES	100
ST JUDES CHILDRENS RESEARCH HOSP 501 ST JUDE PLACE MEMPHIS, TN 38105		PC	CHILDHOOD CANCER RESEARCH	250
TENNESSEE TECH UNIV FOUNDATION PO BOX 1915 COOKEVILLE, TN 38505		PC	EDUCATION	1,000
<b>Total . . . . .</b>			► 3a	190,305

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
THE NATURE CONSERVANCY 4245 N FAIRFAX DR SUITE 100 ARLINGTON, VA 22203		PC	SERVICES	100
THE WELL595 W MARKET ST YORK, PA 17401		PC	MEDICATION ASSISTANCE	8,000
UNITED WAY OF LANCASTER CO 630 JANET AVE LANCASTER, PA 17601		PC	SERVICES	130
<b>Total . . . . .</b>			► 3a	190,305

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
WATER STREET MINISTRIES PO BOX 7267 LANCASTER, PA 17604		PC	HELPING THE HOMELESS	10,550
WELLSPLAN YORK HEALTH FOUNDATION 50 N DUKE ST YORK, PA 17401		PC	HEALTH SERVICES	5,000
YMCA OF YORK AND YORK COUNTY 90 N NEWBERRY ST YORK, PA 17401		PC	COMMUNITY SERVICES	600
<b>Total . . . . .</b>			► 3a	190,305

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
YORK COUNTY COMMUNITY FOUNDATION 14 W MARKET ST YORK, PA 17401		PC	SERVICES	10,000
YORK COUNTY LIBRARIES 159 E MARKET ST 3RD FLOOR YORK, PA 17401		PC	LIBRARY SERVICES	5,000
YORK COUNTY LITERACY COUNCIL 800 E KING ST YORK, PA 17403		PC	LITERACY INSTRUCTION	8,000
<b>Total . . . . .</b>			► 3a	190,305

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
YORK DAY NURSERY 450 E PHILADELPHIA ST YORK, PA 17401		PC	INFANT CARE	8,000
YORK HABITAT FOR HUMANITY 33 S SEWARD ST YORK, PA 17404		PC	HOUSING SERVICES	7,000
YOUNG LIFE SOUTHERN YORK 644 SHREWSBURY COMMONS AV SHREWSBURY, PA 17361		PC	SERVICES	200
<b>Total . . . . .</b>			► 3a	190,305

# Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
YOUTH CARE 2500 NE 54TH ST SEATTLE, WA 98105		PC	SERVICES	100
<b>Total . . . . .</b>			► 3a	190,305

## TY 2019 Accounting Fees Schedule

**Name:** RUSSELL E & ELEANOR B HORN FOUNDATI**EIN:** 22-2663207

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	1,450		1,450	

## TY 2019 Investments Corporate Bonds Schedule

**Name:** RUSSELL E & ELEANOR B HORN FOUNDATI

**EIN:** 22-2663207

### Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BONDS	596,468	616,579

## TY 2019 Investments Corporate Stock Schedule

**Name:** RUSSELL E & ELEANOR B HORN FOUNDATI

**EIN:** 22-2663207

### Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCKS	2,117,566	3,566,721

## TY 2019 Investments Government Obligations Schedule

**Name:** RUSSELL E & ELEANOR B HORN FOUNDATI

**EIN:** 22-2663207

**US Government Securities - End  
of Year Book Value:** 137,686

**US Government Securities - End  
of Year Fair Market Value:** 139,890

**State & Local Government  
Securities - End of Year Book  
Value:**

**State & Local Government  
Securities - End of Year Fair  
Market Value:**

## TY 2019 Other Assets Schedule

**Name:** RUSSELL E & ELEANOR B HORN FOUNDATI**EIN:** 22-2663207

## Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
CENT PA CONF UNITED METH CHURCH	12,996	12,996	12,996

## TY 2019 Other Decreases Schedule

**Name:** RUSSELL E & ELEANOR B HORN FOUNDATI

**EIN:** 22-2663207

Description	Amount
WILMINGTON TRUST COST BASIS ADJUSTMENTS	5,150

## TY 2019 Other Expenses Schedule

**Name:** RUSSELL E & ELEANOR B HORN FOUNDATI  
**EIN:** 22-2663207

## Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
OFFICE EXPENSE	147			147
MEETING EXPENSE	439			439

## TY 2019 Other Professional Fees Schedule

**Name:** RUSSELL E & ELEANOR B HORN FOUNDATI

**EIN:** 22-2663207

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
BANK TRUSTEE FEES	21,319	21,319		