SCANNED AUG 1 9 2021



Form 990-PF

Department of the Treasury

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.

OMB No 1545-0047

2019

Int	ernal Rev	yenue Service ► Go to www irs.	.gov/Form990PF t	or instructions and	the late:	<u>st informat</u>	ion.	Oper	ı to Public I	nspection
F	or cale	endar year 2019 or tax year beginning]	, 20	19, and	ending			, 2	0
Na	me of fo	pundation				A Employ	er identi	fication numb	er	
W	LEE &	ROSALIE RIDENOUR FOUNDATION INC						47-2232337		
140		nd street (or PO box number if mail is not delivere	d to street address)	, Roo	m/suite	B Telepho	ne numb	er (see instruc	tions)	
Р	о вох	499						301-988-5026	ס	1
Cit	y or tow	n, state or province, country, and ZIP or foreign po	<u> </u>		C If exemp	tion app	lication is pen	dına, check	here ▶ □	
н	AGERS	TOWN MARYLAND 21741							J,	
_		k all that apply Initial return	☐ Initial retur	n of a former public	charity	D 1 Foreic	ın ordanı	zations, check	here *	▶ □
		☐ Final return	Amended	·	í					
		Address change	☐ Name cha	nge	11			zations meetin d attach comp		lest, ▶□
H	Chec	k type of organization 🕢 Section 50	01(c)(3) exempt p	private foundation	OF			on status was		_
		on 4947(a)(1) nonexempt charitable trus			dation	section 5	507(b)(1)(A), check here		▶ 🔲
<u> </u>			counting method		ccrual	F If the fou	. معامده		th tarminatio	
	end o		Other (specify)	-			ction 50	is in a 60-mon 7(b)(1)(B), chec	k here	"` ▶ □
			column (d), must b	e on cash basis)						_
	art l	Analysis of Revenue and Expenses	(The total of	(a) Revenue and	<u> </u>				(d) Disbur	sements
		amounts in columns (b), (c), and (d) may not r	`	expenses per		investment come		djusted net ncome	for char	
		the amounts in column (a) (see instructions))	•	books	""	001110			(cash bas	
	1	Contributions, gifts, grants, etc., received	(attach schedule)	c	ST TO					医生生
	2	Check ► ☑ if the foundation is not require			100		10.50	47 J. V.	7771	
	3	Interest on savings and temporary cas	sh investments	1		1				
	4	Dividends and interest from securi		13,964		13,964			2512	
	5a	Gross rents		0		0			東海道	
	b	Net rental income or (loss)	. 0	THE STATE OF THE S		NAME OF THE PARTY.	数部数	建筑大学	E TRIS	
<u>o</u>	6a	Net gain or (loss) from sale of assets i	not on line 10	1,059						
Ĕ	b	Gross sales price for all assets on line 6a	82,757		K. 10			CONTRACT OF THE	4	1
Revenue	7	Capital gain net income (from Part IV,	line 2) ,			1,059			TO BE	
ď	8	Net short-term capital gain			72.5				基础的	
	9	Income modifications						0		1000
	10a	Gross sales less returns and allowances	0		拉斯		经建物			
	b	Less Cost of goods sold						學與東部		
	C	Gross profit or (loss) (attach schedule) .		STATE OF THE STATE					
	11	Other income (attach schedule) .	ĺ						建造工程	
	12	Total. Add lines 1 through 11		15,024		15 024			いのかなる。	THE CARLES
s	13	Compensation of officers, directors, tr	rustees, etc.	0		0		REC	FIVE	D
se	14	Other employee salaries and wages	. [0		0			501	
ē	15	Pension plans, employee benefits .		0		0		1	9.3.20	<u>m 1</u> 91
Expenses	16a	Legal fees (attach schedule)		0		0		NOA	2 3 200	12
е.	b	Accounting fees (attach schedule)	[0		. 0				
ţį	C	Other professional fees (attach schedu	ule) . [2,553		2,553		OGI	DEN.	<u> </u>
tra	17	Interest	. [0		0				
is	18	Taxes (attach schedule) (see instruction	· ·	597		597			TEN STORES	
πį	19	Depreciation (attach schedule) and de	pletion	0		0				在一种
þ	20	Occupancy	[0		0				
and Administrativ	21	Travel, conferences, and meetings	[0		0				
ä	22	Printing and publications .	' [0		0				
ρ	23	Other expenses (attach schedule) .		0		0				
Operating	24	Total operating and administrative	re expenses.							
er.		•	[3,150	and Pranses and	3 150	Supplied To Table	Anna An Allenton Co.		
Ã	25	Contributions, gifts, grants paid	<u> </u>	7,000		30.97.15	数基据数			7,000
	26	Total expenses and disbursements. Add	lines 24 and 25	10 150	<u>.</u>	3,150	V-0.0	market and a control		7,000
	27	Subtract line 26 from line 12:		ļ						
	а	Excess of revenue over expenses and o	⊢	4,879	的學					
	b	Net investment income (if negative, e	enter -0-) . 🖺			11,874		Orange and a second		

For Paperwork Reduction Act Notice, see Instructions.

Adjusted net income (if negative, enter -0-)

Cat No 11289X

Form **990-PF** (2019)

1 Cash—non-interest-bearing 2 Savings and temporary cash investments 2 Savings and temporary cash investm	E	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
2 Savings and temporary cash investments 3 Accounts receivable ► Less allowance for doubtful accounts ► 4 Predges receivable 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) 7 Other notes and loans receivable (attach schedule) Less allowance for doubtful accounts ► 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10a investments - US and state government obtigations (attach schedule) b investments - US and state government obtigations (attach schedule) 1 investments - US and state government obtigations (attach schedule) 1 investments - End, buildings, and equipment basis ► 1 Less accumulated depreciation (attach schedule) 1 Investments - End, buildings, and equipment basis ► 1 Less accumulated depreciation (attach schedule) 1 Lead, buildings, and equipment basis ► 1 Less accumulated depreciation (attach schedule) 1 Lead, buildings, and equipment basis ► 1 Less accumulated depreciation (attach schedule) 1 Lead, buildings, and equipment basis ► 1 Less accumulated depreciation (attach schedule) 1 Lead, buildings, and equipment basis ► 1 Less accumulated depreciation (attach schedule) 1 Lead, buildings, and equipment basis ► 1 Coltra assets (describe ► 2 Deferred revenue 2 Loans from officers, directors, trustees, and other disqualified persons 2 If Mortgages and other notes payable (attach schedule) 2 Deferred revenue 2 Loans from officers, directors, trustees, and other disqualified persons 2 If Mortgages and other notes payable (attach schedule) 2 Coltra liabilities (describe ► 2 Total liabilities (describe F) 2 Total liabilities (add files 17 through 22) 3 Total liabilities (add files 17 through 22) 4 Set assets with donor restrictions 5 Less with donor restrictions 6 Less states with donor restrictions 7 Set assets with donor restrictions 8 Less with donor restrictions 9 Less and complete lines 24 (2, 29, and 3) 5 Decreases not included in line 2 (itemize)	_				(b) Book Value	(c) Fair Market Value
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instructions Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) 22 Other liabilities (describe ► 23 Total liabilities (add lines 17 through 22) 33 Foundations that follow FASB ASC 958, check here □ 24 Net assets with donor restrictions 35 Net assets with donor restrictions 36 Foundations that do not follow FASB ASC 958, check here □ 27 and complete lines 26 through 30. 28 Capital stock, trust principal, or current funds 29 Total net assets or fund balances (see instructions) 30 Total liabilities and net assets/fund balances (see instructions) 30 Total liabilities and net assets/fund balances (see instructions) 30 Total liabilities and net assets or Fund Balances 1 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) 20 Cher increases not included in line 2 (itemize) ► Inc inv FMV 3 Add lines 1, 2, and 3 3 Decreases not included in line 2 (itemize) ► Inc inv FMV 4 Good in the decrease in the dot of year (line 4 minus line 5)—Part II, column (b), line 29 (6 303.571.		I				
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18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) 22 Other liabilities (describe ▶ 23 Total liabilities (add lines 17 through 22) 25 Foundations that follow FASB ASC 958, check here ▶ 26 and complete lines 24, 25, 29, and 30. 26 Net assets with odnor restrictions 27 Paid-in or capital surplus, or land, bldg , and equipment fund 28 Retained earnings, accumulated income, endowment, or other funds 29 Total liabilities and net assets/fund balances (see instructions) 30 Total liabilities and net assets/fund balances (see instructions) 31 Total ret 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) 3 Other increases not included in line 2 (itemize) ▶ nc.inv FMV 3 Add lines 1, 2, and 3 3 Decreases not included in line 2 (itemize) ▶ nc.inv FMV 4 3 30.571 5 Decreases not included in line 2 (itemize) ▶ nc.inv FMV 5 Total liabilities asset are dof year (line 4 minus line 5)—Part II, column (b), line 29 (must agree with fine 2 for 10 and 10 an	_	17	·····			
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Instructions)	ا ج			201,072	3	
Analysis of Changes in Net Assets or Fund Balances 1 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)	9 2			257 312	301 571	
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2 4,879 3 Other increases not included in line 2 (itemize) Inc inv FMV 3 41,380 4 Add lines 1, 2, and 3	1				اندا	257 312
3 41,380 4 Add lines 1, 2, and 3	2		the state of the s			
4 Add lines 1, 2, and 3	_		managed and male deal or less O (demons).			
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6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 . 6 303,571.	_	_				
Form 990-PF (2019)	6	Total r	net assets or fund halances at end of year fline 4 minus line 5_P	art II column (b) lin	e 29 6	
	<u> </u>	, otal I	the of the state o	, 001011111 (D), III1		

Par	Capital Gains and	Losses for Tax on Investme	ent Income				
		nd(s) of property sold (for example, real esta se, or common stock, 200 shs MLC Co)	ite,	(b) How acquired P—Purchase D—Donation	(c) Date a (mo , da		(d) Date sold (mo , day, yr)
1a	WELLS FARGO (SEE SCHED	ULE)		Р	VA	R	VAR
b							
c					ļ		
<u> </u>					<u> </u>		
e							<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis ense of sale			n or (loss) (f) minus (g))
— <u> </u>	82,752			81,698			1,059
b							
c							
d			<u> </u>				
e							
	Complete only for assets show	wing gain in column (h) and owned by	the foundation	on 12/31/69			(h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any	col (t less than -0-) or rom col (h))
a							
<u>b</u>							
c					·		
— <u>u</u>							
		(If gain als	o enter in Pai	rt Line 7			·
2	Capital gain net income or	(net capital loss) { If (loss), el	nter -0- in Par		2		1,059
3	If gain, also enter in Part I	or (loss) as defined in sections 12 , line 8, column (c) See instruction		, enter -0- ın }			
Pald	Part I, line 8			J [3		
		er Section 4940(e) for Reduce ate foundations subject to the sec					
Was t	s," the foundation doesn't qu	ection 4942 tax on the distributabualify under section 4940(e) Do no	t complete th	nis part			☐ Yes ☑ No
1	Enter the appropriate amou	unt in each column for each year,	see the instru	ctions before ma	iking any e	entries	(d)
Cale	Base period years indar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value of	(c) noncharitable-use as	sets		ribution ratio ivided by col (c))
	2018	11,83			7,093		0460
	2017 2016	2.50			3,427		0093
	2015	1,50			9,014 5,733		0025 2 9704
	2014	20,00			5,733		2 3 7 0 4
2	Total of line 1, column (d)			<u> </u>	2		2 0000
3		or the 5-year base period—divide	the total on	· ·	- ⊢	 	3 0282
J		indation has been in existence if le			. 3	· 	7570
4	Enter the net value of nonch	naritable-use assets for 2019 from	Part X, line 5		4	 	266 945
5	Multiply line 4 by line 3 .				. 5		202,077
6	Enter 1% of net investment	income (1% of Part I, line 27b)			. 6		118
7	Add lines 5 and 6				. 7	<u> </u>	202,195
		s from Part XII, line 4 er than line 7, check the box in Pa	.rt VI, line 1b,	and complete th	. 8 nat part us	ing a 19	7,000 % tax rate See the
	Part VI instructions						

Part		-see	instructions)
` 1a	Exempt operating foundations described in section 4940(d)(2), check here \(\bigcup \) 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	1	237
	here ► ☐ and enter 1% of Part I, line 27b		
С	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	237
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	237
6	Credits/Payments	经验	
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 314		
b	Exempt foreign organizations—tax withheld at source 6b		
С	Tax paid with application for extension of time to file (Form 8868) 6c 425		
d	Backup withholding erroneously withheld . 6d		
7	Total credits and payments Add lines 6a through 6d	7	739
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	502
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ 502 Refunded ▶	11	
Part	VII-A Statements Regarding Activities		<u> </u>
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or participate or intervene in any political campaign?	did it	Yes No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? Secunstructions for the definition	e the	1b 🗸
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any mater published or distributed by the foundation in connection with the activities	erials	
С	Did the foundation file Form 1120-POL for-this-year?		1c
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		Par Par
_	(1) On the foundation ► \$ (2) On foundation managers ► \$		
è	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impos	sed	
	on foundation managers ▶ \$		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2 /
	If "Yes," attach a detailed description of the activities		
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, art	ıcles	
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change	3.	3 🗸
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a 🗸
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4b
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5 🗸
	If "Yes," attach the statement required by General Instruction T		
	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?		6 /
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Pa	rt XV	7 /
	Enter the states to which the foundation reports or with which it is registered. See instructions		
	MARYLAND		
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Ger	neral	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b 🗸
	s the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Y	es,"	9 / /
	complete Part XIV	thoir	├ * -
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing to pames and addresses	ii ieli	10
	names and addresses		om 990-PF (2019)

:Pa	t.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		/
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		✓
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶	13	/	
14	The books are in care of ▶ SANDRA TILLOU Telephone no ▶ 3	01-988-	5020	
	Located at ► P O BOX 499 HAGERSTOWN, MD 21741 ZIP+4 ►	2174	1	
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			
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?	16	Yes	No ✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			
La	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	Tanasaneri		 -
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	発展を	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? Yes No			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☐ No (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 No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) . ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
С	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	no si	
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))			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?			
h				
Ü	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)	2b	201201	
С	If the provisions of section 4942(a)(2) are being applied to any 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?			
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 Form 4720, Schedule C, 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	<u>ज्यस्थ्या</u> क	√
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		

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Par	l VII-B	Statements Regarding Activiti	es for	Which Forr	n 4720) May Be i	Requir	ed (conti	nued)_	_		
5a	During th	e year, did the foundation pay or incu									Yes	No
	(1) Carry	on propaganda, or otherwise attemp	t to influ	uence legislat	ion (se	ction 4945(e	∍))? .	Yes	☑ No)	ستر ا	
	(2) Influe	nce the outcome of any specific pub	olic elec	tion (see sec	tion 49	955); or to c	arry on	١,		- :	; 4.	٠ 4
	dırect	ly or indirectly, any voter registration	drive?	•		•	•	Yes 🗌	☑ No	>		, ~ ,
		de a grant to an individual for travel, s	•					Yes	☑ No) . <i>'</i>		**
		de a grant to an organization other th			organ	ization desc	cribed ii	1			١,	. 1
		n 4945(d)(4)(A)? See instructions .				•	•	☐ Yes	☑ No	> "	1- "	ž.
		te for any purpose other than religiou	•			-	icationa	ıl 		-	1.	, .
		ses, or for the prevention of cruelty to						Yes	☑ No		١,,	' :
b		swer is "Yes" to 5a(1)-(5), did any of							scribed			٠
	_	tions section 53 4945 or in a current i		-			ee instr	uctions	. –	5b		
		ions relying on a current notice regar							▶ _			, ** K
С		wer is "Yes" to question 5a(4), does			n exen	nption from	the tax			1		*, 4.5
		t maintained expenditure responsibili	-	=	/			☐ Yes	☐ No	, 🚅	-	
Ω-		ittach the statement required by Regi						_		1 .		٠,
6a		undation, during the year, receive an onal benefit contract?	y tunas	, airectly or ir	idirecti	y, to pay pr	emiums	_			, , ,	
	•			. 61				Yes	ຼ⊠ No			- }
ď		undation, during the year, pay premit	ims, dir	ectly or indire	ectly, or	a persona	ı beneti	t contract	'	6b		
7.		66, file Form 8870.			had tav	ahaltar trans		□ Vaa			. →	, pi
		e during the tax year, was the foundation								7b		- 51
		lid the foundation receive any procee indation subject to the section 4960 t							17	1. 5.1		
0		ion or excess parachute payment(s)			more	111a11 \$1,000	,,000 111	Yes	[ZNa	- ,	•	÷
Part		nformation About Officers, Dire		·	ounda	ation Man	aners			1	اعمد	4_~
		and Contractors	Ciors,	musices, r	Ounda	illon man	agers,	inginy i	01U L	iiipioy	ccs,	
1		icers, directors, trustees, and foun	dation	managers a	nd thei	r compens	ation. S	See instru	ctions			
			(b) Tit	le, and average	(c) Co	ompensation	(d)	Contribution	s to	(e) Expe	nse acc	ount
		(a) Name and address		urs per week ited to position	(If	not paid, nter -0-)		oyee benefit erred compe			llowan	
OSAL	IE RIDENOL	IR .	Ì									
9722 A	METHHYST	DRIVE HAGERSTOWN, MD 21742	PRESI	IDENT 0 5		0	}		o			(
EVER	LY HOFFMA	N	1									
070 FA	IRPLAY RD	SHARP[SBURG, MD 21782	V PRE	ESIDENT		0			o			C
ANDR.	A SHEPHER	D										
36147	WOODLAND	HEIGHTS HAGERSTOWN MD 21740	SECR	ETARY		0			_			
ANDR	A TILLOU											
		CLEARSPRING, MD 21722		SURER	_	0			0			O
	Compensa "NONE."	ation of five highest-paid employe	es (oth	er than tho	se incl	uded on li	ne 1—:	see instru	uctions	s). If no	ne, e	nter
								(d) Contribu	tions to			
(a) Name and a	ddress of each employee paid more than \$50,0	00	(b) Title, and a hours per v	average veek	(c) Compen	sation	employee t	benefit ((e) Exper		
				devoted to p	osition			plans and d compens		other a	iiOwaiit	,53
						-						
							NONE		- 1			
												-
••									1			
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,	••••••			1		1						
			_	 								
							1					
tal nu	imber of o	ther employees paid over \$50,000					•		. ▶	N.	ONE	
									F	orm 990	-PF	2019)

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Parand Contractors (continued)	aid Employees,
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
otal number of others receiving over \$50,000 for professional services	, NONE
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 numorganizations and other beneficiaries served, conferences convened, research papers produced, etc.	noer of Expenses
1	
2	
3	
4	
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	
2	
All other program-related investments. See instructions	
otal. Add lines 1 through 3	NON
	Form 990-PF (2019

Pa	Minimum Investment Return (All domestic foundations must complete this part. Fore	eign found	dations,
	see 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	270,320
b	Average of monthly cash balances	1b	690
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	271,010
е	Reduction claimed for blockage or other factors reported on lines 1a and	27.7	
	1c (attach detailed explanation)	0 25 25	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d .	3	271,010
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	_ 4,065
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	266,945
6	Minimum investment return. Enter 5% of line 5	6	13,347
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations, check here ► and do not complete this part)	foundatio	ns
1	Minimum investment return from Part X, line 6	1	13,347
2a	Tax on investment income for 2019 from Part VI, line 5 . 2a 237	, -	
b	Income tax for 2019 (This does not include the tax from Part VI) 2b]]	
С	Add lines 2a and 2b	2c	237
3	Distributable amount before adjustments Subtract line 2c from line 1	3	13,110
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	13,110
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	13,110
Par	XIL Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	7,000
b	Program-related investments—total from Part IX-B .	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	Ī	
	purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the	- i	
а	Suitability test (prior IRS approval required)	3a	_ 0
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	7,000,
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		•
	Enter 1% of Part I, line 27b See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	7,000
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years	g whether	the foundation

Par	t XIII Undistributed Income (see instruct	ions)			
		(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part XI, line 7				13,110
2	Undistributed income, if any, as of the end of 2019				
а	• • • • • • • • • • • • • • • • • • • •			5,828	
b			0		
3	Excess distributions carryover, if any, to 2019				
a	From 2014				
b	From 2015 From 2016				
c d	From 2017				
e	From 2018				
f	Total of lines 3a through e	Day of the second secon			
4	Qualifying distributions for 2019 from Part XII,			Cr July will a care and a care and a care a	
	line 4 ▶ \$ 7,000				
à	Applied to 2018, but not more than line 2a			, 5,828	
b	Applied to undistributed income of prior years (Election required—see instructions).		, 0		
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2019 distributable amount				1,172
е	Remaining amount distributed out of corpus		THE STATE OF THE S		
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same				
	amount must be shown in column (a))				<u>_</u>
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	,			
b	Prior years' undistributed income Subtract line 4b from line 2b		100 mg		
С	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.		10 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
ď	Subtract line 6c from 'line 6b Taxable amount—see instructions .		and the second s		
e	Undistributed income for 2018 Subtract line. 4a from line 2a Taxable amount—see instructions			ाह्य मुख्या सुप्तान्त्र । इस्	
f	Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				11,938
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)	0.000 A.			
8	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).				
	Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	O			
	Analysis of line 9				
	Excess from 20150				
~	Excess from 2016 :				
	Excess from 2017				
	Excess from 2018				
e	Excess from 2019 0				Form 990-PF (2019)

	NO Private Operating Foundation	tions (see instr	uctions and Par	t VII-A question	9)	Page 1
	If the foundation has received a ruling				3)	
Ia	foundation, and the ruling is effective fo	="		private operating		
b	Check box to indicate whether the four	ndation is a privat	e operating founda	ation described in s	ection	3) or 🗌 4942(j)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(0) 1012.
	each year listed				1	
	85% of line 2a		<u> </u>		<u> </u>	
С	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					
е	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					
а	"Assets" alternative test enter					
	(1) Value of all assets (2) Value of assets qualifying under	-/-				
h	section 4942(j)(3)(B)(i)		<u> </u>			
b	"Endowment" alternative test—enter do ninimum investment return shown in Part X, line 6, for each year listed					
С	"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.	Supplementary Information any time during the year—	•		he foundation h	ad \$5,000 or mo	re in assets a
	Information Regarding Foundation M	•				
	List any managers of the foundation w before the close of any tax year (but on					by the foundation
NONE						
	List any managers of the foundation v	/ho own 10% or	more of the stoc	k of a corporation	(or an equally larg	ge portion of the
	ownership of a partnership or other ent	ity) of which the t	oundation has a 1	10% or greater inte	erest.	
ONE						
2	Information Regarding Contribution,	Grant, Gift, Loa	n, Scholarship, e	tc., Programs:		
	Check here > 🖸 if the foundation of					
	unsolicited requests for funds. If the for		jifts, grants, etc., i	to individuals or or	ganizations under o	other conditions
	complete items 2a, b, c, and d See ins		f the mar	te wheel conficed	ione aboutd be add	drannad
а	The name, address, and telephone num	idei oi emaii add	ress or the persor	i to whom applicat	DB 9d Dibons Shori	11 E33EU
	E RIDENOUR 19722 AMETHYST DRIVE HAG			_ _		
b ⁻	The form in which applications should b	e submitted and	information and r	naterials they shou	ıld ınclude	
C /	Any submission deadlines.					
٠ ام	Any restrictions or limitations on awa	rde euch as his	geographical are	age charitable for	lde kinde of inetit	utions or other
	any restrictions or limitations on awa factors.	rus, such as by	geographical are	cas, chantable ne	ius, Kilius Ul IIISUI	anons, or other

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation show any relationship to any foundation manager or substantial contributor Purpose of grant or status of Amount contribution recipient Name and address (home or business) a Paid during the year 2,000 BROOK'S HOUSE 17670 TECHNOLOGHY BLVD HAGERSTOWN MD 21740 SUBSTANCE ABUSE TREATMENT N/A 509a1 HOSPICE OF WASHINGTON COUNTY 747 NORTHERN AVE 3,000 PROVIDE CARE & FAMILLY SUPPORT TERMINALLY ILL HAGERSTOWN, MD 21742 N/A 509A1 SENIOR LIVING ALTERNATIVES, INC-HOLLY PLACE 268 S POTOMAC ST HAGERSTOWN, MD 21740 PROVIDE MEDICAL CARE 2000 N/A 509A1 Total За 7,000 Approved for future payment Total 0

Pa	rt XVI-A Analysis of Income	e-Producing Ad	ctivities				
Ente	er gross amounts unless otherwise in	ndicated	Unrelated bu	isiness income	Excluded by sec	tion 512, 513, or 514	(e)
			(a)	(b)	(c)	(d)	Related or exemp
			Business code	Amount	Exclusion code		function income
1	Program service revenue						(See instructions
	a						
	b						
	•						
	d			· · · · · · · · · · · · · · · · · · ·			
	е						
	f					-	
	· — — — — — — — — — — — — — — — — — — —				 		
_	g Fees and contracts from govern	•			 		
2							
3	Interest on savings and temporary ca				14	1	
4	Dividends and interest from securit				14	13,964	
5	Net rental income or (loss) from rea	al estate.	State Broke	رُ مِنْ سَا تُسَلِّعِهُ مِنْ		where the state of	京都有于""。
	 a Debt-financed property 						
	b Not debt-financed property	Ì		<u></u>			
6	Net rental income or (loss) from per	rsonal property	- 1	·			
7	Other investment income		+				
8	Gain or (loss) from sales of assets other	ar than inventory			14	1,059	
	Net income or (loss) from special ev		+		14	1,039	
			+		 		
10	, , ,	nventory .					
11					ļ;		
	b						
	С						
	d	1			1 1		
	е						
	Ç						
12		(e) .			المناتج ومنصدت وال	15.024	0
	Subtotal Add columns (b), (d), and	(e) . [***		The same way of		15.024
13	Subtotal Add columns (b), (d), and Total. Add line 12, columns (b), (d),	and (e)			1 The second of the	15,024	0 15,024
13 See	Subtotal Add columns (b), (d), and Total. Add line 12, columns (b), (d), worksheet in line 13 instructions to	and (e) verify calculations					
13 See Pal	Subtotal Add columns (b), (d), and Total. Add line 12, columns (b), (d), worksheet in line 13 instructions to VEX. Relationship of Acti	and (e)	:) complishme	nt of Exemp	t Purposes	13	15,024
13 See Sei Line	Subtotal Add columns (b), (d), and Total. Add line 12, columns (b), (d), worksheet in line 13 instructions to VEX. Relationship of Acti	and (e)	:) complishme	nt of Exemp	t Purposes	13	15,024
13 See Sei Line	Subtotal Add columns (b), (d), and Total. Add line 12, columns (b), (d), worksheet in line 13 instructions to VEVEE Relationship of Acti	and (e)	:) complishme	nt of Exemp	t Purposes	13	15,024
13 See Sei Line	Subtotal Add columns (b), (d), and Total. Add line 12, columns (b), (d), worksheet in line 13 instructions to VEX. Relationship of Acti	and (e)	:) complishme	nt of Exemp	t Purposes	13	15,024
13 See Sei Line	Subtotal Add columns (b), (d), and Total. Add line 12, columns (b), (d), worksheet in line 13 instructions to VEX. Relationship of Acti	and (e)	:) complishme	nt of Exemp	t Purposes	13	15,024
13 See Sei Line	Subtotal Add columns (b), (d), and Total. Add line 12, columns (b), (d), worksheet in line 13 instructions to VEX. Relationship of Acti	and (e)	:) complishme	nt of Exemp	t Purposes	13	15,024
13 See Sei Line	Subtotal Add columns (b), (d), and Total. Add line 12, columns (b), (d), worksheet in line 13 instructions to VEX. Relationship of Acti	and (e)	:) complishme	nt of Exemp	t Purposes	13	15,024
13 See Sei Line	Subtotal Add columns (b), (d), and Total. Add line 12, columns (b), (d), worksheet in line 13 instructions to VEX. Relationship of Acti	and (e)	:) complishme	nt of Exemp	t Purposes	13	15,024
13 See Sei Line	Subtotal Add columns (b), (d), and Total. Add line 12, columns (b), (d), worksheet in line 13 instructions to VEX. Relationship of Acti	and (e)	:) complishme	nt of Exemp	t Purposes	13	15,024
13 See Sei Line	Subtotal Add columns (b), (d), and Total. Add line 12, columns (b), (d), worksheet in line 13 instructions to VEX. Relationship of Acti	and (e)	:) complishme	nt of Exemp	t Purposes	13	15,024
13 See Sei Line	Subtotal Add columns (b), (d), and Total. Add line 12, columns (b), (d), worksheet in line 13 instructions to VEX. Relationship of Acti	and (e)	:) complishme	nt of Exemp	t Purposes	13	15,024
13 See Sei Line	Subtotal Add columns (b), (d), and Total. Add line 12, columns (b), (d), worksheet in line 13 instructions to VEX. Relationship of Acti	and (e)	:) complishme	nt of Exemp	t Purposes	13	15,024
13 See Sei Line	Subtotal Add columns (b), (d), and Total. Add line 12, columns (b), (d), worksheet in line 13 instructions to VEX. Relationship of Acti	and (e)	:) complishme	nt of Exemp	t Purposes	13	15,024
13 See Sei Line	Subtotal Add columns (b), (d), and Total. Add line 12, columns (b), (d), worksheet in line 13 instructions to VEX. Relationship of Acti	and (e)	:) complishme	nt of Exemp	t Purposes	13	15,024
13 See Sei Line	Subtotal Add columns (b), (d), and Total. Add line 12, columns (b), (d), worksheet in line 13 instructions to VEX. Relationship of Acti	and (e)	:) complishme	nt of Exemp	t Purposes	13	15,024
13 See Sei Line	Subtotal Add columns (b), (d), and Total. Add line 12, columns (b), (d), worksheet in line 13 instructions to VEX. Relationship of Acti	and (e)	:) complishme	nt of Exemp	t Purposes	13	15,024
13 See Sei Line	Subtotal Add columns (b), (d), and Total. Add line 12, columns (b), (d), worksheet in line 13 instructions to VEX. Relationship of Acti	and (e)	:) complishme	nt of Exemp	t Purposes	13	15,024
13 See Sei Line	Subtotal Add columns (b), (d), and Total. Add line 12, columns (b), (d), worksheet in line 13 instructions to VEX. Relationship of Acti	and (e)	:) complishme	nt of Exemp	t Purposes	13	15,024
13 See Sei Line	Subtotal Add columns (b), (d), and Total. Add line 12, columns (b), (d), worksheet in line 13 instructions to VEX. Relationship of Acti	and (e)	:) complishme	nt of Exemp	t Purposes	13	15,024
13 See Sei Line	Subtotal Add columns (b), (d), and Total. Add line 12, columns (b), (d), worksheet in line 13 instructions to VEX. Relationship of Acti	and (e)	:) complishme	nt of Exemp	t Purposes	13	15,024
13 See Sei Line	Subtotal Add columns (b), (d), and Total. Add line 12, columns (b), (d), worksheet in line 13 instructions to VEX. Relationship of Acti	and (e)	:) complishme	nt of Exemp	t Purposes	13	15,024
13 See Sei Line	Subtotal Add columns (b), (d), and Total. Add line 12, columns (b), (d), worksheet in line 13 instructions to VEX. Relationship of Acti	and (e)	:) complishme	nt of Exemp	t Purposes	13	15,024
13 See Sei Line	Subtotal Add columns (b), (d), and Total. Add line 12, columns (b), (d), worksheet in line 13 instructions to VEX. Relationship of Acti	and (e)	:) complishme	nt of Exemp	t Purposes	13	15,024
13 See Sei Line	Subtotal Add columns (b), (d), and Total. Add line 12, columns (b), (d), worksheet in line 13 instructions to VEX. Relationship of Acti	and (e)	:) complishme	nt of Exemp	t Purposes	13	15,024
13 See Sei Line	Subtotal Add columns (b), (d), and Total. Add line 12, columns (b), (d), worksheet in line 13 instructions to VEX. Relationship of Acti	and (e)	:) complishme	nt of Exemp	t Purposes	13	15,024
13 See Sei Line	Subtotal Add columns (b), (d), and Total. Add line 12, columns (b), (d), worksheet in line 13 instructions to VEX. Relationship of Acti	and (e)	:) complishme	nt of Exemp	t Purposes	13	15,024
13 See Sei Line	Subtotal Add columns (b), (d), and Total. Add line 12, columns (b), (d), worksheet in line 13 instructions to VEX. Relationship of Acti	and (e)	:) complishme	nt of Exemp	t Purposes	13	15,024
13 See Sei Line	Subtotal Add columns (b), (d), and Total. Add line 12, columns (b), (d), worksheet in line 13 instructions to VEX. Relationship of Acti	and (e)	:) complishme	nt of Exemp	t Purposes	13	15,024

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Part X	(VII		on Regarding Tr	ansfers to and	Transactio	ns and F	Relationsh	nips \	With I	Nonch	naritable E	xemp
i.	n secti organiza	on 501(c) (itions?	directly or indirectl other than section	n 501(c)(3) orga	nizations) oi	ın sect	ion 527, r	anızat elatın	tion de g to	escribe politica	ed Ye	s No
a T	ransfer	s from the re	porting foundation	to a noncharitabl	le exempt org	ganızatıon	of				F	15
(Cast 	1			•						1a(1)	_ <
(2	2) Othe	r assets .									1a(2)	√
b C	Other tra	ansactions:									35 E	A
(-	1) Sales	s of assets to	a noncharitable e	xempt organizatio	on .						1b(1)	
			ets from a nonchar								1b(2)	17
			s, equipment, or oth		, and a little in the		•	•		•	1b(3)	17
-			rrangements .	101 433013	• •	• •		• •		•	1b(4)	 ` /
-			-				•	• •		•		
		s or loan gua				_		•			1b(5)	- /
			ervices or member				•		•	•	1b(6)	+ <
			equipment, mailing				•		•		1c	
			of the above is "Y									
			ther assets, or ser									
V	alue in a	any transacti	on or sharing arran	 								
(a) Line no	ıA (d) c	mount involved	(c) Name of non	charitable exempt org	anization	(d) Descr	ription of transf	fers, tra	nsactio	ns, and s	sharing arrange	ments
											_	
												_
												
	+						 					
	-											
	\perp											
	İ								_			
				• • • • • • • • • • • • • • • • • • • •								_
	+								•			
	1											
	 								_			
							_					
de	scribed	I in section 5	ectly or indirectly a 01(c) (other than se following schedule	ection 501(c)(3)) o			ore tax-exe	mpt o	organi	zations	Yes [Z No
(a) Name of organization				(b) Type of organization				(c) Description of relationship				
												_
												
							 					
			declare that I have examin ration of preparer (other th						best of r	ny knowi	edge and belief,	it is true
lere		of officer or trust	nder Ille	on 11/7/		May the IF with the pr				below?		
	<u> </u>			-, -	Title		Data			_=	PTIN	
aid	Print	/Type preparer's	s пате	Preparer's signatur	U		Date		Check		LLIIN	
repare	r L								self-er	nployed		_
se Onl									EIN ►			
Se Oill	'y	s address >						Phone	e no			
	1										Form 990-P	E (2010