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Return of Private Foundation

OMB No 1545-0052

or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

2010

Department of the Treasury
Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2010, or tax year beginning JUL 1, 2010, and ending JUN 30, 2011

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

| | | |
|---|--|--|
| Name of foundation THE PRESSER FOUNDATION | | A Employer identification number 23-2164013 |
| Number and street (or P O box number if mail is not delivered to street address) 385 LANCASTER AVENUE | Room/suite 205 | B Telephone number (610) 658-9030 |
| City or town, state, and ZIP code HAVERFORD, PA 19041 | | C If exemption application is pending, check here <input type="checkbox"/> |
| H 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 | | D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 59,440,527. | J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> |
| (Part I, column (d) must be on cash basis) | | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--|--|------------------------------------|---------------------------|-------------------------|---|
| 1 Contributions, gifts, grants, etc., received | | 1,740,171. | | N/A | |
| 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B | | | | | |
| 3 Interest on savings and temporary cash investments | | | | | |
| 4 Dividends and interest from securities | | 527,006. | 527,006. | | STATEMENT 1 |
| 5a Gross rents | | | | | |
| b Net rental income or (loss) | | | | | |
| 6a Net gain or (loss) from sale of assets not on line 10 | | 130,604. | | | |
| b Gross sales price for all assets on line 6a | | 2,622,401. | | | |
| 7 Capital gain net income (from Part IV, line 2) | | | 130,604. | | |
| 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) | | | | | |
| 11 Other income | | 58,776. | 58,776. | | STATEMENT 2 |
| 12 Total Add lines 1 through 11 | | 2,456,557. | 716,386. | | |
| 13 Compensation of officers, directors, trustees, etc | | 0. | 0. | | 0. |
| 14 Other employee salaries and wages | | 82,500. | 16,500. | | 66,000. |
| 15 Pension plans, employee benefits | | 23,251. | 4,650. | | 18,601. |
| 16a Legal fees STMT 3 | | 28,465. | 0. | | 28,465. |
| b Accounting fees STMT 4 | | 34,667. | 0. | | 34,667. |
| c Other professional fees STMT 5 | | 23,750. | 0. | | 23,750. |
| 17 Interest | | | | | |
| 18 Taxes STMT 6 | | 7,803. | 2,754. | | 5,049. |
| 19 Depreciation and depletion | | 129. | 129. | | |
| 20 Occupancy | | 21,429. | 4,286. | | 17,143. |
| 21 Travel, conferences, and meetings | | | | | |
| 22 Printing and publications | | | | | |
| 23 Other expenses STMT 7 | | 17,194. | 3,439. | | 13,755. |
| 24 Total operating and administrative expenses. Add lines 13 through 23 | | 239,188. | 31,758. | | 207,430. |
| 25 Contributions, gifts, grants paid | | 3,733,317. | | | 2,385,075. |
| 26 Total expenses and disbursements Add lines 24 and 25 | | 3,972,505. | 31,758. | | 2,592,505. |
| 27 Subtract line 26 from line 12: | | | | | |
| a Excess of revenue over expenses and disbursements | | <1,515,948.> | | | |
| b Net investment income (if negative, enter -0-) | | | 684,628. | | |
| c Adjusted net income (if negative, enter -0-) | | | | N/A | |

Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only

| | | Beginning of year | End of year | |
|---|--|-------------------|----------------|-----------------------|
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| Assets | 1 Cash - non-interest-bearing | 580,077. | 462,334. | 462,334. |
| | 2 Savings and temporary cash investments | | | |
| | 3 Accounts receivable ▶ | | | |
| | Less: allowance for doubtful accounts ▶ | | | |
| | 4 Pledges receivable ▶ | | | |
| | Less: allowance for doubtful accounts ▶ | | | |
| | 5 Grants receivable | 200,000. | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons | | | |
| | 7 Other notes and loans receivable ▶ 384,075. | | | |
| | Less: allowance for doubtful accounts ▶ 0. | 325,299. | 384,075. | 384,075. |
| | 8 Inventories for sale or use | | | |
| | 9 Prepaid expenses and deferred charges | 3,447. | 5,289. | 5,289. |
| | 10a Investments - U.S. and state government obligations | | | |
| | b Investments - corporate stock | | | |
| | c Investments - corporate bonds | | | |
| Liabilities | 11 Investments - land, buildings, and equipment: basis ▶ | | | |
| | Less: accumulated depreciation ▶ | | | |
| | 12 Investments - mortgage loans | | | |
| | 13 Investments - other STMT 9 | 19,757,554. | 22,644,259. | 22,644,259. |
| | 14 Land, buildings, and equipment: basis ▶ 18,813. | | | |
| | Less: accumulated depreciation ▶ 16,882. | 451. | 1,931. | 1,931. |
| | 15 Other assets (describe ▶ STATEMENT 10) | 31,538,296. | 35,942,639. | 35,942,639. |
| | 16 Total assets (to be completed by all filers) | 52,405,124. | 59,440,527. | 59,440,527. |
| | 17 Accounts payable and accrued expenses | 2,749. | 4,380. | |
| | 18 Grants payable | 638,194. | 1,986,436. | |
| Net Assets or Fund Balances | 19 Deferred revenue | | | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 Mortgages and other notes payable | | | |
| | 22 Other liabilities (describe ▶ STATEMENT 11) | 807,714. | 267,273. | |
| | 23 Total liabilities (add lines 17 through 22) | 1,448,657. | 2,258,089. | |
| Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> | 24 Unrestricted | 19,664,974. | 21,505,126. | |
| | 25 Temporarily restricted | | | |
| | 26 Permanently restricted | 31,291,493. | 35,677,312. | |
| | Foundations that do not follow SFAS 117, check here <input type="checkbox"/> | | | |
| | 27 Capital stock, trust principal, or current funds | | | |
| | 28 Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| | 29 Retained earnings, accumulated income, endowment, or other funds | | | |
| | 30 Total net assets or fund balances | 50,956,467. | 57,182,438. | |
| 31 Total liabilities and net assets/fund balances | 52,405,124. | 59,440,527. | | |

Part III 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 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 50,956,467. |
| 2 Enter amount from Part I, line 27a | 2 | <1,515,948.> |
| 3 Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 8 | 3 | 7,741,919. |
| 4 Add lines 1, 2, and 3 | 4 | 57,182,438. |
| 5 Decreases not included in line 2 (itemize) ▶ | 5 | 0. |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | 57,182,438. |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) 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) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|--|--|--------------------------------------|----------------------------------|
| 1a AVAILABLE AT TAXPAYER'S OFFICE | P | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) |
|-----------------------|--|---|--|
| a 2,622,401. | | 2,491,797. | 130,604. |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | (i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) |
|---|--------------------------------------|---|---|
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | |
| a | | | 130,604. |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| | | | |
|--|---|----------|----------|
| 2 Capital gain net income or (net capital loss) | <div> <div>If gain, also enter in Part I, line 7</div> <div>If (loss), enter -0- in Part I, line 7</div> </div> | 2 | 130,604. |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 | | 3 | N/A |

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.

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (col. (b) divided by col. (c)) |
|--|--|--|---|
| 2009 | 2,400,911. | 21,337,177. | .112522 |
| 2008 | 2,771,595. | 18,657,346. | .148552 |
| 2007 | 3,293,777. | 24,010,992. | .137178 |
| 2006 | 3,114,196. | 24,331,983. | .127988 |
| 2005 | 2,604,008. | 22,849,186. | .113965 |

| | | |
|---|----------|-------------|
| 2 Total of line 1, column (d) | 2 | .640205 |
| 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years | 3 | .128041 |
| 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 | 4 | 22,321,727. |
| 5 Multiply line 4 by line 3 | 5 | 2,858,096. |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | 6 | 6,846. |
| 7 Add lines 5 and 6 | 7 | 2,864,942. |
| 8 Enter qualifying distributions from Part XII, line 4 | 8 | 2,592,505. |

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. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions) | | 1 | 13,693. |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b | | 2 | 0. |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | | 3 | 13,693. |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | 4 | 0. |
| 3 Add lines 1 and 2 | | 5 | 13,693. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | 6a | 2,930. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | 6b | |
| 6 Credits/Payments: | | 6c | 11,000. |
| a 2010 estimated tax payments and 2009 overpayment credited to 2010 | | 6d | |
| b Exempt foreign organizations - tax withheld at source | | 7 | 13,930. |
| c Tax paid with application for extension of time to file (Form 8868) | | 8 | 216. |
| d Backup withholding erroneously withheld | | 9 | |
| 7 Total credits and payments. Add lines 6a through 6d | | 10 | 21. |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached | | 11 | 0. |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | |
| 11 Enter the amount of line 10 to be: Credited to 2011 estimated tax <input type="checkbox"/> 21. Refunded <input type="checkbox"/> | | | |

Part VII A Statements Regarding Activities

| | Yes | No |
|---|-----|----|
| 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? | | X |
| 1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 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 | | X |
| 1c Did the foundation file Form 1120-POL for this year? | | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0. | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0. | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. | | X |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | X |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T. | | X |
| 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? | X | |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV. | X | |
| 8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> 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? If "No," attach explanation | X | |
| 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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV | | X |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | X |

N/A

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 | | X |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A | 13 | X | |
| 14 | The books are in care of ► SUSAN LEE Telephone no. ► (215) 858-1485 Located at ► 231 CRICKET AVENUE, GLENSIDE, PA ZIP+4 ► 19038 | | | |
| 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 ► 15 N/A | | | |
| 16 | At any time during calendar year 2010, 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 page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ► | 16 | Yes | No |
| | | | | X |

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 type="checkbox"/> Yes <input checked="" 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? (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.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/> | 1b | X |
| 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 2010? | 1c | X |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | | |
| a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? If "Yes," list the years ► | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) | N/A | 2b |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► | | |
| 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 2010 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 2010.) | N/A | 3b |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | | 4a |
| 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 2010? | | 4b |
| | | X |

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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:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any 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)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒

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?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

X

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

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

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 |
|----------------------|---|---|---|---------------------------------------|
| SEE STATEMENT 12 | | 0. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| MARIEL FRANK - 385 LANCASTER AVE, HAVERFORD, PA 19041 | ADMIN. | 82,500. | 23,251. | 0. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

0

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

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total number of others receiving over \$50,000 for professional services

0

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 ASSISTANCE OF NEEDY MUSIC TEACHERS | |
| | 247,175. |
| 2 MUSIC SCHOLARSHIPS TO STUDENTS IN UNIVERSITIES IN THE UNITED STATES | |
| | 1,238,400. |
| 3 GRANTS TO SCHOOLS/ORGANIZATIONS FOR SPECIAL MUSIC PROJECTS | |
| | 325,500. |
| 4 GRANTS TO MUSICAL ORGANIZATIONS FOR THE ADVANCEMENT OF MUSIC | |
| | 574,000. |

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

| | Amount |
|--|--------|
| 1 N/A | |
| | |
| 2 | |
| | |
| All other program-related investments. See instructions. | |
| 3 | |
| | |

Total. Add lines 1 through 3

0.

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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 | 21,968,328. |
| b | Average of monthly cash balances | 1b | 36,702. |
| c | Fair market value of all other assets | 1c | 656,622. |
| d | Total (add lines 1a, b, and c) | 1d | 22,661,652. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | 0. |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 22,661,652. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 339,925. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 22,321,727. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 1,116,086. |

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

| | | | |
|----|--|----|------------|
| 1 | Minimum investment return from Part X, line 6 | 1 | 1,116,086. |
| 2a | Tax on investment income for 2010 from Part VI, line 5 | 2a | 13,693. |
| b | Income tax for 2010. (This does not include the tax from Part VI.) | 2b | |
| c | Add lines 2a and 2b | 2c | 13,693. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 1,102,393. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 1,102,393. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 1,102,393. |

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 | 2,592,505. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| 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 | 2,592,505. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 2,592,505. |

Note. 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 2009 | (c) 2009 | (d) 2010 |
|---|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2010 from Part XI, line 7 | | | | 1,102,393. |
| 2 Undistributed income, if any, as of the end of 2010 | | | | |
| a Enter amount for 2009 only | | | 0. | |
| b Total for prior years: | | 0. | | |
| 3 Excess distributions carryover, if any, to 2010: | | | | |
| a From 2005 | | | | |
| b From 2006 | | | | |
| c From 2007 | | | | |
| d From 2008 | | | | |
| e From 2009 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2010 from Part XII, line 4: ▶ \$ 2,592,505. | | | | |
| a Applied to 2009, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus (Election required - see instructions) | 0. | | | |
| d Applied to 2010 distributable amount | | | | 1,102,393. |
| e Remaining amount distributed out of corpus | 1,490,112. | | | |
| 5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | 1,490,112. | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable amount - see instructions | | 0. | | |
| e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011 | | | | 0. |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) | 1,490,112. | | | |
| 8 Excess distributions carryover from 2005 not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2006 | | | | |
| b Excess from 2007 | | | | |
| c Excess from 2008 | | | | |
| d Excess from 2009 | | | | |
| e Excess from 2010 | | | | |

N/A

- ☐ 4942(j)(3) or ☐ 4942(j)(5)

- 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

Form **990-PF** (2010)

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 |
|--|--|--------------------------------------|-------------------------------------|------------------------|
| a Paid during the year SEE STATEMENT 17 | | | | 2,385,075. |
| Total | | | | ▶ 3a 2,385,075. |
| b Approved for future payment NONE | | | | |
| Total | | | | ▶ 3b 0. |

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2010

Name of the organization

Employer identification number

THE PRESSER FOUNDATION

23-2164013

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)() (enter number) organization☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

THE PRESSER FOUNDATION

23-2164013

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|---|--------------------------------|---|
| 1 | THEODORE PRESSER FOUNDATION 385 LANCASTER AVENUE #205 HAVERFORD, PA 19041 | \$ 1,740,171. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Name of organization

Employer identification number

THE PRESSER FOUNDATION**23-2164013****Part II Noncash Property** (see instructions)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

Name of organization

Employer identification number

THE PRESSER FOUNDATION**23-2164013**

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once See instructions) ▶ \$

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---|-----------------|--|
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |

| FORM 990-PF | | DIVIDENDS AND INTEREST FROM SECURITIES | STATEMENT | 1 |
|--|--------------|--|----------------------|---|
| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDENDS | COLUMN (A) AMOUNT | |
| VARIOUS - DETAILS AVAIL AT TAXPAYERS OFFICE | 527,006. | 0. | 527,006. | |
| TOTAL TO FM 990-PF, PART I, LN 4 | 527,006. | 0. | 527,006. | |

| FORM 990-PF | | OTHER INCOME | STATEMENT | 2 |
|---------------------------------------|-----------------------------|-----------------------------------|-------------------------------|---|
| DESCRIPTION | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | |
| INTEREST ON NOTE RECEIVABLE | 58,776. | 58,776. | | |
| TOTAL TO FORM 990-PF, PART I, LINE 11 | 58,776. | 58,776. | | |

| FORM 990-PF | | LEGAL FEES | STATEMENT | 3 |
|----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| LEGAL | 28,465. | 0. | | 28,465. |
| TO FM 990-PF, PG 1, LN 16A | 28,465. | 0. | | 28,465. |

| FORM 990-PF | | ACCOUNTING FEES | STATEMENT | 4 |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| ACCOUNTING FEES | 34,667. | 0. | | 34,667. |
| TO FORM 990-PF, PG 1, LN 16B | 34,667. | 0. | | 34,667. |

| | | | |
|-------------|-------------------------|-----------|---|
| FORM 990-PF | OTHER PROFESSIONAL FEES | STATEMENT | 5 |
|-------------|-------------------------|-----------|---|

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| OTHER PROFESSIONAL FEES | 23,750. | 0. | | 23,750. |
| TO FORM 990-PF, PG 1, LN 16C | 23,750. | 0. | | 23,750. |

| | | | |
|-------------|-------|-----------|---|
| FORM 990-PF | TAXES | STATEMENT | 6 |
|-------------|-------|-----------|---|

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| PAYROLL ADMINISTRATION | 6,311. | 1,262. | | 5,049. |
| EXCISE TAX | 1,492. | 1,492. | | 0. |
| TO FORM 990-PF, PG 1, LN 18 | 7,803. | 2,754. | | 5,049. |

| | | | |
|-------------|----------------|-----------|---|
| FORM 990-PF | OTHER EXPENSES | STATEMENT | 7 |
|-------------|----------------|-----------|---|

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| SEE STATEMENT 15 | 17,194. | 3,439. | | 13,755. |
| TO FORM 990-PF, PG 1, LN 23 | 17,194. | 3,439. | | 13,755. |

| | | | |
|-------------|--|-----------|---|
| FORM 990-PF | OTHER INCREASES IN NET ASSETS OR FUND BALANCES | STATEMENT | 8 |
|-------------|--|-----------|---|

| DESCRIPTION | AMOUNT |
|---|------------|
| NET UNREALIZED GAINS ON LONG TERM INVESTMENTS | 3,356,100. |
| REALIZED AND UNREALIZED GAIN-T/U/W THEODORE PRESSER-BENEFICIAL INTEREST | 4,385,819. |
| TOTAL TO FORM 990-PF, PART III, LINE 3 | 7,741,919. |

| | | | |
|-------------|-------------------|-----------|---|
| FORM 990-PF | OTHER INVESTMENTS | STATEMENT | 9 |
|-------------|-------------------|-----------|---|

| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
|--|---------------------|-------------|----------------------|
| MUTUAL FUNDS | COST | 22,644,259. | 22,644,259. |
| TOTAL TO FORM 990-PF, PART II, LINE 13 | | 22,644,259. | 22,644,259. |

| | | | |
|-------------|--------------|-----------|----|
| FORM 990-PF | OTHER ASSETS | STATEMENT | 10 |
|-------------|--------------|-----------|----|

| DESCRIPTION | BEGINNING OF YR BOOK VALUE | END OF YEAR BOOK VALUE | FAIR MARKET VALUE |
|--|-------------------------------|---------------------------|----------------------|
| BENEFICIAL INTEREST IN PERPETUAL TRUST | 31,291,493. | 35,677,312. | 35,677,312. |
| OTHER ASSETS | 246,803. | 265,327. | 265,327. |
| TO FORM 990-PF, PART II, LINE 15 | 31,538,296. | 35,942,639. | 35,942,639. |

| | | | |
|-------------|-------------------|-----------|----|
| FORM 990-PF | OTHER LIABILITIES | STATEMENT | 11 |
|-------------|-------------------|-----------|----|

| DESCRIPTION | BOY AMOUNT | EOY AMOUNT |
|--|------------|------------|
| PAYROLL TAXES WITHHELD | 1,313. | 1,792. |
| DEFERRED COMPENSATION | 246,803. | 265,327. |
| DUE TO AFFILIATE | 559,598. | 154. |
| TOTAL TO FORM 990-PF, PART II, LINE 22 | 807,714. | 267,273. |

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 12

| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
|---|--------------------------|-------------------|---------------------------------|--------------------|
| ROBERT CAPANNA 385 LANCASTER AVENUE, #205 HAVERFORD, PA 19041 | PRESIDENT 5.00 | 0. | 0. | 0. |
| JEFFREY CORNELIUS 385 LANCASTER AVENUE, #205 HAVERFORD, PA 19041 | VICE PRESIDENT 2.00 | 0. | 0. | 0. |
| WILLIAM M. DAVISON, IV 385 LANCASTER AVENUE, #205 HAVERFORD, PA 19041 | TREASURER 2.00 | 0. | 0. | 0. |
| LUCINDA LANDRETH 385 LANCASTER AVENUE, #205 HAVERFORD, PA 19041 | SECRETARY 2.00 | 0. | 0. | 0. |
| EDITH A. REINHARDT 385 LANCASTER AVENUE, #205 HAVERFORD, PA 19041 | FORMER PRESIDENT 2.00 | 0. | 0. | 0. |
| SEE ATTACHED LIST OF TRUSTEES | 0.00 | 0. | 0. | 0. |
| TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII | | 0. | 0. | 0. |

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XV, LINES 2A THROUGH 2D

STATEMENT 13

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MARIEL FRANK, C/O PRESSER FOUNDATION
385 LANCASTER AVENUE, STE 205
HAVERFORD, PA 19041

TELEPHONE NUMBER

610-658-9030

FORM AND CONTENT OF APPLICATIONS

SEE ATTACHED COPIES OF FORMS FOR APPLICATION BY AN EDUCATIONAL INSTITUTION
FOR SCHOLARSHIP AID AND BY NEEDY MUSIC TEACHERS FOR FINANCIAL AID.

ANY SUBMISSION DEADLINES

NO DEADLINES ARE ESTABLISHED.

RESTRICTIONS AND LIMITATIONS ON AWARDS

GRANTS ARE ONLY ADMINISTERED TO ESTABLISHED EDUCATIONAL INSTITUTIONS FOR
SCHOLARSHIP AID CHARITABLE AND EDUCATIONAL ORGANIZATIONS FOR THE
ADVANCEMENT OF MUSIC, AND TO NEEDY MUSIC TEACHERS.

| | | |
|--------|--|--------------|
| 990-PF | AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS PART XVII, LINE 2, COLUMN (C) | STATEMENT 14 |
|--------|--|--------------|

NAME OF AFFILIATED OR RELATED ORGANIZATION

THEODORE PRESSER FOUNDATION

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

TRUST CREATED UNDER THE WILL OF THEODORE PRESSER.

The Presser Foundation
Form 990-PF
Tax Year: 6/30/11

EIN: 23-2164013

Statement 15 - Other Expenses
Part 1, Line 23

| | |
|-------------------------|-----------------|
| Insurance & other | \$1,974 |
| Stationery & printing | 1,112 |
| Meeting | 12,505 |
| Telephone and telegraph | 2,701 |
| Office supplies | 905 |
| Postage | 835 |
| Miscellaneous | (2,838) |
| | <u>\$17,194</u> |

Statement 16 - Depreciation
Part I, Line 19 & Part II, Line 14

| <u>Asset</u> | <u>Method</u> | <u>Cost</u> | <u>Accum. Depr 7/1/2010</u> | <u>Depr Expense 6/30/2011</u> | <u>Accum Depr 6/30/2011</u> |
|--------------------|---------------|-----------------|-------------------------------------|---------------------------------------|-------------------------------------|
| Equipment | S/L 10 Yrs | \$6,203 | \$6,203 | \$0 | \$6,203 |
| Computer Equipment | S/L 5 Yrs | 12,610 | 10,550 | 129 | 10,679 |
| | | <u>\$18,812</u> | <u>\$16,753</u> | <u>\$129</u> | <u>\$16,882</u> |

The Presser Foundation
Form 990-PF
Tax Year: 6/30/11

EIN: 23-2164013

Statement 17 - Grants & contributions paid during the year
Part XV, Line 3(a)

| | |
|-------------------------------------|--------------------|
| Scholarships | \$1,238,400 |
| Special Grants | \$325,500 |
| Grants for the Advancement of Music | \$574,000 |
| Assistance of needy music teachers | \$247,175 |
| | <u>\$2,385,075</u> |

The Presser Foundation
Form 990-PF
Tax Year: 6/30/11

EIN: 23-2164013

**Statement 18 - Amounts treated as distributions out
of corpus, Part XIII, Line 7**

| | |
|--|--------------------------|
| Amounts to be distributed before 6/30/2011 | \$ 261,987 |
| Amounts received from other private foundations | 1,740,171 |
| Less: Amounts distributed from corpus, Part XIII, Line 7 | <u>(1,490,112)</u> |
| Amounts to be distributed before 6/30/2012 | <u><u>\$ 512,046</u></u> |

The Presser Foundation
 EIN 23-2164013
 6/30/2011
 Form 990-PF, Part VIII - Attachment
 Board of Directors

| (A) Name and Address | (B) Title and Average Hours Per Week Devoted to Position | (C) Compensation | (D) Contributions to Employee benefit plans | (E) Expense Account and Other Allowances |
|---|--|------------------|---|--|
| Leon Bates 385 Lancaster Ave , #205 Haverford, PA 19041 | Board Member 2 Hours | "0" | "0" | "0" |
| D James Baker 385 Lancaster Ave , #205 Haverford, PA 19041 | Board Member 2 Hours | "0" | "0" | "0" |
| Peter Burwasser 385 Lancaster Ave , #205 Haverford, PA 19041 | Board Member 2 Hours | "0" | "0" | "0" |
| Anthony P Checchia 385 Lancaster Ave , #205 Haverford, PA 19041 | Board Member 2 Hours | "0" | "0" | "0" |
| Robert W Denious 385 Lancaster Ave , #205 Haverford, PA 19041 | Board Member 2 Hours | "0" | "0" | "0" |
| Thomas M Hyndman, Jr 385 Lancaster Ave , #205 Haverford, PA 19041 | Board Member 2 Hours | "0" | "0" | "0" |
| Martin A Heckscher 385 Lancaster Ave , #205 Haverford, PA 19041 | Board Member 2 Hours | "0" | "0" | "0" |
| Helen Laird 385 Lancaster Ave , #205 Haverford, PA 19041 | Board Member 2 Hours | "0" | "0" | "0" |
| William B McLaughlin 385 Lancaster Ave , #205 Haverford, PA 19041 | Board Member 2 Hours | "0" | "0" | "0" |
| Corey R Smith 385 Lancaster Ave , #205 Haverford, PA 19041 | Board Member 2 Hours | "0" | "0" | "0" |
| Sharon L Sorokin 385 Lancaster Ave , #205 Haverford, PA 19041 | Board Member 2 Hours | "0" | "0" | "0" |
| Michael Stars 385 Lancaster Ave , #205 Haverford, PA 19041 | Board Member 2 Hours | "0" | "0" | "0" |
| Radclyffe F Thompson 385 Lancaster Ave , #205 Haverford, PA 19041 | Board Member 2 Hours | "0" | "0" | "0" |
| Henderson Supplee, III 385 Lancaster Ave , #205 Haverford, PA 19041 | Board Member 2 Hours | "0" | "0" | "0" |
| Mark Wait 385 Lancaster Ave , #205 Haverford, PA 19041 | Board Member 2 Hours | "0" | "0" | "0" |
| Vera Wilson 385 Lancaster Ave , #205 Haverford, PA 19041 | Board Member 2 Hours | "0" | "0" | "0" |

THE PRESSER FOUNDATION

385 Lancaster Avenue
Haverford, PA 19041
(610) 658-9030

QUESTIONNAIRE IN SUPPORT OF APPLICATION
FOR ASSISTANCE FROM THE PRESSER FOUNDATION

1. Name:
2. Present Address:
.....
3. Telephone No.....
4. Social Security No.....Spouse's Social Security No.....
5. If Present Address is not your permanent home, please list.....
.....
6. Date of Birth:.....Place of Birth:.....
7. Marital Status: Married..... Single.....Widow.....Widower.....Divorced.....
8. Name of spouse (living or deceased).....
9. Name, address and telephone number of other immediate relatives:
.....
.....
.....
.....
.....
.....

10. Give name and address of three persons, not related, to whom The Presser Foundation can refer as to your character and music teaching background:

.....
.....
.....

11. Where and with whom did you study music? Please provide dates and any Degrees received.

.....
.....
.....
.....
.....

12. How long have you taught music in the United States?.....

(a.) List schools or organizations and addresses (if applicable):

.....
.....
.....
.....

(b.) Private instruction, location and dates:.....

.....
.....
.....
.....

13. What is the condition of your health?
.....
.....
.....
.....
14. Describe any chronic diseases which you may have:.....
.....
.....
.....
15. Specify any physical limitations:.....
.....
.....
.....
16. If you are under special medical care please explain:.....
.....
.....
17. Do you have Health Insurance?
Name of Company:.....
Medicare/Medicaid:.....
Monthly Cost:.....
18. Religious Affiliation/Church Organizations:.....
.....

EXPENSES**Amount Per Month**

Rent or Mortgage \$.....

Real Estate Taxes \$.....

Homeowners Insurance \$.....

Utilities:

Heat \$.....

Electric \$.....

Water \$.....

Telephone \$.....

Cable \$.....

Food \$.....

Medical:

Prescriptions \$.....

Other \$.....

Automobile:

Insurance \$.....

Gas \$.....

Maintenance \$.....

Total \$.....

Please list all other expenses you incur on a regular monthly basis:

GRAND TOTAL \$.....

(Include total from Financial Information and Expenses as listed on previous pages.)

Date:.....Signature.....

The Presser Foundation
Undergraduate Scholar Award Application
 385 Lancaster Avenue, #205, Haverford, PA 19041

| | | |
|---|--|--------------------------|
| Name of Institution | | |
| Mailing Address | | |
| Name and Title of Chief Executive of Institution: | | |
| Type of Institution. College <input type="checkbox"/> University <input type="checkbox"/> Conservatory <input type="checkbox"/> | Year Founded: | Enrollment: ¹ |
| Not for Profit Organization? Yes <input type="checkbox"/> No <input type="checkbox"/> | Governed by Board of Trustees? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Regional Institutional Accrediting Agency: | | |
| Sources of Revenue: ² <div style="display: flex; justify-content: space-between;"> <div>State _____%</div> <div>Tuition _____%</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Church _____%</div> <div>Gifts & Grants _____%</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Endowment _____%</div> <div>Other _____%</div> </div> | | |
| Total Institutional Operating Expense: ³ \$ _____ | Total Institutional Endowment: ⁴ \$ _____ | |
| Official Name of Music Unit. | | Year Founded. |
| Mailing Address of Music Unit: | | |
| Name and Title of Music Executive: | | |
| Music Executive Contact Information: | | |
| Tel. | Email: | Fax: |

¹ Most recently completed Fall Term, excluding evening or special students

² Most recently completed Fiscal Year

³ Most recently completed Fiscal Year

⁴ Market Value as of most recently completed Fiscal Year

The Presser Foundation Undergraduate Scholar Award Application

| | | | |
|--|-----------------------|---|----------|
| Total Music Unit Operating Expense: ⁵ | | Total Music Unit Endowment ⁶ | |
| \$ | | \$ | |
| Annual Full-time Undergraduate Music Major Tuition & Fees | | | |
| In State \$ | | Out of State \$ | |
| Total Annual Undergraduate Scholarship Funds Controlled by Music Unit. | | | |
| \$ | | | |
| Number of Music Faculty: | | | |
| Full-time: | | Part-time: | |
| For Each of the Last Four Fall Semesters, Give the Number of Full-time Music Majors, Starting with the Most Recent Year: | | | |
| | Year | Undergraduate | Graduate |
| | 20____ | _____ | _____ |
| | 20____ | _____ | _____ |
| | 20____ | _____ | _____ |
| | 20____ | _____ | _____ |
| In the Most Recently Completed Fall Semester, How Many Students Who Were Not Music Majors Participated In: | | | |
| Music Ensembles: | | Music Courses Other Than Ens.: | |
| List the Full and Correct Titles of All Music Degrees Offered by the Institution: | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| Is the Music Unit Accredited by the National Association of Schools of Music? If So, What Was the Last Accreditation Date? | | | |
| Give the Number of Students Participating in the Following Ensembles in the Most Recently Completed Fall Term: | | | |
| Choruses _____ | Orchestras _____ | Concert Bands _____ | |
| Wind Ens. _____ | Chamber Ens. _____ | Marching Band _____ | |
| Jazz Ens. _____ | Opera/Music Th. _____ | Other _____ | |

⁵ Most recently completed Fiscal Year, including salaries

⁶ Market Value as of most recently completed Fiscal Year

The Presser Foundation Undergraduate Scholar Award Application

| | | |
|--|---|-------------------------------|
| <i>Give the Number of Each of the Following Facilities:</i> | | |
| Teaching Studios _____ | Classrooms _____ | Practice Rooms _____ |
| Rehearsal Rooms _____ Computer Labs _____ | | |
| <i>List All Performance Facilities and Their Seating Capacity:</i> | | |
| | | |
| <i>Give the Number of Each of the Following:</i> | | |
| Grand Pianos _____ | Upright Pianos _____ | Pipe Organs _____ |
| Harpsichords _____ | Harps _____ | Elec. Keyboards _____ |
| <i>Briefly Describe Technology Resources Available to Support Music Instruction:</i> | | |
| | | |
| <i>Give the Number of Each of the Following Music Library Holdings, Regardless of Where They are Located:</i> | | |
| Music Books _____ | Scores ⁷ _____ | Periodicals _____ |
| CDs _____ | LPs _____ | Audio Tapes _____ |
| VCRs _____ | CD ROMS/DVDs _____ | Other _____ |
| <i>Give the Total Acquisition Expenditures for Music Materials in the Last Complete Fiscal Year.</i> | | |
| \$ _____ | | |
| <i>Indicate Where Your Music Materials are Housed:</i> | | |
| Main Library <input type="checkbox"/> | Departmental Library <input type="checkbox"/> | Both <input type="checkbox"/> |
| <i>Additional Material:</i> | | |
| <p>Please enclose one copy of each of those portions of the course catalog pertaining to music admission policies and procedures, music faculty, music course offerings, and curricular requirements for all music degrees offered.</p> | | |

⁷ Other than Ensemble Performance Music

The Presser Foundation Undergraduate Scholar Award Application

In the Space Provided, Give A Brief Mission Statement for the Music Unit in the Institution and in the Community. Include Special Programs that are Distinctive Offerings

This Application Should Be Signed by the Music Executive Listed Above.

I certify that the information included herein and attached hereto is true and complete to the best of my knowledge.

Signed: _____ Date _____

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | |
|--|--|---|
| Type or print File by the due date for filing your return. See instructions. | Name of exempt organization THE PRESSER FOUNDATION | Employer identification number 23-2164013 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 385 LANCASTER AVENUE, NO. 205 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. HAVERFORD, PA 19041 | |

Enter the Return code for the return that this application is for (file a separate application for each return)

04

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990 | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 03 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

HEMMENWAY & REINHARDT, INC.

- The books are in the care of ► 4 PARK AVENUE - SWARTHMORE, PA 19081

Telephone No. ► (610) 544-4545

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year or
- ☒ tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

| | | | |
|--|-----------|----|---------|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 13,930. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 2,930. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 11,000. |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

| | | | |
|---|---|---|--------------------------------|
| Part II | | Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). | |
| Type or print File by the extended due date for filing your return. See instructions. | Name of exempt organization | | Employer identification number |
| | THE PRESSER FOUNDATION | | 23-2164013 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 385 LANCASTER AVENUE, NO. 205 | | |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions. HAVERFORD, PA 19041 | | | |

Enter the Return code for the return that this application is for (file a separate application for each return)

04

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|--------------------|-------------|
| Form 990 | 01 | | |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 03 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

HEMMENWAY & REINHARDT, INC.

- The books are in the care of **4 PARK AVENUE - SWARTHMORE, PA 19081**

Telephone No. **(610) 544-4545**

FAX No.

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2012**

5 For calendar year , or other tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS REQUIRED IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN.

| | | | |
|---|----|----|---------|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a | \$ | 13,930. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ | 13,930. |
| c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c | \$ | 0. |

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete, and that I am authorized to prepare this form

Signature **Malden Mauch** Title **CPA**

Date **2/13/12**